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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 _____
Page 11
1-16-01
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 1-10-01
Name of Physician Rebecca Hoak

MALE APPLICANT

Name: First Bryan Middle Douglas Last Vianco

Date of Birth: Month 1 Day 9 Year 70

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 146 Pinedale Drive 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 7/96

Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 C. Vianco
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Mona M. Hall
   (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 Julie Middle Ann Last Earnest

Date of Birth: Month 1 Day 23 Year 74

Place of Birth (State or foreign country) West Virginia

Residence Address: Street or R.R. 146 Pinedale 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) 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 Carrell Scamahorn
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) Illinois
   Birthplace of father (State or foreign country) Illinois
   (b) Full maiden name of applicant's mother Mary Ann Rinehart
   (If adopted, list adoptive parents only) _____
   Residence of mother (if deceased, so state) Kentucky
   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 Bryan D. Vianco 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 Bryan D. Vianco
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 Julie A. Earnest 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 Julie A. Earnest
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 January 16, t 2001, authorizing the marriage of Bryan Douglas Vianco and Julie Ann Earnest.

I further certify that the following marriage certificate was filed in my office: I, Sharon Dugan (name), certify that on January 16, 2001 (date), at Danville in Hendricks County, Indiana, Bryan D. Vianco of Hendricks County, Indiana (state), and Julie A. Earnest of Hendricks County, Indiana (state) were 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/ Sharon Dugan, Hendricks County Clerk (official designation) Filed and recorded in accordance with the laws of the State of Indiana on January 16, 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 12
1-18-01
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 1-17-01
Name of Physician K. Beard

MALE APPLICANT

Name First Middle Last: Jonathan Russell Arnold
Date of Birth Month Day Year: 3 22 73
Place of Birth (State or foreign country): Maine
Residence Address Street or R.R. City County State: 970 Hunter Dr. Plainfield Hendricks IN
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify)
Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. None
6. (a) Full name of applicant's father James Lawrence Arnold
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Virginia
   Birthplace of father (State or foreign country) Washington D.C.
   (b) Full maiden name of applicant's mother Susan Adelia Marquis
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Michigan
   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 R. Arnold Date 1-18-01

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 Jonathan R. Arnold
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: Julie Renee Denny
Date of Birth Month Day Year: 11 11 79
Place of Birth (State or foreign country): Indiana
Residence Address Street or R.R. City County State: 53 Pike Place Plainfield Hendricks IN
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify)
Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. None
6. (a) Full name of applicant's father Keith Allen Denny
   (If adopted, list adoptive parents only) ____
   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 Diana Wasser
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Renee' Denny Date 1-18-01

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 Julie Renee' Denny
New Address 970 Hunter Dr. Plainfield, IN 46168
Subscribed and sworn to before me this ____ day of ____
Sharon Dugan ____ Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated January 18, 2001, authorizing the marriage of Jonathan Russell Arnold and Julie Renee Denny.

I further certify that the following marriage certificate was filed in my office: I, Charles Britt (name), certify that on March 3, 2001 (date), at Plainfield in Hendricks County, Indiana, Jonathan Russell Arnold of Hendricks County, Indiana (state), and Julie Renee 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 Jan. 18, 2001. Signed by: Charles Britt, Pastor (official designation) Filed and recorded in accordance with the laws of the State of Indiana on January 18, 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 _____
Page 13
1-16-01
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 8-26-97
Name of Physician Geiferberg

MALE APPLICANT	FEMALE APPLICANT
Name: First David Middle Allen Last Hardwick	Name: First Dawn Middle Raquel Last Many
Date of Birth: Month 05 Day 24 Year 72	Date of Birth: Month 07 Day 03 Year 73
Place of Birth (State or foreign country): Indiana	Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 2105 Waterbar St., City Indpls County Hendricks State 46234	Residence Address: Street or R.R. 2105 Waterbar St. City Indpls County Hendricks State 46234
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 3-97
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. Christina Ryan	5. List the full names of any dependent children. ND
6. (a) Full name of applicant's father John Douglas Hardwick	6. (a) Full name of applicant's father Bernard Morris Many II
(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 Loretta Cattan	(b) Full maiden name of applicant's mother Connie Sue Layne
(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 [signature] 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 [signature]
New Address 2105 Waterbar St Indpls IN 46234

Subscribed and sworn to before me this 16th day of January, 2001

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 Dawn R. Many 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 Dawn R. Many
New Address 2105 WATERBAR ST Indpls, IN 46234

Subscribed and sworn to before me this 16th day of January, 2001

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 January 16, 2001, authorizing the marriage of David Allen Hardwick and Dawn Raquel Many.

I further certify that the following marriage certificate was filed in my office: I, Kenneth Smith (name), certify that on February 6, 2001 (date), at Indianapolis in Marion County, Indiana, David A. Hardwick of Hendricks County, Indiana (state), and Dawn R. Many of Hendricks County, Indiana (state) were 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/ Rev. Kenneth Smith, Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on February 7, 2001 (date).

Signed Sharon Dugas 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 14
Date of Application 1-16-01

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage 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 Donald Johnson, MD

MALE APPLICANT

Name: First Gregory Middle Alan Last Scott
Date of Birth: Month 7 Day 9 Year 53
Place of Birth (State or foreign country) Louisianna
Residence Address: Street or R.R. 760 W Lincoln St. City Danville County Hendrick State IN 46122
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 3
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1993
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) 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 George Addison Scott
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Helen Rose Fishel
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana/FIA.
   Birthplace of mother (State or foreign country) Iowa

FEMALE APPLICANT

Name: First Tamara Middle Suzanne Last Suding
Date of Birth: Month 6 Day 27 Year 71
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 760 W Lincoln St. 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 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 male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Shelby Suzanne Suding
6. (a) Full name of applicant's father Donis Duayne Linton
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Linnie Alma Woodrum
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 A. Scott 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 Gregory A. Scott
New Address Same as above
Subscribed and sworn to before me this 16th day of January, 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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 S. Suding 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 Tamara S. Suding
New Address Same as above
Subscribed and sworn to before me this 16 day of January, 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 16, 2001, authorizing the marriage of Gregory Alan Scott and Tamara Suzanne Suding.
I further certify that the following marriage certificate was filed in my office: I, James H. Flenek (name), certify that on January 26, 2001 (date), at Danville in Hendricks County, Indiana, Gregory Alan Scott of Hendricks County, Indiana (state), and Tamara Suzanne Suding of Hendricks County, Indiana (state) were 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/ James H. Flenek, Judge (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on January 16, 2001 (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 15
1-18-01
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: Huston Middle: P. Last: Lee
Date of Birth Month: 6 Day: 18 Year: 25
Place of Birth (State or foreign country): Kentucky
Residence Address: 6912 W. 10th St Street or R.R. Indpls City Marion County IN State 46214
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐ Date 6/99
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 female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Harvey Lee
   (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 _____
   (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).
X Signature of Applicant Huston P Lee Date 1-18-01

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 Huston P Lee
New Address 446 Grand Ct. 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: Selma Middle: Estline Last: Gregory
Date of Birth Month: 11 Day: 8 ~~Year~~: 24
Place of Birth (State or foreign country): Kentucky
Residence Address: 446 Grand Court Street or R.R. Avon City Hendricks County IN State 46123
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐ Date 1996
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. None
6. (a) Full name of applicant's father William Givens
   (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 Altha Harris
   (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).
X Signature of Applicant Selma E Gregory Date 1-18-2001

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.
X Signed Selma E Gregory
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 January 18, 2001, authorizing the marriage of Huston P. Lee and Selma Estline Gregory.
I further certify that the following marriage certificate was filed in my office: I, Sharon Dugan (name), certify that on February 13, 2001 (date), at Danville in Hendricks County, Indiana, Huston P. Lee of Marion County, Indiana (state), and Selma Estline 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 Jan. 18, 2001. Signed by: /s/ Sharon Dugan, Hendricks County Clerk (official designation) Filed and recorded in accordance with the laws of the State of Indiana on January 18, 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 16
1-19-01
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 1-18-01
Name of Physician Norman L. Fogle

MALE APPLICANT

Name: First Roger Middle Lloyd Last Swartout Jr.
Date of Birth: Month May Day 7 Year 1971
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 1145 Windhaven Circle Apt F 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 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. Kasarah Jean Swartout
6. (a) Full name of applicant's father Roger Lloyd Swartout
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Iowa
   (b) Full maiden name of applicant's mother Marcia Lynn Watson
   (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 Roger Lloyd Swartout Date 1-19-01

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 Roger L. Swartout Jr.
New Address SAME
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 Angela Middle Kara Last Miller
Date of Birth: Month February Day 24 Year 1975
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 1145 Windhaven Circle Apt F. City Brownsburg County Hendricks State Indiana
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 1997
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. Hope Marie Whitaker
6. (a) Full name of applicant's father Mark Edison 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 Denise May Iverson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Kara Miller Date 1-19-01

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 Angela Kara Miller
New Address Same
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 January 19, 2001, authorizing the marriage of Roger Lloyd Swartout Jr. and Angela Kara Miller.
I further certify that the following marriage certificate was filed in my office: I, Myron Barnard (name), certify that on January 20,2001 (date), at Indianapolis in Marion County, Indiana, Roger L. Swartout Jr. of Hendricks County, Indiana (state), and Angela K. 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 Jan. 19, 2001. Signed by: /s/ Myron Barnard, Judge (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on January 19,2001 (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 17
1-22-01
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 1/22/01
Name of Physician Dr. David Gaddy

MALE APPLICANT

Name: First Ricky Middle C Last George
Date of Birth: Month 9 Day 14 Year 1961
Place of Birth (State or foreign country) Hawaii
Residence Address: Street or R.R. 7330 E. 1000 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 10/98
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. Eric George, Amy George
6. (a) Full name of applicant's father James George
   (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 Sandra Vaughan
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) CA
   Birthplace of mother (State or foreign country) CA

FEMALE APPLICANT

Name: First Jennifer Middle L Last Civitarese
Date of Birth: Month 2 Day 10 Year 1970
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 7330 E. 1000 N. City Brownsburg County Hend. State IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date end of 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. Tyler Civitarese
6. (a) Full name of applicant's father Roger Embry
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Barbara Oeder
   (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 Ricky George Date 1-22-01

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 Ricky George
New Address Same as above
Subscribed and sworn to before me this 22 day of January
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 Civitarese Date 1-22-01

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 Jennifer L. Civitarese
New Address Same as above
Subscribed and sworn to before me this 22 day of January
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 22, 2001, authorizing the marriage of Ricky C. George and Jennifer L. Civitarese.
I further certify that the following marriage certificate was filed in my office: I, Rev. Buddy Baird (name), certify that on February 15, 2001 (date), at Broad Ripple in Marion County, Indiana, Ricky C. George of Hendricks County, Indiana (state), and Jennifer L. Civitarese of Hendricks County, Indiana (state) were 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. 22, 2001. Signed by: Rev. Buddy Baird, Minister of the Gospel (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on January 22, 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 18
1/23/00
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

Name: First Roy Middle S Last Frazier
Date of Birth: Month 11 Day 12 Year 1940
Place of Birth (State or foreign country) Ohio
Residence Address: Street or R.R. 639 Kentucky Ave City Plnfd County Hend. State IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 3
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 2000
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. _____
6. (a) Full name of applicant's father Weldon Frazier
   (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 Lucile Wiswell
   (If adopted, list adoptive parents only) _____
   Residence of mother (if deceased, so state) deseased
   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 Roy S Frazier Date 1-23-01

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 Roy S Frazier
New Address same as above
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 Cathy Middle A Last Smith
Date of Birth: Month 6 Day 19 Year 1949
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 3205 Prairie View Cr C. Dan. City Hend. County Hend. State IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date Mar. 1, 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. _____
6. (a) Full name of applicant's father William J. Clark
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) Arizona
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Mary E. Mitchell
   (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 Cathy A Smith Date 1/23/01

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 Cathy A Smith
New Address 639 Kentucky Ave Plnfd. IN 46168
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 January 23, 2001, authorizing the marriage of Roy S. Frazier and Cathy A. Smith.
I further certify that the following marriage certificate was filed in my office: I, Fred Rodkey (name), certify that on February 14, 2001 (date), at Chapel Rock Church in Marion County, Indiana, Roy S. Frazier of Hendricks County, Indiana (state), and Cathy 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 Jan. 23, 2001. Signed by: /s/ Fred Rodkey, Pator (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

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 19
1-23-01
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 1-23-01
Name of Physician Virginia A. Caine

MALE APPLICANT

Name First: Mark Middle: Owen Last: Krohne
Date of Birth Month: 9 Day: 26 Year: 1963
Place of Birth (State or foreign country): Indiana
Residence Address: 119 East College Avenue 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: 1994
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify)
Drivers License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Mark A Krohne Date 1/23/01

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 Mark A. Krohne
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: Catherine Middle: Dianna Last: Carroll
Date of Birth Month: 9 Day: 26 Year: 1967
Place of Birth (State or foreign country): Indiana
Residence Address: 10232 Foxfield Ln. Apt. C 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: 1988
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify)
Driver's License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Dianna Carroll Date 1-23-2001

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 Catherine Dianna Carroll
New Address 119 E. College Ave 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 January 23, 2001, authorizing the marriage of Mark Owen Krohne and Catherine Dianna Carroll.
I further certify that the following marriage certificate was filed in my office: I, Joy Bilger Goehring (name), certify that on January 27, 2001 (date), at Brownsburg in Hendricks County, Indiana, Mark Owen Krohne of Hendricks County, Indiana (state), and Catherine Dianna Carroll of Hendricks County, Indiana (state) were 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. 23, 2001. Signed by: /s/ Joy Bilger Goehring, Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on January 23, 2001 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

300

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 20
1-24-01
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 1-23-01
Name of Physician M. Rebecca Hoak

MALE APPLICANT

Name: First Robert Middle A Last Hanesworth
Date of Birth: Month 3 Day 16 Year 47
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 962 Broadway S. Dr. City Plnfld County Hendricks State IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐ Date 12/27/99
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. Derek Rinehart Hanesworth
6. (a) Full name of applicant's father Arthur Thornton Hanesworth
   (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 Wilman Leona Maxwell
   (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).
X Signature of Applicant Robert A Hanesworth Date 1-24-01

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 Robert A Hanesworth
New Address 3059 Homestead Circle E. Plainfield IN 46168
Subscribed and sworn to before me this 24 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 Nancy Middle G. Last Wolfe
Date of Birth: Month 3 Day 14 Year 58
Place of Birth (State or foreign country) Ohio
Residence Address: Street or R.R. 930 Jonathan Dr. City Plnfld County Hendricks State IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 3/14/95
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Jacquelyn Grace Wolfe - Hannah Joyce Wolfe
6. (a) Full name of applicant's father Wayne Dale Rinehart
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Maryland
   Birthplace of father (State or foreign country) West Virginia
   (b) Full maiden name of applicant's mother Winona Spessert
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Maryland
   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 Nancy Wolfe Date 1-24-01

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 Nancy Wolfe
New Address 3659 Homestead Cir. E. Plainfield
Subscribed and sworn to before me this 24 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 24, 2001, authorizing the marriage of Robert A. Hanesworth and Nancy G. Wolfe.
I further certify that the following marriage certificate was filed in my office: I, Rev. John C. Parsley (name), certify that on March 15, 2001 (date), at Plainfield in Hendricks County, Indiana, Robert A. Hanesworth of Hendricks County, Indiana (state), and Nancy G. Wolfe of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Jan. 24, 2001. Signed by: Rev. John C. Parsley, Baptist Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on January 24, 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 21
1-24-01
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 1-24-01
Name of Physician Dr. Eddy

MALE APPLICANT

Name First: Brian Middle: Scott Last: Meadows
Date of Birth Month: 9 Day: 17 Year: 74
Place of Birth (State or foreign country): Virginia
Residence Address, Street or R.R.: 1066 Foxfield Dr. 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)
Drivers License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: Brian E. Meadows Date: 24JAN01

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 E. Meadows
New Address: Same as Above
Subscribed and sworn to before me this 24 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: Robin Middle: Cora Last: Stewart
Date of Birth Month: 12 Day: 8 Year: 78
Place of Birth (State or foreign country): Indiana
Residence Address Street or R.R.: 1066 Foxfield Dr Apt D 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. ____
6. (a) Full name of applicant's father: Robert Wayne 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: Roxie Fay Burdine
   (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: Robin Stewart Date ____

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Stewart
New Address: Same as Above
Subscribed and sworn to before me this 24 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 24, 2001, authorizing the marriage of Brian Scott Meadows and Robin Cora Stewart.
I further certify that the following marriage certificate was filed in my office: I, J. Franklin Dennis (name), certify that on February 3, 2001 (date), at New Albany in Floyd County, Indiana, Brian Scott Meadows of Hendricks County, Indiana (state), and Robin Cora 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 Jan. 24, 2001. Signed by: /s/ J. Franklin Dennis, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on January 24, 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 23
1-25-01
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 1/26/01
Name of Physician Dr. Gaddy

MALE APPLICANT

Name: First John Middle R Last Taylor
Date of Birth: Month 9 Day 10 Year 48
Place of Birth (State or foreign country)
Residence Address: Street or R.R. 1666 Sugarwood Ln. E. City Plnfd. County Hendricks State IN
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) Drivers License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding 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 John R. Taylor Date 1-25-01

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 John R. Taylor
New Address Same as above
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 Pamela Middle A Last McCracken
Date of Birth: Month 11 Day 30 Year 55
Place of Birth (State or foreign country)
Residence Address: Street or R.R. 193 Sugarwood Ln. 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 12/94
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Perry McCracken
6. (a) Full name of applicant's father Charles E. Colbert
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Jacqueline S. 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).
X Signature of Applicant Pamela A. McCracken Date 1-25-01

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 Pamela A. McCracken
New Address 1666 Sugarwood Ln E. Plnfld. 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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 25, 2001, authorizing the marriage of John R. Taylor and Pamela A. McCracken.
I further certify that the following marriage certificate was filed in my office: I, Terry L. Chandler (name), certify that on February 17, 2001 (date), at Farmersburg in Sullivan County, Indiana, John R. Taylor of Hendricks County, Indiana (state), and Pamela A. McCracken of Hendricks County, Indiana (state) were 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. 25, 2001. Signed by: Terry L. Chandler, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on January 25, 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 23
1-25-01
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 2-16-01
Name of Physician Dr. Stegmoller

MALE APPLICANT

Name: First Steve Middle L Last Moon
Date of Birth: Month 7 Day 15 Year 1972
Place of Birth (State or foreign country)
Residence Address: Street or R.R. 524 E. Main St. City Plainfield County Hend. State IN
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you now under the 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 Moon
   (If adopted, list adoptive parents only)
   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 Holzknecht
   (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 Steve Moon Date 1/25/01

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 Steve Moon
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 Amanda Middle Leah Last Hargrave
Date of Birth: Month 05 Day 03 Year 76
Place of Birth (State or foreign country) Vigo Co.
Residence Address: Street or R.R. 341 Concord 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 ☑ Y
4. Are you now under the influence of a narcotic drug? No ☑ Y
5. List the full names of any dependent children. N/A
6. (a) Full name of applicant's father Ricky Allen Hargra
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Kim Elizabeth St
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseas
are sexually transmitted, and a list of the test sites for the virus that causes AIDS (a
immune deficiency syndrom
Signature of Applicant Amanda L Hargrave Date 2/22

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

State of Indiana)
County of Hendricks)
I swear/affirm that the informatio
this application is true and
Signed Amanda Hargrave
New Address 524 E. Main St. Plainfield, IN 461
Subscribed and sworn to before me this _____ day of _____
Sharon Dugan Clerk of the Hendricks Circu

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one pare
state facts which make the consent 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 parti
_____ County _____ Court, by written order issued _____
and filed in _____, authorizes and directs the issuance of a marriage license to the above named

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Februa
2001, authorizing the marriage of Steve Lee Moon and Amanda Leah Hargrave
I further certify that the following marriage certificate was filed in my office: I, Fr. Kevin Morris (
certify that on February 24, 2001 (date), at Plainfield in Hendricks
County, Indiana, Steve Lee Moon of Hendricks County, Indiana
(state), and Amanda Leah Hargrave of Hendricks County, Indiana
were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana
Feb. 22, 2001. Signed by: Fr. Kevin Morris, Pastor (official desig
Filed and recorded in accordance with the laws of the State of Indiana on February 22, 2001 (date).

Signed Sharon Dugan
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 23
1-25-01
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 2-16-01
Name of Physician Dr. Stegmoller

MALE APPLICANT

Name: First Steve Middle L Last Moon
Date of Birth: Month 7 Day 15 Year 1972
Place of Birth (State or foreign country)
Residence Address: Street or R.R. 524 E. Main St. City Plainfield County Hend. State IN
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
3. Are you now ur
4. Are you now ur
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6. (a) Full name
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   Residence
   Birthplace
   (b) Full maider
   (If adopted
   Residence
   Birthplace

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Signature of Applica

The above applicant
acknowledgment bec
Clerk of Court

State of Indiana
County of Hendricks
Signed
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CONSENT OF PAR
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State of Indiana
County of Hendricks
Father
Mother
Subscribed and swor

COMPLETE IF

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2001
I further certify
certify that on
County, Indiana,
(state), and An
were married b
Feb. 22, 2
Filed and record

BOYCE FORMS • SYSTE

FEMALE APPLICANT

Name: First Amanda Middle Leah Last Hargrave
Date of Birth: Month 05 Day 03 Year 76
Place of Birth (State or foreign country) Vigo Co.
Residence Address: Street or R.R. 341 Concord 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 ☐

I, Randall Cline give my consent for Andrea Ilene Ballard
Name & Relationship Daughter
to marry Steven Allen Delph

Randall Cline
Signature of Parent or Guardian

Subscribed before me _____ NOTARY PUBLIC
1/25/01 DATE Hendricks COUNTY

CLERK Maria Dugan DATE 1/25/01

304

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 24
1/25/01
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 1/25/01
Name of Physician Dr. Gaday

MALE APPLICANT

Name First Steven Middle A Last Delp, Jr.
Date of Birth Month 5 Day 31 Year 1982
Place of Birth (State or foreign country) Indiana 46224
Residence Address 4431 Brittany Rd. Street or R.R. Indpls. City Marion County IN State
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Steven A. Delp
   (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 Tony Rae Bringham
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state)
   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 Steve A Delp Date 1-26-01

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 Steve A Delp
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 Andrea Middle Gene Last Ballard
Date of Birth Month 10 Day 12 Year 1983
Place of Birth (State or foreign country) Indiana
Residence Address 499 N. Indiana St. Street or R.R. Danville City Hend. County IN State
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) School 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.
6. (a) Full name of applicant's father Robert E. Ballard Jr.
   (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 Paula McFarlan
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Ballard Date 1/25/01

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 Andrea Ballard
New Address 4431 Brittany Rd. Indpls. IN 46224
Subscribed and sworn to before me this day of
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 29, 2001, authorizing the marriage of Steven A. Delp, Jr. and Andrea Gene Ballard.
I further certify that the following marriage certificate was filed in my office: I, Sharon Dugan (name), certify that on January 29, 2001 (date), at Danville in Hendricks County, Indiana, Steven A. Delp, Jr. of Marion County, Indiana (state), and Andrea Gene Ballard of Hendricks County, Indiana (state) were 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. 24, 2001. Signed by: /s/ Sharon Dugan, Hendricks Co. Clerk (official designation) Filed and recorded in accordance with the laws of the State of Indiana on January 24, 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 25
1-26-01
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 11-15-00
Name of Physician Dr. Shirley Thomas

MALE APPLICANT

Name First Andrew Middle W Last Espich
Date of Birth Month 10 Day 14 Year 1969
Place of Birth (State or foreign country) Indiana
Residence Address Street or R.R. 420 S East St. City Plainfield County Hend. State IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 10/1/98
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.
6. (a) Full name of applicant's father Garry Espich
   (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 Karen Anne Finch
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) deceased
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Andrew W. Espich Date 1/26/2001

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 Andrew W. Espich
New Address 7425 Glenford Dr. 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 Christina Middle M Last Sarkine
Date of Birth Month 7 Day 30 Year 1972
Place of Birth (State or foreign country)
Residence Address Street or R.R. 922 Brookside Ln 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 _____
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Drivers License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant _____ Date 1/26/2001

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 _____
New Address 7425 Glenford Dr. 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 January 26, 2001, authorizing the marriage of Andrew W. Espich and Christina M. Sarkin.
I further certify that the following marriage certificate was filed in my office: I, Sharon Dugan (name), certify that on January 26,2001 (date), at Danville in Hendricks County, Indiana, Andrew W. Espich of Hendricks County, Indiana (state), and Christina M. Sarkine of Hendricks County, Indiana (state) were 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. 26, 2001. Signed by: /s/ Sharon Dugan, Clerk (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on January 26, 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 26
1-26-01
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 1-16-01
Name of Physician Dr. Atkins

MALE APPLICANT

Name First: Casey Middle: A. Last: Carpenter
Date of Birth Month: 6 Day: 19 Year: 1959
Place of Birth (State or foreign country): Indiana
Residence Address Street or R.R.: 225 S. Kentucky St. City: Danville County: Hend. State: IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages: 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date: 10/97
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. Kimberly Carpenter, Katherine Carpenter
6. (a) Full name of applicant's father George Edward Carpenter
   (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 Thelma Lavonne Norris
   (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: Caryn Middle: P Last: Gomez
Date of Birth Month: 11 Day: 21 Year: 1958
Place of Birth (State or foreign country): Indiana
Residence Address Street or R.R.: 225 S. Kentucky St. City: Danville County: Hend. State: IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages: 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date: 2/98
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. Kimberly Gomez, Matthew Gomez
6. (a) Full name of applicant's father Everett Ray Endicott 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 Cecilia Walden
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
×Signature of Applicant Casey G. Carpenter Date 1/26/01

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 Casey G. Carpenter
New Address Same as above
Subscribed and sworn to before me this 26 day of January, 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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
×Signature of Applicant Caryn Gomez Date 1-26-01

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 Caryn P. Gomez
New Address Same as above
Subscribed and sworn to before me this 26 day of January, 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 26, 2001, authorizing the marriage of Casey G. Carpenter and Caryn P. Gomez.
I further certify that the following marriage certificate was filed in my office: I, Murray Clugston (name), certify that on February 23, 2001 (date), at Greencastle in Putnam County, Indiana, Casey G. Carpenter of Hendricks County, Indiana (state), and Caryn P. Gomez of Hendricks County, Indiana (state) were 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. 26, 2001. Signed by: Murray Clugston, Senior Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on January 26, 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 27
1-29-01
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 1-17-01
Name of Physician Dr. McMahon

MALE APPLICANT

Name: First David Middle Allen Last Puterbaugh
Date of Birth: Month 12 Day 9 Year 68
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 6307 E. CR 825 S. City Mooresville County Hendricks State In 46158
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. Duke Dalton Puterbaugh
6. (a) Full name of applicant's father Jerry Allen Puterbaugh
   (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 Maryann Elizabeth Kaufman
   (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 David A. Puterbaugh Date 1/29/01

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 David A. Puterbaugh
New Address Same As Above
Subscribed and sworn to before me this 29 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 Cynthia Middle Lynn Last Cordray
Date of Birth: Month 5 Day 8 Year 71
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 810 S. Indiana St City Greencastle County Putnam State In 46135
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. Abigail Cordray
6. (a) Full name of applicant's father Kenneth R. Crowe
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Roberta S. Taggart
   (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 Cynthia L. Cordray Date 1-29-01

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 Cynthia L. Cordray
New Address 6307 E CR 825 S. Mooresville, IN 46158
Subscribed and sworn to before me this 29 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 January 29, 2001, authorizing the marriage of David A. Puterbaugh and Cynthia L. Cordray.
I further certify that the following marriage certificate was filed in my office: I, Sharon Dugan (name), certify that on January 29, 2001 (date), at Danville in Hendricks County, Indiana, David A. Puterbaugh of Hendricks County, Indiana (state), and Cynthia L. Cordray 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 Jan. 29, 2001. Signed by: /s/ Sharon Dugan, Hendricks Co. Clerk (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on January 29, 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 28
2-1-01
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 1-26-01
Name of Physician Dr. Thaddaeus

MALE APPLICANT

Name: First Joseph Middle K Last Leisher II
Date of Birth: Month 9 Day 17 Year 1976
Place of Birth (State or foreign country) 46234
Residence Address: Street or R.R. 1713 Emily Sue Crt. City Indpls. County Hend. State IN
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Dillan Garrett Leisher
6. (a) Full name of applicant's father Joseph K. Leisher
   (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 Phyllis Ann Nieswonger
   (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 [signature] II Date 2-1-01

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 5322 Villa Crt. Avon IN 46123
Subscribed and sworn to before me this 1 day of Feb. 2001
[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 Jean Middle M Last Hart
Date of Birth: Month 7 Day 12 Year 1976
Place of Birth (State or foreign country) Indiana 46123
Residence Address: Street or R.R. 5322 Villa Crt. City Avon County Hend State IN
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Drivers License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Jean Marie Hart Date 2/1/01

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 Jean Marie Hart
New Address same as above
Subscribed and sworn to before me this 1 day of Feb 2001
[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 February 1, 2001, authorizing the marriage of Joseph K. Leisher II and Jean M. Hart.
I further certify that the following marriage certificate was filed in my office: I, Fr. Troy Overton (name), certify that on February 17, 2001 (date), at Marian College Chapel in Marion County, Indiana, Joseph K. Leisher II of Marion County, Indiana (state), and Jean M. Hart of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Feb. 1, 2001. Signed by: Fr. Troy Overton, Priest (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on February 1, 2001 (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 29
1-29-01
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 1/22/01
Name of Physician Dr. John Fetrick

MALE APPLICANT

Name: First Andrew Middle T Last Devlin
Date of Birth: Month 11 Day 4 Year 1975
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 5856 Cozy Dr. 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) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 L Devlin
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Marikay Eckstein
   (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 Laura Middle L Last Burns
Date of Birth: Month 3 Day 12 Year 1978
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 5856 Cozy Dr. 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) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father William L. Burns 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 Cynthia A. 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 Andrew T Devlin Date 1/29/01

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 Andrew T Devlin
New Address same as above
Subscribed and sworn to before me this 29 day of Jan. 2001
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 Laura L Burns Date 01/29/01

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 Lee Burns
New Address same as above
Subscribed and sworn to before me this 29 day of Jan. 2001
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 January 29, 2001, authorizing the marriage of Andrew T. Devlin and Laura L. Burns.
I further certify that the following marriage certificate was filed in my office: I, Rev. Daniel J. Staublin (name), certify that on February 17, 2001 (date), at Brownsburg in Hendricks County, Indiana, Andrew T. Devlin of Hendricks County, Indiana (state), and Laura L. Burns of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Jan. 29, 2001 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 January 29, 2001 (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 30
1-31-01
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 1-31-01
Name of Physician Dr. Gaddy

MALE APPLICANT	FEMALE APPLICANT
Name: First Jeremy Middle Shane Last Mullinix	Name: First Bethany Middle L Last Vanlue
Date of Birth: Month 8 Day 21 Year 1982	Date of Birth: Month 11 Day 16 Year 1984
Place of Birth (State or foreign country): Indiana	Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 3 Mackey Rd. City Danville County Hend. State IN 46122	Residence Address: Street or R.R. 51 Walnut St. City Danville County Hend. State IN 46122
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages	Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date	Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Identification Card	Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Drivers License
Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐	1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐	If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
Are you related to the female applicant closer than second cousin? No ☐ Yes ☐	2. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐	3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
Are you now under the influence of a narcotic drug? No ☐ Yes ☐	4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
List the full names of any dependent children.	5. List the full names of any dependent children.
(a) Full name of applicant's father Robert Shane Mullinix	6. (a) Full name of applicant's father Jeffrey A. Vanlue
(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 Kathy Sue Burt	(b) Full maiden name of applicant's mother Melinda L. 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

cknowledge that I have received information regarding dangerous communicable diseases that e sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired mune deficiency syndrome).
gnature of Applicant Jeremy Mullinix Date 1/31/01

e above applicant has objected to verifying by oath or affirmation or signature to the above knowledgment because of religious beliefs.
erk of Court _____ Date _____

ate of Indiana)
ounty of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Jeremy Mullinix
New Address 51 Walnut St. Danville, In 46122
ubscribed and sworn to before me this 31 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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Vanlue Date 01/31/01

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 Bethany Vanlue
New Address 51 Walnut St Danville Ind. 46122
Subscribed and sworn to before me this 31 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 X Jeffrey A Vanlue. ID # 317-68-6892
Mother X Melinda Vanlue ID # 306-86-7972
Subscribed and sworn to before me this 31 day of Jan. 2001
Sharon Dugan Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated ~~January 31~~, 2001, authorizing the marriage of Jeremy Shane Mullinix and Bethany L. Vanlue.
I further certify that the following marriage certificate was filed in my office: I, Jerry G. Vanlue (name), certify that on February 3, 2001 (date), at Danville in Hendricks County, Indiana, Jeremy Shane Mullinix of Hendricks County, Indiana (state), and Bethany L. Vanlue of Hendricks County, Indiana (state) were 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, 31, 2001. Signed by: /s/ Rev. Jerry G. Vanlue, Minister & Pastor (official designation) Filed and recorded in accordance with the laws of the State of Indiana on January 31, 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 30
1-31-01
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 1-31-01
Name of Physician Dr. Gaddy

MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name First Middle Last vanlue
	Year 1984
	46122
	County Hend. State IN
	Previous Marriages
	☐ Date
	Other (Specify)
	ense
	and mind? No ☐ Yes ☐
	No ☐ Yes ☐
	sin? No ☐ Yes ☐
	No ☐ Yes ☐
	No ☐ Yes ☐
	A. Vanlue
	diana
	diana
	dd L. Viles
	iana
	ndiana
	s communicable diseases that
	that causes AIDS (acquired
	Date 01/31/01
	on or signature to the above
	Date
	m that the information given
	pplication is true and correct.
	Danville Ind. 46122
	n. 2001
	the Hendricks Circuit Court
	ge. If only one parent signs,
	# 317-68-6892
	# 306-86-7972
	n. 2001
	Clerk
	bove named parties, the
	o the above named parties.

STATE OF INDIANA)
)SS:
COUNTY OF HENDRICKS)

HENDRICKS SUPERIOR COURT 2
2001TERM
CAUSE NO.32DO2-0101-MI-1

IN RE: THE MATTER OF:)
)
BETHANY L. VANLUE)
)
AND)
)
JEREMY S. MULLINIX)
Petitioners,)

ORDER

Comes now the Petitioners, Bethany L. Vanlue and Jeremy S. Mullinix, having filed their Petition for Order Directing the Clerk of Hendricks County to Issue a Marriage License.

Court being duly advised now Orders the Clerk of Hendricks County to issue a Marriage License to the Petitioners, Bethany L. Vanlue and Jeremy S. Mullinix, if application is made.

SO ORDERED, this 31st day of January, 2001

OFFICIAL CERTIFIED COPY
Sharon Dugan
HENDRICKS COUNTY
INDIANA
1-31-01
Sharon Dugan, Clerk of Courts

David H. Coleman

Honorable Judge, David H. Coleman

Superior Court 2

I further certify that the following marriage certificate was filed in my office: I, Jerry G. Vanlue (name), certify that on February 3, 2001 (date), at Danville in Hendricks County, Indiana, Jeremy Shane Mullinix of Hendricks County, Indiana (state), and Bethany L. Vanlue of Hendricks County, Indiana (state) were 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, 31, 2001. Signed by: /s/ Rev. Jerry G. Vanlue, Minister & Pastor (official designation) Filed and recorded in accordance with the laws of the State of Indiana on January 31, 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 31
2-1-01
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 1-15-01
Name of Physician Dr. Besola

MALE APPLICANT

Name: First David Middle L Last Nathan
Date of Birth: Month 12 Day 25 Year 1961
Place of Birth (State or foreign country) Ohio
Residence Address: Street or R.R. 124 N. C.R. 300 E City Danville County Hend. State IN 46122
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify)
Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
5. List the full names of any dependent children. ____
6. (a) Full name of applicant's father Paul Nathan
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Ohio
   Birthplace of father (State or foreign country) Illinois
   (b) Full maiden name of applicant's mother Shirley Friedman
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Ohio
   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 L Nathan MD Date 2/1/01

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 David L Nathan MD 2/1/01
New Address ____
Subscribed and sworn to before me this 1 day of FEB. 2001
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 Ellen Middle J Last Marino
Date of Birth: Month 9 Day 6 Year 1963
Place of Birth (State or foreign country) Pennsylvania
Residence Address: Street or R.R. 124 N. C.R. 300 E 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 ____
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify)
Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
5. List the full names of any dependent children. ____
6. (a) Full name of applicant's father Saul Jacobson
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Pennsylvania
   Birthplace of father (State or foreign country) New York
   (b) Full maiden name of applicant's mother Charlotte Lichter
   (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 Ellen J. Marino Date 2/1/01

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 Ellen J. Marino
New Address ____
Subscribed and sworn to before me this 1 day of FEB. 2001
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 February 1, 2001, authorizing the marriage of David L. Nathan and Ellen J. Marino.
I further certify that the following marriage certificate was filed in my office: I, Rabbi Arnold L. Biensrock (name), certify that on March 4, 2001 (date), at Cong. Shearey Tefilla in Marion County, Indiana, David L. Nathan of Hendricks County, Indiana (state), and Ellen J. Marino of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Feb. 1, 2001. Signed by: Rabbi Arnold L. Biensrock, Rabbi (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on February 1, 2001 (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 32
2-2-01
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 1-16-01
Name of Physician B-burg Fam. Med Center

MALE APPLICANT

Name: First Michael Middle Anthony Last Riley
Date of Birth: Month 8 Day 26 Year 56
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 923 Briarwood Dr. City B-burg County Hend State IN 46112
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1986
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) drivers license

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 S Riley
   (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 Sophrina E Sturgeon
   (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 Michael A Riley Date 2-2-01

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 Michael A Riley
New Address same as above
Subscribed and sworn to before me this 2 day of Feb, 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 Deborah Middle Jean Last Carlton
Date of Birth: Month 8 Day 7 Year 57
Place of Birth (State or foreign country) S. Carolina
Residence Address: Street or R.R. 923 Briarwood Dr. City B-burg County Hend. State IN 46112
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1985
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) drivers license

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Deborah J. Carlton Date 2-2-01

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 Deborah J. Carlton
New Address same as above
Subscribed and sworn to before me this 2 day of Feb, 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 February 2, 2001, authorizing the marriage of Michael Anthony Riley and Deborah Jean Carlton.
I further certify that the following marriage certificate was filed in my office: I, Charles E. Hostetter (name), certify that on February 7, 2001 (date), at Brownsburg in Hendricks County, Indiana, Michael Anthony Riley of Hendricks County, Indiana (state), and Deborah Jean Carlton of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Feb. 2, 2001. Signed by: /s/ Charles E. Hostetter, Town Court Judge (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on February 2, 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 33
2-5-01
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 3/21e/01
Name of Physician Dr. Andrea M. Abbott

MALE APPLICANT

Name: First William Middle E Last Roe Jr.
Date of Birth: Month 1 Day 27 Year 1958
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 222 Franklin Ave 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.
6. (a) Full name of applicant's father William E Roe 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 Nellie O. Wise
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant William E Roe Date 2-5-1

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 E Roe
New Address 216 Bittercroft Ct. Indpls. IN 46234
Subscribed and sworn to before me this 5 day of Feb. 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 Bonnie Middle L Last Petty
Date of Birth: Month 8 Day 31 Year 1959
Place of Birth (State or foreign country) Indiana 46241
Residence Address: Street or R.R. 850 Ingomar City Indpls. IN County Marion Co. State
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date Oct. 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.
6. (a) Full name of applicant's father Eugene C. 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 Margie A. Noe Fox
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Bonnie L Petty Date 2-5-01

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 Bonnie L Petty
New Address 216 Bittercroft Ct. Indpls. IN 46234
Subscribed and sworn to before me this 5 day of February 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 February 5, 2001, authorizing the marriage of William E. Roe Jr. and Bonnie L. Petty.
I further certify that the following marriage certificate was filed in my office: I, Sharon Dugan (name), certify that on April 5, 2001 (date), at Danville in Hendricks County, Indiana, William E. Roe Jr. of Hendricks County, Indiana (state), and Bonnie L. Petty of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Feb. 5, 2001. Signed by: Sharon Dugan, Hendricks Co. Clerk (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on April 6, 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 34
2-6-01
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 2-6-01
Name of Physician Dr. Gaddy

MALE APPLICANT

Name First Michael Middle R Last West
Date of Birth Month 4 Day 4 Year 1977
Place of Birth (State or foreign country) Indiana
Residence Address 197 W. Mill St. Street or R.R. Danville City Hend. County 46122 State IN
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Military 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.
6. (a) Full name of applicant's father James Edwards 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 Debbie Lou Thornburgh
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding 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 R. West Date 2-6-01

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 Michael R. West
New Address same as above
Subscribed and sworn to before me this 6 day of Feb. 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 Marianne Middle Last Chezem
Date of Birth Month 9 Day 29 Year 1978
Place of Birth (State or foreign country) Indiana
Residence Address 197 W. Mill St. Street or R.R. Danville City Hend. County 46122 State IN
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Drivers License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding 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 Marianne Chezem Date 2-06-01

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 Marianne Chezem
New Address same as above
Subscribed and sworn to before me this 6 day of Feb. 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 February 6, 2001, authorizing the marriage of Michael R. West and Marianne Chezem.

I further certify that the following marriage certificate was filed in my office: I, Robert L. Cannon (name), certify that on February 8, 2001 (date), at Danville in Hendricks County, Indiana, Michael Ryan West of Hendricks County, Indiana (state), and Marianne Chezem of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Feb. 6, 2001. Signed by: /s/ Robert L. Cannon, Pastor (official designation) Filed and recorded in accordance with the laws of the State of Indiana on February 6, 2001 (date).

Signed Thora Dugan 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

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Page 35
2-6-01
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 1-30-01
Name of Physician Dr. Hamrick

MALE APPLICANT

Name: First Mike Middle L Last Foster
Date of Birth: Month 12 Day 4 Year 1956
Place of Birth (State or foreign country)
Residence Address: Street or R.R. 2102 E. Main St. 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 5/97
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. Melissa Foster
6. (a) Full name of applicant's father Donald A. Foster
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Jeannette M. Wyrick
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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. Foster Date 2/6/01

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 Michael L. Foster
New Address 7608 Wigmaker Ct. Plainfield IN 46168
Subscribed and sworn to before me this 6 day of Feb. 2001
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 Dawn Middle C Last Jewell
Date of Birth: Month 9 Day 29 Year 1961
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1203 Timberclimb 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 3/98
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. Tiffany Jewell, Brianna Jewell, Austin Jewell
6. (a) Full name of applicant's father Paul E. 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 Mary R. Poff
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Dawn Jewell Date 2/6/01

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 Dawn Jewell
New Address 7668 Wigmaker Ct Plainfield In 46168
Subscribed and sworn to before me this 6 day of Feb. 2001
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 February 6, 2001, authorizing the marriage of Michael L. Foster and Dawn C. Jewell.
I further certify that the following marriage certificate was filed in my office: I, Harry E. Adair Jr. (name), certify that on February 10, 2001 (date), at Avon in Hendricks County, Indiana, Michael L. Foster of Hendricks County, Indiana (state), and Dawn C. Jewell of Hendricks County, Indiana (state), were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Feb. 6, 2001. Signed by: Harry E. Adair Jr., Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on February 6, 2001 (date).

Signed Thaior Dugas 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 36
2-7-01
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 2-5-01
Name of Physician Dr. Gentry

MALE APPLICANT

Name: First William Middle L Last Hogstrum
Date of Birth: Month 9 Day 14 Year 1976
Place of Birth (State or foreign country) Indiana 46168
Residence Address: Street or R.R. 250 N. E. St. Apt. 111 City Plnfld. County IN State Hend.
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Drivers License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding 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 Hogstrum Date 02-07-01

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 William Hogstrum
New Address 344 Paddlebrook Dr. Dan. IN 46122
Subscribed and sworn to before me this 7 day of Feb. 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 Tiffany Middle M Last Dotson
Date of Birth: Month 6 Day 4 Year 1978
Place of Birth (State or foreign country) Indiana 46168
Residence Address: Street or R.R. 1137 Pinewood Dr. Apt. A City Plnfld County Hend State IN
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Drivers License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding 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 Tiffany Dotson Date 2-7-01

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 Tiffany Dotson
New Address 344 Paddlebrook Dr. Dan. IN 46122
Subscribed and sworn to before me this 7 day of Feb. 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 February 7, 2001, authorizing the marriage of William L. Hogstrum and Tiffany M. Dotson.
I further certify that the following marriage certificate was filed in my office: I, Rev. Harold C. Holt (name), certify that on February 16, 2001 (date), at Attica in Fountain County, Indiana, William L. Hogstrum of Hendricks County, Indiana (state), and Tiffany M. Dotson of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Feb. 7, 2001. Signed by: Rev. Harold C. Holt, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on February 7, 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 37
2-7-01
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 ☒ 2-5-01
If No, Medical Examination or Report Dated
Name of Physician Timothy Feeney, MD

MALE APPLICANT

Name: First James Middle Anthony Last Kelso
Date of Birth: Month 1 Day 27 Year 74
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 6660 N Raceway Rd. City Inap's 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. Kelsey Lynne Kelso
6. (a) Full name of applicant's father Steven Paul 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 Lynne 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 ℞ James A. Kelso Date 2-7-01

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 ℞ James A. Kelso
New Address same as above
Subscribed and sworn to before me this 7 day of Feb, 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 Mary Middle Last Toomey
Date of Birth: Month 1 Day 3 Year 72
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 6660 N Raceway Rd City Inap's 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. Kelsey Lynne Kelso
6. (a) Full name of applicant's father Bobby Lee Toomey
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Vickie Suzanne Smock
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 A. Toomey Date 2-7-01

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 ℞ Mary A. Toomey
New Address same as above
Subscribed and sworn to before me this 7 day of Feb, 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 February 7, 2001, authorizing the marriage of James Anthony Kelso and Mary Ann Toomey.
I further certify that the following marriage certificate was filed in my office: I, Jannis C. Vanover (name), certify that on February 17, 2001 (date), at Indianapolis in Marion County, Indiana, James Anthony of Hendricks County, Indiana (state), and Mary Ann Toomey of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Feb. 7, 2001. Signed by: Jannis C. Vanover, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on February 21, 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 38
2-7-01
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 1-25-01
Name of Physician Dr. Michael Boothe

MALE APPLICANT

Name: First Thomas Middle F Last Morris
Date of Birth: Month 11 Day 26 Year 1961
Place of Birth (State or foreign country)
Residence Address: Street or R.R. 6618 Granny Smith 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 female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Fredrick Thomas Morris
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Illinois
   Birthplace of father (State or foreign country) New York
   (b) Full maiden name of applicant's mother Kathleen Basile
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Illinois
   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 Thomas F. Morris Date 2/7/01

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 Thomas F. Morris
New Address same as above
Subscribed and sworn to before me this 7 day of Feb. 2001
Thaisa Dugan
Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of 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 C Last Lambert
Date of Birth: Month 12 Day 17 Year 1964
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 6618 Granny Smith 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 2/91
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Marion Quattrocchi
   (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 Hattie Adams
   (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 Nancy C. Lambert Date 7 FEB 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 Nancy C Lambert
New Address same as above
Subscribed and sworn to before me this 7 day of Feb. 2001
Thaisa Dugan
Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated February 7, 2001, authorizing the marriage of Thomas F. Morris and Nancy C. Lambert.
I further certify that the following marriage certificate was filed in my office: I, Rev. Royce T. Willenton (name), certify that on February 24, 2001 (date), at Avon in Hendricks County, Indiana, Thomas F. Morris of Hendricks County, Indiana, and Nancy C. Lambert of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Feb. 7, 2001. Signed by: Rev. Royce T. Willenton, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on February 7, 2001 (date).

Signed Thaisa 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 39
2-9-01
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 1-29-01
Name of Physician Dr. King

MALE APPLICANT	FEMALE APPLICANT
Name: First Nicholes Middle D Last Huber	Name: First Lindsey Middle M Last Hillyard
Date of Birth: Month 2 Day 8 Year 1981	Date of Birth: Month 1 Day 22 Year 1983
Place of Birth (State or foreign country) Ohio	Place of Birth (State or foreign country) Pennsylvania 46168
Residence Address: Street or R.R. 611 Marway Rd. City Indpls. County Marion State IN	Residence Address: Street or R.R. 5530 S. C.R. 600 E. City Plnfld. County Hend 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 Michael J Huber	6. (a) Full name of applicant's father Terry D. Hillyard
(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) Pennsylvania
(b) Full maiden name of applicant's mother Dale R. Peiter	(b) Full maiden name of applicant's mother Colleen A Tsepetis
(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) Pennsylvania
Birthplace of mother (State or foreign country) Ohio	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 Nicholes D Huber Date 2-9-01

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.
X Signed Nicholes D Huber
New Address same as above
Subscribed and sworn to before me this 9 day of Feb. 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).

X Signature of Applicant Lindsey M. Hillyard Date 2-9-01

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.
X Signed Lindsey M. Hillyard
New Address same as above
Subscribed and sworn to before me this 9 day of Feb 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 February 9, 2001, authorizing the marriage of Nicholes D. Huber and Lindsey M. Hillyard.
I further certify that the following marriage certificate was filed in my office: I, Timothy B. Leach (name), certify that on February 14, 2001 (date), at Indianapolis in Marion County, Indiana, Nicholes D. Huber of Marion County, Indiana (state), and Lindsey M. Hillyard of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Feb. 9, 2001. Signed by: /s/ Timothy B. Leach, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on February 9, 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 40
2-9-01
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 1-15-01
Name of Physician Dr. Bolen

MALE APPLICANT

Name: First Jeffrey Middle John Last Leo
Date of Birth: Month 10 Day 20 Year 66
Place of Birth (State or foreign country) Washington
Residence Address: Street or R.R. 5605 Crystal Bay W 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 6-4-93
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. N/A
6. (a) Full name of applicant's father James Allen Leo
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Washington
   Birthplace of father (State or foreign country) Washington
   (b) Full maiden name of applicant's mother Connie Rae (Leo) Atkinson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Washington
   Birthplace of mother (State or foreign country) Montana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding 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 Jeffrey J Leo Date 2-9-01

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)
Jeffrey J Leo 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 9th day of February, 2001
X 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 Rachel Middle Ann Last Dennis
Date of Birth: Month 06 Day 01 Year 64
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 5605 Crystal Bay W 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) 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 Garnald Dwight Dennis
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother L. Anne Talley
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) South 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 Rachel A. Dennis Date 02-09-01

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)
Rachel A. Dennis I swear/affirm that the information given in this application is true and correct.
Signed _____
New Address 1622 Beechwood Dr. Plainfield In 46168
Subscribed and sworn to before me this 9th day of February 2001
X 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 February 9, 2001, authorizing the marriage of Jeffrey John Leo and Rachel Ann Dennis.
I further certify that the following marriage certificate was filed in my office: I, Garnold Dennis (name), certify that on March 31, 2001 (date), at Plainfield in Hendricks County, Indiana, Jeffrey John Leo of Hendricks County, Indiana (state), and Rachel Ann Dennis of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Feb. 9, 2001. Signed by: Garnold Dennis, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on May 2, 2001 (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 41
2-9-01
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 2/8/01
Name of Physician Dr. Clark

MALE APPLICANT

Name First Ronald Middle C Last Butler
Date of Birth Month 10 Day 1 Year 1973
Place of Birth (State or foreign country) Indiana
Residence Address 289 Heritage Dr. 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. ____
6. (a) Full name of applicant's father Ron Butler
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Suzie 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).

X Signature of Applicant Ronald C Butler Date 2-09-01

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.
X Signed Ronald C Butler
New Address 352 S Jefferson Danville IN 46122
Subscribed and sworn to before me this 9 day of Feb 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 Leslie Middle A. Last Dugan
Date of Birth Month 6 Day 24 Year 1969
Place of Birth (State or foreign country) Indiana
Residence Address 114 N. Jefferson 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 1/99
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. ____
6. (a) Full name of applicant's father Michael L. Crouse
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Elisabeth Jane White
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

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

X Signature of Applicant Leslie A. Dugan Date 2-09-01

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.
X Signed Leslie A. Dugan
New Address 352 S Jefferson Danville IN 46122
Subscribed and sworn to before me this 9 day of Feb. 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 February 9, 2001, authorizing the marriage of Ronald C. Butler and Leslie A. Dugan.
I further certify that the following marriage certificate was filed in my office: I, P. Michael Thornburg (name), certify that on February 17, 2001 (date), at Danville in Hendricks County, Indiana, Ronald C. Butler of Hendricks County, Indiana (state), and Leslie A. Dugan of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Feb. 9, 2001. Signed by: P. Michael Thornburg, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on February 9, 2001 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 477

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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 42
2-9-01
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 2-9-01
Name of Physician Dr. Collicott

MALE APPLICANT

Name First James Middle D Last Cook
Date of Birth Month 2 Day 28 Year 1980
Place of Birth (State or foreign country) Indiana 46168
Residence Address Street or R.R. 508 Roosevelt St. City Plnfld. County Hend. State IN
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Jack P. Cook
   (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 Shirley Anne Kennedy
   (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).

X Signature of Applicant James D Cook Date 2/9/01

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.
X Signed James D. Cook
New Address 304 country lane Apt. E
Subscribed and sworn to before me this 9 day of Feb. 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 Elizabeth Middle Anne Last Polley
Date of Birth Month 5 Day 23 Year 1980
Place of Birth (State or foreign country) Indiana 46168
Residence Address Street or R.R. 226/C Mill Run Dr. City Plnfld. County Hend State IN
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Drivers License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding 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 Elizabeth Polley Date 2-9-01

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.
X Signed Elizabeth Polley
New Address 304 Country Lane (Apt E) Plainfield, IN 46168
Subscribed and sworn to before me this 9 day of Feb. 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 _____, 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 43
2-12-01
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 12/19/00
Name of Physician Dr. Gomez

MALE APPLICANT

Name: First Daniel Middle Shad Last Goodner
Date of Birth: Month 11 Day 12 Year 1969
Place of Birth (State or foreign country) Texas 46123
Residence Address: Street or R.R. 135 Capitol Dr. City Avon 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. Olivia Catherine Goodner
6. (a) Full name of applicant's father Danny Joe Goodner
   (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 Marcena Diane Eakins
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Texas
   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 Shad Goodner Date 2/12/01

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 Shad Goodner
New Address 954 Polley Dr. Dan. IN 46122
Subscribed and sworn to before me this 12 day of Feb. 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 Catherine Middle M Last James
Date of Birth: Month 4 Day 18 Year 1969
Place of Birth (State or foreign country) Texas 46123
Residence Address: Street or R.R. 135 Capitol Dr. City Avon County Hend. State IN
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Drivers License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 M. James Date 2.12.01

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 Catherine M. James
New Address 954 Polley Pl Danville IN 4622
Subscribed and sworn to before me this 12 day of Feb. 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 February 12, 2001, authorizing the marriage of Daniel Shad Goodner and Catherine M. James.
I further certify that the following marriage certificate was filed in my office: I, Sharon Dugan (name), certify that on February 14, 2001 (date), at Danville in Hendricks County, Indiana, Daniel Shad Goodner of Hendricks County, Indiana (state), and Catherine 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 Feb. 12, 2001. Signed by: /s/ Sharon Dugan, Hendricks County Clerk (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on February 12, 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 44
2-13-01
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 2/9/01
Name of Physician Dr. Caine

MALE APPLICANT

Name: First Paul Middle Alexander Last Soares
Date of Birth: Month 11 Day 7 Year 1969
Place of Birth (State or foreign country) England 46113
Residence Address: Street or R.R. 10878 Sweetsen Rd. City Camby County Hend. State IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 7/2/98
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Passport

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant P. Soares. Date 2/13/01

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 P. Soares.
New Address same as above
Subscribed and sworn to before me this 13 day of Feb. 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 Ferleisha Middle M Last Caldwell
Date of Birth: Month 7 Day 21 Year 1970
Place of Birth (State or foreign country) England 46113
Residence Address: Street or R.R. 10878 Sweetsen Rd. City Camby County Hend. State IN
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date _____
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Drivers License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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. A. Caldwell Date 2/13/01

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. A. Caldwell
New Address same as above
Subscribed and sworn to before me this 13 day of Feb. 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 February 13, 2001, authorizing the marriage of Paul Alexander Soares and Ferleisha M. Caldwell.
I further certify that the following marriage certificate was filed in my office: I, Ronald A. Safrin (name), certify that on February 14, 2001 (date), at Indianapolis in Marion County, Indiana, Paul Alexander Soares of Hendricks County, Indiana (state), and Ferleisha M. 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 Feb. 13, 2001. Signed by: /s/ Ronald A. Safrin, Judge (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on February 13, 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 45
2-14-01
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 2-7-01
Name of Physician Dr. Hostetter

MALE APPLICANT

Name: First Eric Middle Fitzgerald Last Brooks
Date of Birth: Month 6 Day 7 Year 76
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 2525 N Cr 425 E. City Danville County Hendricks 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. ____
6. (a) Full name of applicant's father David Richard Brooks
   (If adopted, list adoptive parents only)
   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 Lee Privett
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant E Fitz Brooks Date 2/14/01

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 E. Fitz Brooks
New Address Same as Above
Subscribed and sworn to before me this 14 day of February 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 Lee Middle Katherine Last Cole
Date of Birth: Month 1 Day 15 Year 75
Place of Birth (State or foreign country): Ohio
Residence Address: Street or R.R. 2525 NCR 425E 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 David Alan Cole
   (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 Janet Marie Kulkowski
   (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 Lee Cole Date 2-14-01

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 Lee Cole
New Address Same as above
Subscribed and sworn to before me this 14 day of February 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 February 14, 2001, authorizing the marriage of Eric Fitzgerald Brooks and Lee Katherine Cole.
I further certify that the following marriage certificate was filed in my office: I, Sharon Dugan (name), certify that on February 14, 2001 (date), at Danville in Hendricks County, Indiana, Eric Fitzgerald Brooks of Hendricks County, Indiana (state), and Lee Katherine 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 Feb. 14, 2001. Signed by: /s/ Sharon Dugan, Hendricks County Clerk (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on February 14, 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 246
2-14-01
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 2-12-01
Name of Physician Dr. Collicott

MALE APPLICANT

Name: First Joe Middle W Last Flannery Jr.
Date of Birth: Month 2 Day 6 Year 1961
Place of Birth (State or foreign country) Indiana 46168
Residence Address: Street or R.R. 203 Hancock Rd. City Plnfld County Hend State IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 1/99
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 Joe William Flannery
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) California
   Birthplace of father (State or foreign country) Kentucky
   (b) Full maiden name of applicant's mother Gloria Jeanne Streeval
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) California
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Joe Flannery Date 2-14-01

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 Joe Flannery
New Address Same as above
Subscribed and sworn to before me this 14 day of Feb. 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 Teresa Middle J Last Flannery
Date of Birth: Month 3 Day 7 Year 1961
Place of Birth (State or foreign country) Connecticut 46168
Residence Address: Street or R.R. 203 Hancock Rd. City Plnfld. County Hend. State IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 1/99
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.
6. (a) Full name of applicant's father Brian Alwyn Robinson
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) deceased
   Birthplace of father (State or foreign country) England
   (b) Full maiden name of applicant's mother Mary Elizabeth Farrell
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) deceased
   Birthplace of mother (State or foreign country) Connecticut

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 J Flannery Date 2/14/01

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 _____
New Address Same as above
Subscribed and sworn to before me this 14 day of Feb. 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 February 14, 2001, authorizing the marriage of Joe W. Flannery Jr. and Teresa J. Flannery.
I further certify that the following marriage certificate was filed in my office: I, Roger W. Turner (name), certify that on February 14, 2001 (date), at Plainfield in Hendricks County, Indiana, Joe W. Flannery of Hendricks County, Indiana (state), and Teresa J. Flannery of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Feb. 14, 2001. Signed by: /s/ Roger W. Turner, Bishop (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on February 14, 2001 (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 47
2-14-01
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 2/13/01
Name of Physician Dr. Durell

MALE APPLICANT

Name First Christopher Middle E Last Bassett
Date of Birth Month 4 Day 22 Year 1977
Place of Birth (State or foreign country) Indiana 46168
Residence Address Street or R.R. 524 Brentwood Dr. W City Plnfld 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. Jacob Tyler Bassett
6. (a) Full name of applicant's father Larry Bassett
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Myrtle M. Dickerson
   (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 Brandi Middle N Last Shorter
Date of Birth Month 12 Day 23 Year 1982
Place of Birth (State or foreign country) Indiana 46118
Residence Address Street or R.R. 6241 Turner Dr. City Clayton 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)
Identification Card

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

ACKNOWLEDGEMENT

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

✗Signature of Applicant _____ Date _____

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

State of Indiana)
County of Hendricks)

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 14 day of Feb. 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 Brandi Shorter Date 2-14-01

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 Brandi Shorter
New Address 524 Brentwood Dr. Plnfld. IN 46168
Subscribed and sworn to before me this 14 day of Feb. 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 February 14, 2001, authorizing the marriage of Christopher E. Bassett and Brandi N. Shorter.
I further certify that the following marriage certificate was filed in my office: I, Sharon Dugan (name), certify that on February 14, 2001 (date), at Danville in Hendricks County, Indiana, Christopher E. Bassett of Hendricks County, Indiana (state), and Brandi N. Shorter of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Feb. 14, 2001. Signed by: /s/ Sharon Dugan, Hendricks County Clerk (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on February 14, 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 641
Page 48
2-15-01
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 2-13-01
Name of Physician Dr McDaniel

MALE APPLICANT

Name First: Gary Middle: E. Last: Stehle
Date of Birth Month: 6 Day: 24 Year: 71
Place of Birth (State or foreign country): Ohio
Residence Address: 9406/A Street or R.R.: Avon Strand 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 female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Edward Stehle
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) OH
   Birthplace of father (State or foreign country) Ohio
   (b) Full maiden name of applicant's mother Shirley Garver
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) OH
   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 E Stehle Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 E Stehle
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: Mary Middle: Margaret Last: Laffoon
Date of Birth Month: 9 Day: 3 Year: 73
Place of Birth (State or foreign country): Kentucky
Residence Address: 9406/A Street or R.R.: Avon Strand 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 Randy Laffoon
   (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 Elizabeth Pollock
   (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 Mary M Laffoon Date 2/15/01

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 Mary M Laffoon
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 February 15, 2001, authorizing the marriage of Gary E. Stehle and Mary M. Laffoon.
I further certify that the following marriage certificate was filed in my office: I, Glenn W. McDonald (name), certify that on February 24, 2001 (date), at Zionsville in Boone County, Indiana, Gary E. Stehle of Hendricks County, Indiana (state), and Mary M. Laffoon of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Feb. 15, 2001. Signed by: Glenn W. McDonald, Minister: PC (USA) (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on February 15, 2001 (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 49
2-15-01
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 2-8-01
Name of Physician Dr. Stevens

MALE APPLICANT

Name: First Anthony Middle Joseph Last Fancher, Sr.
Date of Birth: Month 12 Day 30 Year 63
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 6020 E. County Rd. 91 N. Lot 31 City Ava County Hendricks State IN 46123
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date April '97
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. Anthony Fancher, Jr
   Heidi Fancher
6. (a) Full name of applicant's father Richard McComas
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Florida
   Birthplace of father (State or foreign country) PA
   (b) Full maiden name of applicant's mother Jean Marie Chamberlain
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) PA

ACKNOWLEDGEMENT

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

✗ Signature of Applicant Anthony J. Fancher Sr Date 2-15-2001

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 Anthony J. Fancher Sr.
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 Debra Middle Deloris Last McBride
Date of Birth: Month 12 Day 20 Year 57
Place of Birth (State or foreign country) North Carolina
Residence Address: Street or R.R. 6020 E. County Rd 91 N. Lot 31 City Ava 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. Jessica Lee Nelson
   Anthony James Testerman
   Heidi Fancher
6. (a) Full name of applicant's father James McBride
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Unknown
   Birthplace of father (State or foreign country) North Carolina
   (b) Full maiden name of applicant's mother Wanda Lee Colson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) North Carolina
   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 Debra D McBride Date 2-15-2001

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 Debra D McBride
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 February 15, 2001, authorizing the marriage of Anthony J. Fancher, Sr. and Debra D. McBride.
I further certify that the following marriage certificate was filed in my office: I, Rev. Charles E. Thompson (name), certify that on March 31, 2001 (date), at Mt. Olive UMC in Marion County, Indiana, Anthony J. Fancher, Sr. of Hendricks County, Indiana (state), and Debra D. McBride of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Feb. 15, 2001. Signed by: Rev. Charles E. Thompson, Pastor in Charge (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on April 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 50
2-16-01
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 1/30/01
Name of Physician Dr. Stall

MALE APPLICANT

Name: First Toby Middle L Last Belcher
Date of Birth: Month 2 Day 13 Year 1978
Place of Birth (State or foreign country) Indiana 46234
Residence Address: Street or R.R. 1142 Broadoak Dr. City Indpls. County Hend. State IN
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Damian Lee Bowlin, Brianna Lynn Bowlin
6. (a) Full name of applicant's father Timothy Lynn Belcher
   (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 Wanda Lou Woodrum
   (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 Toby Belcher Date 2-16-01

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 Toby Belcher
New Address Same as above
Subscribed and sworn to before me this 16 day of Feb. 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 Erica Middle Lynn Last Bowlin
Date of Birth: Month 10 Day 27 Year 1978
Place of Birth (State or foreign country) Arizona 46201
Residence Address: Street or R.R. 2908 Newton Ave. City Indpls County Hend State IN
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) 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 male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Damian Lee Bowlin, Brianna Lynn Bowlin
6. (a) Full name of applicant's father Thomas Bowlin
   (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 Kyla D. Sher
   (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 Erica Bowlin Date 02/16/01

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 Erica Bowlin
New Address 1142 Broad Oak Dr. Indpls, In.
Subscribed and sworn to before me this 16 day of Feb. 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 February 16, 2001, authorizing the marriage of Toby L. Belcher and Erica L. Bowlin.
I further certify that the following marriage certificate was filed in my office: I, Rev. Timothy B. Leach (name), certify that on February 17, 2001 (date), at Indianapolis in Marion County, Indiana, Toby L. Belcher of Hendricks County, Indiana (state), and Erica L. Bowlin of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Feb. 16, 2001. Signed by: Rev. Timothy B. Leach, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on February 21, 2001 (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 51
2-16-01
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 11/14/00
Name of Physician Dr. White

MALE APPLICANT

Name: First Gary Middle Davis Last Barranger
Date of Birth: Month 6 Day 17 Year 1952
Place of Birth (State or foreign country) Florida
Residence Address: Street or R.R. 8810 Retreat Rd. 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 10/81
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Drivers License

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

ACKNOWLEDGEMENT

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

✗Signature of Applicant [signature] Date 2/16/01

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 [signature]
New Address Same as above
Subscribed and sworn to before me this 16 day of Feb. 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 Elisabeth Middle E Last Carpenter
Date of Birth: Month 10 Day 31 Year 1964
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 8810 Retreat Rd. City Camby County Hend State IN 46113
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date _____
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 L 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 Dorothy M. Marshall
   (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 Elisabeth E Carpenter Date 2/16/01

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 Elizabeth E. Carpenter
New Address Same as above
Subscribed and sworn to before me this 16 day of Feb. 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 February 16, 2001, authorizing the marriage of Gary Davis Barranger and Elisabeth E. Carpenter.
I further certify that the following marriage certificate was filed in my office: I, M. Kent Millard (name), certify that on March 24, 2001 (date), at Indianapolis in Marion County, Indiana, Gary Davis Barranger of Hendricks County, Indiana (state), and Elisabeth E. Carpenter of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Feb. 16, 2001. Signed by: M. Kent Millard, United Methodist Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on February 16. 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 52
2-16-01
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 2-14-01
Name of Physician Dr. Hobbs

MALE APPLICANT

Name First Steven Middle M. Last Dellinger
Date of Birth Month 8 Day 15 Year 77
Place of Birth (State or foreign country) Indiana
Residence Address Street or R.R. 838 Burwick Trace City Greenwood County Johnson State IN 46143
Previous Marital Status: 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 Dennis Dellinger
   (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 Laura Grimm
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) South Dakota
   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).
X Signature of Applicant Steven Dellinger Date 2/16/01

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.
X Signed Steven Dellinger
New Address 1155A Pinewood Dr., Plainfield, IN 46168
Subscribed and sworn to before me this day of
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name First Theresa Middle Lynn Last Nysewander
Date of Birth Month 7 Day 6 Year 78
Place of Birth (State or foreign country) Indiana
Residence Address Street or R.R. 5407 E County Rd 600 S City Plainfield County Hendricks State IN 46168
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

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

6. (a) Full name of applicant's father Phillip Nysewander
   (If adopted, list adoptive parents only)
   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 Bowman
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding 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 Theresa Nysewander Date 4/16/01

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.
X Signed Theresa Nysewander
New Address 1155 A Pinewood Dr Plainfield In 46168
Subscribed and sworn to before me this day of
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated February 16, 2001, authorizing the marriage of Steven M. Dellinger and Theresa L. Nysewander.
I further certify that the following marriage certificate was filed in my office: I, Stephen White (name), certify that on February 24, 2001 (date), at Plainfield in Hendricks County, Indiana, Steven M. Dellinger of Johnson County, Indiana (state), and Theresa L. Nysewander of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Feb. 16, 2001. Signed by: Stephen White, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on February 16, 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 53
2-16-01
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 2-15-01
Name of Physician Dr. B Durell

MALE APPLICANT

Name: First Brian Middle Cary Last McGuire
Date of Birth: Month 12 Day 27 Year 78
Place of Birth (State or foreign country) Oklahoma
Residence Address: Street or R.R. 10612 E. 113th N. City Owasso County Rogers State OK 74055
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Military I.D.

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 02-16-01

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 [signature]
New Address 906 HIGHLANDER DR PLAINFIELD IN 46168
Subscribed and sworn to before me this ____ day of ____
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Cassandra Middle S. Last Nutty
Date of Birth: Month 9 Day 22 Year 80
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. 906 Highlander Drive City Plainfield County Hendricks State IN 46168
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) 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 Paul S. Nutty
   (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 S. Stateer
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) IN
   Birthplace of mother (State or foreign country) OH

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 02-16-01

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 [signature]
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 February 16, 2001, authorizing the marriage of Brian C. McGuire and Cassandra S. Nutty.
I further certify that the following marriage certificate was filed in my office: I, Rev. Dan McCollough (name), certify that on February 16, 2001 (date), at Connersville in Fayette County, Indiana, Brian C. McGuire of Rogers County, Oklahoma (state), and Cassandra S. Nutty of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Feb. 16, 2001. Signed by: Rev. Dan McCollough, Ordained Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on February 16, 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 54
2/16/01
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 2-2-01
Name of Physician Dr. Balcoke

MALE APPLICANT

Name: First Matthew Middle James Last Livermore
Date of Birth: Month 1 Day 17 Year 1978
Place of Birth (State or foreign country) Indiana 46123
Residence Address: Street or R.R. 6423 D Capitol Ln City Avon County Hend State IN
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Drivers License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding 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 Matthewlivermore Date 2/16/01

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.
X Signed Matthewlivermore
New Address same as above
Subscribed and sworn to before me this 16 day of Feb. 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 Bethany Middle Kay Last Fadelle
Date of Birth: Month 2 Day 26 Year 1980
Place of Birth (State or foreign country) Illinois 60120
Residence Address: Street or R.R. 815 Chippewa Dr. City Elgin 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) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Norman A. E. Fadelle
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Illinois
   Birthplace of father (State or foreign country) Ontario
   (b) Full maiden name of applicant's mother Deborah A. Zilmer
   (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 Bethany Fadelle Date 2/16/01

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 Bethany Fadelle
New Address 6423 D Capitol Ln. Avon IN 46123
Subscribed and sworn to before me this 16 day of Feb. 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 February 16, 2001, authorizing the marriage of Matthew James Livermore and Bethany Kay Fadelle.
I further certify that the following marriage certificate was filed in my office: I, Normand Zilmen (name), certify that on March 17, 2001 (date), at Valparaiso in Porter County, Indiana, Matthew James Livermore of Hendricks County, Indiana (state), and Bethany Kay Fadelle of Cook 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 Feb. 16, 2001. Signed by: Normand Zilmen, Elder (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on February 16, 2001 (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 55
2-16-01
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 2-7-01
Name of Physician Karen Beard

MALE APPLICANT

Name: First Charles | Middle Robert | Last MacIntyre
Date of Birth: Month 6 | Day 15 | Year 1975
Place of Birth (State or foreign country): Pennsylvania
Residence Address: Street or R.R. 846 Manor Ct. | City Plainfield | County Hendricks | State Indiana 46168
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

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

FEMALE APPLICANT

Name: First Courtney | Middle Alison | Last Wertz
Date of Birth: Month 8 | Day 10 | Year 1975
Place of Birth (State or foreign country): Mississippi
Residence Address: Street or R.R. 846 Manor Ct. | City Plainfield | County Hendricks | State Indiana 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. ____
6. (a) Full name of applicant's father Michael Ray Wertz
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Ohio
   Birthplace of father (State or foreign country) Illinois
   (b) Full maiden name of applicant's mother Deborah Lynn Lauderdale
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Ohio
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Charles R. MacIntyre Date 16FEB01

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Charles R. MacIntyre
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 X Courtney Alison Wertz Date 16 Feb 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 Courtney Alison Wertz
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 FEB 16 2001, authorizing the marriage of CHARLES ROBERT MACINTYRE and COURTNEY ALISON WERTZ. I further certify that the following marriage certificate was filed in my office: I, SHARON DUGAN (name), certify that on FEBRUARY 16, 2001 (date), at DANVILLE in HENDRICKS County, Indiana, CHARLES ROBERT MACINTYRE of HENDRICKS County, INDIANA (state), and COURTNEY ALISON WERTZ of HENDRICKS County, INDIANA (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated FEB. 16, 2001. Signed by: /s/ SHARON DUGAN, CLERK (official designation) Filed and recorded in accordance with the laws of the State of Indiana on FEBRUARY 16, 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 56
2-16-01
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 2/16/01
Name of Physician Dr. Gatzimos

MALE APPLICANT

Name: First Jason Middle B Last Love
Date of Birth: Month 12 Day 24 Year 1972
Place of Birth (State or foreign country) Indiana 46167
Residence Address: Street or R.R. 6538 N. CR 475 E City Pittsboro County Hend. State IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 2-96
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Drivers License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 B Love 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 Jason B Love
New Address 527 Meridian, Pittsboro IN 46167
Subscribed and sworn to before me this 16 day of Feb. 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 Michelle Middle L Last Johnson
Date of Birth: Month 9 Day 1 Year 1972
Place of Birth (State or foreign country) Ohio 46214
Residence Address: Street or R.R. 533 Broken Bow Trl 1402 City Indpls. County Hend. State IN
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date _____
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Andrew Johnson Sr.
   (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 LouAnn Bancroft
   (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 Michelle Johnson Date 02/16/01

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 Michelle Johnson
New Address 527 N. Meridian Pittsboro, IN 46167
Subscribed and sworn to before me this 16 day of Feb. 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 February 16, 2001 authorizing the marriage of Jason B. Love and Michelle L. Johnson.
I further certify that the following marriage certificate was filed in my office: I, Karen M. Love (name), certify that on February 17, 2001 (date), at Lizton in Hendricks County, Indiana, Jason B. Love of Hendricks County, Indiana (state), and Michelle L. Johnson of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Feb. 16, 2001 Signed by: Karen M. Love, Judge Superior Court 3 (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on February 21, 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 57
2-16-01
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 12-398
Name of Physician Dr. Kawler

MALE APPLICANT

Name First: Stephen Middle: Lee Last: Boesch
Date of Birth Month: 1 Day: 9 Year: 68
Place of Birth (State or foreign country): Indiana
Residence Address: 2144 Ashrala Dr. Street or R.R. 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. Kylie Boesch
6. (a) Full name of applicant's father Herman Henry Boesch
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased.
   Birthplace of father (State or foreign country) Illinois
   (b) Full maiden name of applicant's mother Mary Jane Sweeney
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) California

ACKNOWLEDGEMENT

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

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 16 day of February 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: Jamie Middle: Lynn Last: White
Date of Birth Month: 11 Day: 26 Year: 77
Place of Birth (State or foreign country): California
Residence Address: 2144 Ishrala St. Street or R.R. City: Indpls County: Hendricks State: In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify)
Drivers License

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

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

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Jamie White
New Address Same as above
Subscribed and sworn to before me this 16 day of February 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 16, 2001, authorizing the marriage of Stephen Lee Boesch and Jamie Lynn White.
I further certify that the following marriage certificate was filed in my office: I, Sharon Dugan (name), certify that on February 16, 2001 (date), at Danville in Hendricks County, Indiana, Stephen Lee Boesch of Hendricks County, Indiana (state), and Jamie Lynn White of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Feb. 16, 2001. Signed by: /s/ Sharon Dugan, Hendricks County Clerk (official designation) Filed and recorded in accordance with the laws of the State of Indiana on February 16, 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 58
2-16-01
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 2-16-01
Name of Physician Dr. Poe

MALE APPLICANT

Name: First Thomas Middle A Last Theiss
Date of Birth: Month 7 Day 24 Year 1961
Place of Birth (State or foreign country) 46224
Residence Address: Street or R.R. 5424 W. 15th St. 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 5/95
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. —
6. (a) Full name of applicant's father James Francis Theiss
   (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 Jill Francis Walker
   (If adopted, list adoptive parents only) —
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Ohio

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Thomas Theiss Date 2-16-01

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 Thomas Theiss
New Address 3654 Roxburgh Ct. Indpls. IN 46234
Subscribed and sworn to before me this 16 day of Feb. 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 Barbara Middle J Last Nunaley
Date of Birth: Month 6 Day 14 Year 1958
Place of Birth (State or foreign country) Indiana 46122
Residence Address: Street or R.R. 2133 N Washington City Danville County Hend. State IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 7/00
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. Trisha Nunaley, Christina Nunaley, Neal Nunaley
6. (a) Full name of applicant's father Earl Fortune
   (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 Reba Haskins
   (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 Barbara J. Nunaley Date 2/16/01

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 Barbara J. Nunaley
New Address 3654 Roxburgh Ct. Indpls. IN 46234
Subscribed and sworn to before me this 16 day of Feb. 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 February 16, 2001, authorizing the marriage of Thomas A. Theiss and Barbara J. Nunaley.
I further certify that the following marriage certificate was filed in my office: I, Keith J. Treadway (name), certify that on March 3, 2001 (date), at First Baptist Church in Hendricks County, Indiana, Thomas A. Theiss of Marion County, Indiana (state), and Barbara J. Nunaley of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Feb. 16, 2001. Signed by: Keith J. Treadway, Reverand (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on February 16, 2001 (date).

Signed Sharon 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 59
2-16-01
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 1-30-01
Name of Physician Health Tracks

MALE APPLICANT

Name: First Alan Middle R. Last Boyd
Date of Birth: Month 5 Day 24 Year 63
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 224 W Fremont 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 Apr. 90
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 Conrad Boyd 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 Agnes Strange
   (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).
Signature of Applicant Alan R. Boyd Date 2-16-01

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 Alan R. Boyd
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 June Middle A. Last Montgomery
Date of Birth: Month 6 Day 30 Year 68
Place of Birth (State or foreign country): Michigan
Residence Address: Street or R.R. 224 W. Fremont 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 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 male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Kandace Montgomery
   Kevin Montgomery

6. (a) Full name of applicant's father Hume Alcorn Jr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Sierra Cross
   (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 June Montgomery Date 2-16-01

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 June Montgomery
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 February 16, 2001, authorizing the marriage of Alan R. Boyd and June A. Montgomery.
I further certify that the following marriage certificate was filed in my office: I, Sharon Dugan (name), certify that on February 16, 2001 (date), at Danville in Hendricks County, Indiana, Alan R. Boyd of Hendricks County, Indiana (state), and June A. Montgomery of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Feb. 16, 2001. Signed by: /s/ Sharon Dugan, Hendricks County Clerk (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on February 16, 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 60
2-16-01
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 2-6-01
Name of Physician Dr. Durell

MALE APPLICANT	FEMALE APPLICANT
Name: First Jeffrey Middle A Last Keegan	Name: First Sharon Middle D Last Leibrock
Date of Birth: Month 2 Day 24 Year 1952	Date of Birth: Month 10 Day 10 Year 1961
Place of Birth (State or foreign country) Indiana	Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 19 S 22nd St. City Terre Haute County Vigo State IN	Residence Address: Street or R.R. 3610 Homestead Pl. City Plnfld County Hend 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 12/99	Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 9/87
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. Sarah Leibrock, Emily Leibrock
6. (a) Full name of applicant's father Herman L. Keegan	6. (a) Full name of applicant's father Floyd G. Fish
(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) Indiana
(b) Full maiden name of applicant's mother Mary Lillian Morse	(b) Full maiden name of applicant's mother Jacquelin Fay Smith
(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) Arkansas	Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

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

Signature of Applicant Jeffrey A Keegan Date 2-16-01

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 Jeffrey A Keegan
New Address 3640 Homestead Cir. E. Plnfld IN 46168

Subscribed and sworn to before me this 16 day of Feb. 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 Sharon Leibrock Date 2/16/01

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 Sharon Leibrock
New Address 3640 Homestead Cir. E. Plnfld, IN 46168

Subscribed and sworn to before me this 16 day of Feb. 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 February 16, 2001, authorizing the marriage of Jeffrey A. Keegan and Sharon D. Leibrock.

I further certify that the following marriage certificate was filed in my office: I, Sharon Dugan (name), certify that on February 16, 2001 (date), at Danville in Hendricks County, Indiana, Jeffrey A. Keegan of Hendricks County, Indiana (state), and Sharon D. Leibrock of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Feb. 16, 2001. Signed by: /s/ Sharon Dugan, Hendricks County Clerk (official designation) Filed and recorded in accordance with the laws of the State of Indiana on February 16, 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 61
2-20-01
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 2/19/01
Name of Physician Dr. Hong

MALE APPLICANT	FEMALE APPLICANT
Name: First Robert Middle L Last Kirby	Name: First Emily Middle S Last Geiss
Date of Birth: Month 10 Day 10 Year 1978	Date of Birth: Month 8 Day 19 Year 1979
Place of Birth (State or foreign country): Indiana	Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 5150 N. CR 400 E City Pittsboro County Hend State IN	Residence Address: Street or R.R. 7832 Hughes Rd. City North Salem County Hend. 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 Lloyd Kirby	6. (a) Full name of applicant's father William Geiss
(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 Jessica Lotter	(b) Full maiden name of applicant's mother Donna Combs
(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).

X Signature of Applicant Robert L Kirby Date 2-20-01

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 Robert L Kirby
New Address 167 S. Cross St. Danville IN. 46122
Subscribed and sworn to before me this 20 day of Feb. 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).

X Signature of Applicant Emily S. Geiss Date 2/20/01

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 Emily S. Geiss
New Address 167 S. Cross. St. Danville, IN 46122
Subscribed and sworn to before me this 20 day of Feb. 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 February 20, 2001, authorizing the marriage of Robert L. Kirby and Emily S. Geiss.
I further certify that the following marriage certificate was filed in my office: I, Gary A. Dworak (name), certify that on February 24, 2001 (date), at Brownsburg in Hendricks County, Indiana, Robert L. Kirby of Hendricks County, Indiana (state), and Emily S. 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 Feb. 20, 2001. Signed by: Gary A. Dworak, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on February 20, 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 62
2/20/01
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 2/16/01
Name of Physician KERSTEFF

MALE APPLICANT

Name: First CHRISTOPHER Middle E. Last MOORE
Date of Birth: Month 9 Day 1 Year 78
Place of Birth (State or foreign country) MICHIGAN
Residence Address: Street or R.R. 4650 PENN ST. POB 92 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) 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 EDWARD N. MOORE
   (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 LISA C. PARTLOW
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) INDIANA
   Birthplace of mother (State or foreign country) INDIANA

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 E Moore Date 2/20/01

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 Christopher E Moore 2/20/01
New Address SAME AS ABOVE
Subscribed and sworn to before me this 20 day of FEB 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 BRANDI Middle L. Last STEVENS
Date of Birth: Month 2 Day 10 Year 82
Place of Birth (State or foreign country) INDIANA
Residence Address: Street or R.R. 250 N. EAST ST APT 306 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. ____
6. (a) Full name of applicant's father JEFF S. STEVENS
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) INDIANA
   Birthplace of father (State or foreign country) INDIANA
   (b) Full maiden name of applicant's mother DIANA J. SYARIED
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) INDIANA
   Birthplace of mother (State or foreign country) INDIANA

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 L Stevens Date 2/20/01

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 Brandi L Stevens 2/20/01
New Address 4650 PENN ST. POB 92 CLAYTON, IN 46118
Subscribed and sworn to before me this 20 day of FEB 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 February 20, 2001, authorizing the marriage of Christopher E. Moore and Brandi L. Stevens.
I further certify that the following marriage certificate was filed in my office: I, Sharon Dugan (name), certify that on February 21, 2001 (date), at Danville in Hendricks County, Indiana, Christopher E. Moore of Hendricks County, Indiana (state), and Brandi L. Stevens of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Feb. 20, 2001. Signed by: Sharon Dugan, Hendricks Co. Clerk (official designation) Filed and recorded in accordance with the laws of the State of Indiana on February 20, 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 63
2-20-01
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 6-27-00
Name of Physician Dr. Soper

MALE APPLICANT

Name: First Paul Middle S Last Howard
Date of Birth: Month 8 Day 21 Year 1960
Place of Birth (State or foreign country) Tennessee
Residence Address: Street or R.R. 8805 Robey Rd. City Indpls. County Marion State IN 46234
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) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Kay Howard, Kyra Lynn Howard
6. (a) Full name of applicant's father George Jackson Howard
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) deceased
   Birthplace of father (State or foreign country) Louisianna/OK
   (b) Full maiden name of applicant's mother Martha Elritha Jones
   (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 _____ Date 02-20-01

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 _____
New Address 258 Production Dr. Avon, IN 46123
Subscribed and sworn to before me this 20 day of Feb. 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 Kimberly Middle S Last Muncy
Date of Birth: Month 7 Day 26 Year 1963
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 258 Production 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) Drivers License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Kimberly S. Muncy Date 2-20-01

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 Kimberly S. Muncy
New Address same as above
Subscribed and sworn to before me this 20 day of Feb. 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 February 20, 2001, authorizing the marriage of Paul Jones Howard and Kimberly Sue Muncy.
I further certify that the following marriage certificate was filed in my office: I, Rev. Kenneth M. Johnson (name), certify that on April 18, 2001 (date), at Indianapolis in Marion County, Indiana, Paul Jones Howard of Marion County, Indiana (state), and Kimberly Sue Muncy of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Feb. 20, 2001. Signed by: Rev. Kenneth M. Johnson, Chaplain (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on May 2, 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 64
2-21-01
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 JACK Middle E Last JUSTUS

Date of Birth: Month 5 Day 2 Year 40

Place of Birth (State or foreign country) INDIANA

Residence Address: Street or R.R. 885 HIGHLANDER DR. City PLAINFIELD County HEND State IN 46168

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

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 1982

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 CHARLES C. JUSTUS
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) DECEASED
   Birthplace of father (State or foreign country) INDIANA
   (b) Full maiden name of applicant's mother BERTHA E. 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 Jack E Justus Date _____

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
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 Jack E Justus
New Address _____
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 LINDA Middle L. Last LUTZ

Date of Birth: Month 1 Day 23 Year 42

Place of Birth (State or foreign country) INDIANA

Residence Address: Street or R.R. 885 HIGHLANDER DR. 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 1974

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 male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. _____

6. (a) Full name of applicant's father BYRON L. HOPKINS
   (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 FRANCIS E. McCARRY
   (If adopted, list adoptive parents only) _____
   Residence of mother (if deceased, so state) INDIANA
   Birthplace of mother (State or foreign country) INDIANA

ACKNOWLEDGEMENT

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

X Signature of Applicant Linda L. Lutz Date _____

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
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 Linda L Lutz
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 Feb. 21, 2001, authorizing the marriage of Jack E. Justus and Linda L. Lutz.

I further certify that the following marriage certificate was filed in my office: I, Pastor Kevin Kottke (name), certify that on April 7, 2001 (date), at Plainfield in Hendricks County, Indiana, Jack E. Justus of Hendricks County, Indiana (state), and Linda L. Lutz of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Feb 21, 2001. Signed by: Pastor Kevin Kottke, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on April 17, 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 65
2-21-01
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 2/16/01
Name of Physician ROBERT HAVEN

MALE APPLICANT

Name: First SHAWN Middle A Last BOYD
Date of Birth: Month 7 Day 3 Year 68
Place of Birth (State or foreign country) INDIANA
Residence Address: Street or R.R. 9102 S. CR825 E, City CLOVERDALE, County PUTNAM, State IN 46120
Previous Marital Status: 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. ____
6. (a) Full name of applicant's father TIM BOYD
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) INDIANA
   Birthplace of father (State or foreign country) INDIANA
   (b) Full maiden name of applicant's mother KATHY 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 Shawn Boyd Date 2/21/01

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 Shawn Boyd
New Address 5 Same
Subscribed and sworn to before me this ____ day of 2/21/01
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of 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 W. Last TOWNSEND
Date of Birth: Month 02 Day 12 Year 57
Place of Birth (State or foreign country) MISSOURI
Residence Address: Street or R.R. 8223 W. COUNTY RD. 600S, City COATESVILLE, County HEND, State IN 46121
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 2/19/01
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 GENE WADE
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) DECEASED
   Birthplace of father (State or foreign country) MO
   (b) Full maiden name of applicant's mother MARY WELDON
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) MO
   Birthplace of mother (State or foreign country) MO

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Townsend Date 2-21-01

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 Karen Townsend
New Address 9102 S Co. Rd 825 E
Subscribed and sworn to before me this ____ day of 2/21/01
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated February 21, 2001, authorizing the marriage of Shawn A. Boyd and Karen W. Townsend.
I further certify that the following marriage certificate was filed in my office: I, Darwin S. Pressler (name), certify that on February 21, 2001 (date), at Plainfield in Hendricks County, Indiana, Shawn A. Boyd of Putnam County, Indiana (state), and Karen W. Townsend of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Feb. 21, 2001. Signed by: Darwin S Pressler, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on February 21, 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 606
2/22/01
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 2/21/01
Name of Physician Carla Dreher

MALE APPLICANT

Name: First JASON Middle S. Last CHADWICK
Date of Birth: Month 01 Day 14 Year 76
Place of Birth (State or foreign country) INDIANA
Residence Address: Street or R.R. 325 N. CHESTER AVE. City INDPLS County HEND State IN 46201
Previous Marital Status: 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. JASON SAMUEL CHADWICK II
6. (a) Full name of applicant's father CHARLES DENTON
   (If adopted, list adoptive parents only) ____
   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 CHADWICK
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) INDIANA
   Birthplace of mother (State or foreign country) INDIANA

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Samuel Chadwick Date 2-22-01

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 Jason Samuel Chadwick
✗ New Address 4219 VARNER Rd. 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

FEMALE APPLICANT

Name: First JENNIFER Middle L. Last HARVEY
Date of Birth: Month 10 Day 2 Year 78
Place of Birth (State or foreign country) INDIANA
Residence Address: Street or R.R. 4219 VARNER RD. City BROWNSBURG County HEND State IN 46112
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) 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. JASON SAMUEL CHADWICK II
6. (a) Full name of applicant's father JOHN HARVEY
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) INDIANA
   Birthplace of father (State or foreign country) OHIO
   (b) Full maiden name of applicant's mother MARY DEMASTER
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) INDIANA
   Birthplace of mother (State or foreign country) INDIANA

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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. Harvey Date 2/22/01

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 Jennifer L. Harvey
✗ 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 February 22, 2001, authorizing the marriage of Jason Samuel Chadwick and Jennifer Lea Harvey.
I further certify that the following marriage certificate was filed in my office: I, Gene R. Lilienthal (name), certify that on February 24, 2001 (date), at Good Shepherd Luth Ch in Hendericks County, Indiana, Jason Samuel Chadwick of Hendricks County, Indiana (state), and Jennifer Lea Harvey of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Feb. 22, 2001. Signed by: Gene R. Lilienthal, Reverend Evangelical (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on February 22, 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 67
2/23/01
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 1/20/01
Name of Physician Holly Cooper

MALE APPLICANT

Name: First DONALD Middle C. Last ORANGE
Date of Birth: Month 11 Day 28 Year 75
Place of Birth (State or foreign country) INDIANA
Residence Address: Street or R.R. 2023 WANESSA DR. City CLERMONT 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) 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. ZACHARY C. BETZ
6. (a) Full name of applicant's father DONALD HOWARD ORANGE
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) INDIANA
   Birthplace of father (State or foreign country) INDIANA
   (b) Full maiden name of applicant's mother NORMA DARLENE HOLLOWORTHY
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) INDIANA
   Birthplace of mother (State or foreign country) INDIANA

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 C. Orange Date 02-23-01

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 Donald C. Orange
✗ New Address SAME
Subscribed and sworn to before me this 23 day of FEBRUARY
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 DIANA Middle L. Last BETZ
Date of Birth: Month 3 Day 15 Year 77
Place of Birth (State or foreign country) INDIANA
Residence Address: Street or R.R. 2023 WANESSA DR. City CLERMONT 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) 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. ZACHARY C. BETZ
6. (a) Full name of applicant's father HAROLD JEROME BETZ
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) INDIANA
   Birthplace of father (State or foreign country) INDIANA
   (b) Full maiden name of applicant's mother ELAINE LOUISE Beyke
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) INDIANA
   Birthplace of mother (State or foreign country) INDIANA

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Betz Date 2-23-01

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 Diana Betz
✗ New Address same
Subscribed and sworn to before me this 23 day of FEBRUARY
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 February 23, 2001, authorizing the marriage of Donald C. Orange and Diana L. Betz.
I further certify that the following marriage certificate was filed in my office: I, Rev. Robert S. Bultman (name), certify that on March 3, 2001 (date), at Celestine in Dubois County, Indiana, Donald C. Orange of Hendricks County, Indiana (state), and Diana L. Betz of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Feb. 23, 2001. Signed by: Rev. Robert S. Bultman, Catholic Priest (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on February 23, 2001 (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 68
2/23/01
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 2/22/01
Name of Physician DAVID HADLEY

MALE APPLICANT

Name: First JOSEPH Middle G. Last MAY
Date of Birth: Month 9 Day 4 Year 74
Place of Birth (State or foreign country) INDIANA
Residence Address: Street or R.R. 9566 WOODLAND CT. 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) 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 RONALD DEAN MAY
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) INDIANA
   Birthplace of father (State or foreign country) INDIANA
   (b) Full maiden name of applicant's mother MARY SUE GREGORY
   (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 KAREN Middle M. Last GOURLEY
Date of Birth: Month 11 Day 14 Year 76
Place of Birth (State or foreign country) INDIANA
Residence Address: Street or R.R. 444 TURNBERRY CT 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. ____
6. (a) Full name of applicant's father REX ALAN GOURLEY
   (If adopted, list adoptive parents only) ____
   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 IRENE HURST
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) INDIANA
   Birthplace of mother (State or foreign country) INDIANA

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 G. May Date 2/23/01

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 Joseph G. May
✗New Address SAME
Subscribed and sworn to before me this 23 day of FEBRUARY
Honor 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 M. Gourley Date 2/23/01

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 Karen M. Gourley
✗New Address 9566 Woodland Court Brownsburg 46112
Subscribed and sworn to before me this 23 day of FEBRUARY
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

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated February 23, 2001, authorizing the marriage of Joseph G. May and Karen M. Gourley.
I further certify that the following marriage certificate was filed in my office: I, Karen E. Devaisher (name), certify that on March 24, 2001 (date), at Danville in Hendricks County, Indiana, Joseph G. May of Hendricks County, Indiana (state), and Karen M. Gourley of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Feb. 23, 2001. Signed by: Karen E. Devaisher, United Methodist Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on February 23, 2001 (date).

Signed Honor 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 69
2-23-01
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 2-21-01
Name of Physician Freda Thompson

MALE APPLICANT

Name: First Robert Middle Joseph Last Kimble
Date of Birth: Month 9 Day 10 Year 1979
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 9522 North CR. 150 East 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) Drivers License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Robert J Kimble Date 2-23-2001

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 Robert J Kimble
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 Roxxanna Middle Marie Last Atkinson
Date of Birth: Month 4 Day 30 Year 1982
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 9522 North CR. 150 East 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) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 R Atkinson
   (If adopted, list adoptive parents only)
   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 Carol 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 Roxxanna Atkinson Date 2-23-2001

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 Roxxanna Atkinson
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 February 23, 2001, authorizing the marriage of Robert Joseph Kimble and Roxxanna Marie Atkinson.
I further certify that the following marriage certificate was filed in my office: I, Sharon Dugan (name), certify that on February 23, 2001 (date), at Danville in Hendricks County, Indiana, Robert J. Kimble of Hendricks County, Indiana (state), and Roxxanna m. Atkinson of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Feb. 23,2001. Signed by: Sharon Dugan, Hendricks Co. Clerk (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on February 23,2001 (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 70
2-23-01
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: Richard Middle: Lee Last: Tellmann

Date of Birth Month: 4 Day: 19 Year: 45

Place of Birth (State or foreign country): Missouri

Residence Address: 5565 E 300 S. Street or R.R.: Whitestown City: IN County: Boone State: 46075

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: Harold D. Tellmann
   (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: Barbara Caples
   (If adopted, list adoptive parents only) _____
   Residence of mother (if deceased, so state): Deceased
   Birthplace of mother (State or foreign country): Missouri

ACKNOWLEDGEMENT

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

☒ Signature of Applicant: Richard L Tellmann Date: 2/23/01

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: Richard L Tellmann
New Address: Same as above

Subscribed and sworn to before me this 23 day of Feb. 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: Joyce Middle: Marie Last: Hamilton

Date of Birth Month: 6 Day: 6 Year: 47

Place of Birth (State or foreign country): Indiana

Residence Address: 658 Cobblestone Road Street or R.R.: Avon City: Hendricks County: In State:

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

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

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

Drivers License

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

6. (a) Full name of applicant's father: Charles W Manley
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state): Deceased
   Birthplace of father (State or foreign country): Georgia
   (b) Full maiden name of applicant's mother: Alice M. Batty
   (If adopted, list adoptive parents only) _____
   Residence of mother (if deceased, so state): Indiana
   Birthplace of mother (State or foreign country): Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 M. Hamilton Date: 2-23-01

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: Joyce M. Hamilton
New Address: 5565 E 300 S Whitestown IN 46075

Subscribed and sworn to before me this 23 day of Feb 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 February 23, 2001, authorizing the marriage of Richard L. Tellmann and Joyce M. Hamilton.

I further certify that the following marriage certificate was filed in my office: I, Sharon Dugan (name), certify that on March 10, 2001 (date), at Danville in Hendricks County, Indiana, Richard L. Tellmann of Boone County, Indiana (state), and Joyce M. Hamilton of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Feb. 23, 2001. Signed by: Sharon Dugan, Hendricks Co. Clerk (official designation) Filed and recorded in accordance with the laws of the State of Indiana on February 23, 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 44
Page 71
2/23/01
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 2/12/01
Name of Physician Ron Stutzenmiller

MALE APPLICANT

Name First: NICHOLAS Middle: P. Last: SHEPLER
Date of Birth Month: 9 Day: 23 Year: 67
Place of Birth (State or foreign country): INDIANA
Residence Address: 761 NORTHAMPTON ROW Street or R.R. DANVILLE City HEND County IN State 46122
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 1997
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) DRIVER'S LICENCE

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
✗ Signature of Applicant Nicholas P. Shepler Date 2/23/01

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 Nicholas P. Shepler
✗ New Address Same as above
Subscribed and sworn to before me this 23 day of FEBRUARY
Sharon Dugan
Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of 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: ANGIE Middle: J. Last: HAMMERSLEY
Date of Birth Month: 4 Day: 14 Year: 62
Place of Birth (State or foreign country): INDIANA
Residence Address: 761 NORTHAMPTON ROW Street or R.R. DANVILLE City HEND County IN State 46122
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 1993
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) DRIVER'S LICENSE

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
✗ Signature of Applicant Angela J Hammersley Date 2-23-01

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 Angela J Hammersley
✗ New Address Same
Subscribed and sworn to before me this 23 day of FEBRUARY
Sharon Dugan
Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated February 23, 2001, authorizing the marriage of Nicholas P. Shepler and Angie J. Hammersley.
I further certify that the following marriage certificate was filed in my office: I, P. Michael Thornburg (name), certify that on March 10, 2001 (date), at Danville in Hendricks County, Indiana, Nicholas P. Shepler of Hendricks County, Indiana (state), and Angie J. Hammersley of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Feb. 23, 2001. Signed by: P. Michael Thornburg, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on February 23, 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 72
3/1/1
Date of Application

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

Female Applicant > 50 No ☑ Yes ☐
If No, Medical Examination or Report Dated 3/1/1
Name of Physician Dr. Hamrick

MALE APPLICANT

Name: First Brandon Middle A. Last Morphew
Date of Birth: Month 5 Day 30 Year 77
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1937 Dusty Road 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) 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 Wayne Allen Morphew
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Julie Ann Pierce
   (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 Betty Middle D. Last Case
Date of Birth: Month 10 Day 12 Year 78
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 898 Sunset Dr. City Danville County Hendricks State In. 46122
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Robert Alexander Case
   (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 Kathy Sue 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 Brandon A Morphew Date 3/1/01

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 Brandon A Morphew
✗New Address 3046 Aragon Woods Ct. Indianapolis Ind. 46214
Subscribed and sworn to before me this 1 day of March, 2001
Mason 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 Betty D. Case Date 3/01/01

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 Betty D Case
✗New Address 3046 Aragon Woods Court Indianapolis 46214
Subscribed and sworn to before me this 1 day of March 2001
Mason Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 1, 2001, authorizing the marriage of Brandon A. Morphew and Betty D. Case.

I further certify that the following marriage certificate was filed in my office: I, Rev. Jerry G. VanLue (name), certify that on March 3, 2001 (date), at Danville in Hendricks County, Indiana, Brandon A. Morphew of Hendricks County, Indiana (state), and Betty D. Case of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated March 1, 2001. Signed by: Rev. Jerry VanLue, Minister and Pastor (official designation) Filed and recorded in accordance with the laws of the State of Indiana on March 1, 2001 (date).

Signed Mason 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 73
3/1/1
Date of Application

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

Female Applicant > 50 No ☑ Yes ☐
If No, Medical Examination or Report Dated 2/28/01
Name of Physician Dr. L. Hammill

MALE APPLICANT

Name: First Brian Middle M. Last Maksl
Date of Birth: Month 7 Day 29 Year 75
Place of Birth (State or foreign country) Ohio
Residence Address: Street or R.R. 4449 Jackson St City Indpls County Marion State In. 46241
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) 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 Joseph Wm. Maksl
   (If adopted, list adoptive parents only)
   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 Cecilia Overbeck
   (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 Brian M. Maksl Date 3-1-01

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 Brian M. Maksl
New Address 10749 Glenayr Dr Camby IN 46113
Subscribed and sworn to before me this 1 day of March 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 Rozlynn Middle A. Last Wiegmann
Date of Birth: Month 9 Day 18 Year 81
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 903 Kokomo Lane City Indpls. County Marion State In. 46241
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Driver's License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
✗ Signature of Applicant Rozlynn Wiegmann Date 3/1/01

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 Rozlynn Wiegmann
New Address 10749 Glenayr Dr Camby IN 46113
Subscribed and sworn to before me this 1 day of March 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 March 1, 2001, authorizing the marriage of Brian M. Maksl and Rozlynn A. Wiegmann.
I further certify that the following marriage certificate was filed in my office: I, Rev. Timothy B. Leach (name), certify that on March 2, 2001 (date), at Indianapolis in Marion County, Indiana, Brian M. Maksl of Hendricks County, Indiana (state) and Rozlynn A. Wiegmann of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated March 1, 2001. Signed by: Rev. Timothy B. Leach, Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on March 1, 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 74
3-1-01
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 2/26/01
Name of Physician Dr. Neumann

MALE APPLICANT

Name: First John Middle W. Last Akin
Date of Birth: Month 8 Day 19 Year 79
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 352 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) 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)
   Residence of father (if deceased, so state)
   Birthplace of father (State or foreign country)
   (b) Full maiden name of applicant's mother Mary Lou Berry
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 W. Akin Date 03/01/01

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 John W. Akin
New Address 3625 St. Thomas blvd apt #C 46214
Subscribed and sworn to before me this 1 day of March, 2001
Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of 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 L. Last Carver
Date of Birth: Month 11 Day 13 Year 80
Place of Birth (State or foreign country) Texas
Residence Address: Street or R.R. 352 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 male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Lawrence Carver
   (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 Connie Delores 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 Jessica L Carver Date 3.1.01

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 Jessica L Carver
New Address 3625 St. Thomas blvd apt C 46214
Subscribed and sworn to before me this 1 day of March, 2001
Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 1, 2001, authorizing the marriage of John W. Akin and Jessica L. Carver.
I further certify that the following marriage certificate was filed in my office: I, John Ross (name), certify that on March 17, 2001 (date), at Plainfield in Hendricks County, Indiana, John W. Akin of Hendricks County, Indiana (state), and Jessica L. 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 March 1, 2001. Signed by: John Ross, Ordained Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on March 1, 2001 (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 75
3/2/01
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 2/28/01
Name of Physician Barbara Kolwyck

MALE APPLICANT

Name: First Lee Middle R. Last Hughes
Date of Birth: Month 7 Day 21 Year 69
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 3880 Oakhurst Ln Lot 123 City Bburg County Hend State In. 46112
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 2001
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. James Robert Hughes, Ashlee Marie Hughes
6. (a) Full name of applicant's father Melvin Leroy Hughes
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Mary Belle Ray
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) deceased
   Birthplace of mother (State or foreign country) Missouri

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
✗ Signature of Applicant Lee Roy Hughes Date 3-2-01

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 Lee Roy Hughes
New Address same as above
Subscribed and sworn to before me this 2 day of March, 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 Christy Middle L. Last Jones
Date of Birth: Month 3 Day 31 Year 75
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 3880 Oakhurst Ln Lot 123 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) 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 Gene Ray 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 Wanda Jan Wilkins
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
✗ Signature of Applicant Christy Lee Jones Date 3-2-01

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 Christy Lee Jones
New Address same as above
Subscribed and sworn to before me this 2 day of March 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 March 2, 2001, authorizing the marriage of Lee Roy Hughes and Christy Lee Jones.
I further certify that the following marriage certificate was filed in my office: I, Wallace VanSlyke (name), certify that on March 3, 2001 (date), at Plainfield in Hendricks County, Indiana, Lee Roy Hughes of Hendricks County, Indiana (state), and Christy Lee 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 March 2, 2001. Signed by: Wallace E VanSlyke, Minister of the Gospel (official designation) Filed and recorded in accordance with the laws of the State of Indiana on March 2, 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 76
3/2/1
Date of Application

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

Female Applicant > 50 No ☑ Yes ☐
If No, Medical Examination or Report Dated 3/2/1
Name of Physician Ian Johnson

MALE APPLICANT

Name: First Mark Middle W. Last Butler
Date of Birth: Month 3 Day 24 Year 63
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 8024 S. State Rd. 39 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 1998
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Drivers License

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

ACKNOWLEDGEMENT

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

✗Signature of Applicant Mark W. Butler Date 3-2-01

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 Mark W. Butler 3-2-01
New Address Same
Subscribed and sworn to before me this 2 day of March, 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 Sherry Middle _____ Last Shepperd
Date of Birth: Month 12 Day 6 Year 60
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 8024 S. State Rd 39 City Clayton County Hendricks State In. 46118
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 3
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 1996
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Rhapsody Shepperd, Mikaahi Dakota Shepperd,
6. (a) Full name of applicant's father Dennis Shepperd
   (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 Irene Martie Cieciulski
   (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 Sherry Shepperd Date 3-02-01

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 Sherry Shepperd 3-2-01
New Address Same
Subscribed and sworn to before me this 2 day of March, 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 March 2, 2001, authorizing the marriage of Mark W. Butler and Sherry Shepperd.
I further certify that the following marriage certificate was filed in my office: I, Darrell Dennis (name), certify that on March 4, 2001 (date), at Monrovia in Morgan County, Indiana, Mark W. Butler of Hendricks County, Indiana (state), and Sherry Shepperd of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated March 2, 2001. Signed by: Darrell Dennis, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on March 2, 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 77
3/2/11
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage 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. Mark Benson

MALE APPLICANT

Name: First Charles Middle R. Last Stephenson
Date of Birth: Month 1 Day 5 Year 64
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 175 Suburban Dr. City Danville County Hendricks State Zip 46122
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 2000
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) 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. Jacquelyn Elizabeth Stephenson, Andrea Kate Stephenson, Luke Gavin Stephenson
6. (a) Full name of applicant's father Robert Allen Stephenson
   (If adopted, list adoptive parents only)
   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 Schieber
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 R Stephenson Date 3-2-01

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 Charles R Stephenson
New Address 3304 Prairie View Circle, Danville IN 46122
Subscribed and sworn to before me this 2 day of March 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 Jane Middle E. Last Stephenson
Date of Birth: Month 1 Day 7 Year 65
Place of Birth (State or foreign country) California
Residence Address: Street or R.R. 3304 Prairie View Cir. City Danville County Hendricks State Zip 46122
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 2000
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) 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. Jacquelyn Elizabeth Stephenson, Andrea Kate Stephenson, Luke Gavin Stephenson
6. (a) Full name of applicant's father Estil Morris
   (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 Carolyn Suzanne Kean
   (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 Jane E Stephenson Date 3/2/01

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 Jane E Stephenson
New Address same as above
Subscribed and sworn to before me this 2 day of March 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 March 2, 2001, authorizing the marriage of Charles R Stephenson and Jane E. Stephenson.
I further certify that the following marriage certificate was filed in my office: I, Sharon Dugan (name), certify that on March 2, 2001 (date), at Danville in Hendricks County, Indiana, Charles R. Stephenson of Hendricks County, Indiana (state), and Jane E. Stephenson of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated March 2, 2001. Signed by: Sharon Dugan, Hendricks Co. Clerk (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on March 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 78
3/5/01
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 2/21/1
Name of Physician Dr. Mark C. Gentry

MALE APPLICANT

Name: First James Middle L. Last Woodrum
Date of Birth: Month 10 Day 16 Year 60
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 520 W. Co. Rd 1025 N. City Lizton County Hendricks State In. 46149
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 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. Cory James Woodrum
6. (a) Full name of applicant's father Howard Eugene Woodrum
   (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 Eva Isabelle Walter
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

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

✗ Signature of Applicant James L. Woodrum Date 3-5-01

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 James L. Woodrum
✗ New Address Same as above.
Subscribed and sworn to before me this 5 day of March 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 Robin Middle A. Last Koopman
Date of Birth: Month 2 Day 25 Year 73
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 5211 N. CR. 400E City Pittsboro County Hendricks State In. 46167
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 1993
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Driver's License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 A Koopman Date 3-5-01

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 Robin A Koopman
✗ New Address 520 W County RD 1025 N Lizton IN 46149
Subscribed and sworn to before me this 5 day of March 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 March 5, 2001, authorizing the marriage of James L. Woodrum and Robin A. Koopman.
I further certify that the following marriage certificate was filed in my office: I, Arthur L. Thomas (name), certify that on March 31, 2001 (date), at Avon in Hendricks County, Indiana, James L. Woodrum of Hendricks County, Indiana (state), and Robin A. Koopman of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated March 5, 2001. Signed by: Arthur L. Thomas, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on April 2, 2001 (date).

Signed Honor 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 79
3/5/01
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 Michael Middle T. Last Carder
Date of Birth: Month 5 Day 7 Year 50
Place of Birth (State or foreign country) Illinois
Residence Address: Street or R.R. 7717 S. CR 825 E. City Plainfield County Hendricks State IN. 46168
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 3
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 1991
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. _____
6. (a) Full name of applicant's father Rex Thomas Carder
   (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 Shirley Rose Butterfield
   (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 Michael T. Carder Date 3/5/01

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 Michael T. Carder
✗ New Address SAME
Subscribed and sworn to before me this 5 day of March, 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 Alice Middle M. Last Fitzgerald
Date of Birth: Month 7 Day 12 Year 48
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 156 Andrews Blvd. 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 1988
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 Maurice Fitzgerald
   (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 Theodocia Agnes Baltz
   (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 Alice Fitzgerald Date 3-5-01

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 Alice Fitzgerald
✗ New Address 7717 S CR 825 E Plfd IN 46168
Subscribed and sworn to before me this 5 day of March, 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 MARCH 5 2001, authorizing the marriage of MICHAEL T. CARDER and ALICE M FITZGERALD.
I further certify that the following marriage certificate was filed in my office: I, REV. KENNETH SMTIH (name), certify that on MARCH 17, 2001 (date), at PLAINFIELD in HENDRICKS County, Indiana, MICHAEL T CARDER of HENDRICKS County, INDIANA (state), and ALICE M FITZGERALD of HENDRICKS County, INDIANA (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated MARCH 5 2001. Signed by: /s/ KENNETH SMITH, MINISTER (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on MARCH 16 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 80
3/5/11
Date of Application

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

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 3/2/11
Name of Physician Dr. Kirtley MD

MALE APPLICANT

Name: First George | Middle L. | Last Schmidt II
Date of Birth: Month 1 | Day 19 | Year 72
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1110 Pinewood 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.
6. (a) Full name of applicant's father George R. Schmidt
   (If adopted, list adoptive parents only)
   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 Hengue
   (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 Paula | Middle R. | Last Fraizer
Date of Birth: Month 2 | Day 1 | Year 65
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1110 Pinewood Dr. | 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 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. Katherine Hinkle, Jessica Hinkle, Deeanne Hinkle
6. (a) Full name of applicant's father J. Gordon Gibbs 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 Shirley L. Marque
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Mass.

ACKNOWLEDGEMENT

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

✓ Signature of Applicant George R Schmidt II Date 3/5/01

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 George R Schmidt II
✓ New Address Same
Subscribed and sworn to before me this 5 day of March, 2001
Marion Dugan Clerk of the Hendricks Circuit Court

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

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

ACKNOWLEDGEMENT

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

✓ Signature of Applicant Paula R. Fraizer Date 3-5-01

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 Paula R. Fraizer
✓ New Address Same
Subscribed and sworn to before me this 5 day of March, 2001
Marion Dugan Clerk of the Hendricks Circuit Court

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 5, 2001, authorizing the marriage of George R. Schmidt II and Paula R. Fraizer.
I further certify that the following marriage certificate was filed in my office: I, Rev. Buddy Baird (name), certify that on March 10, 2001 (date), at Broad Ripple in Marion County, Indiana, George R. Schmidt III of Hendricks County, Indiana (state), and Paula R. Frazier of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated March 5, 2001. Signed by: Rev. Buddy Baird, Minister of the Gospel (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on March 5, 2001 (date).

Signed Marion 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 81
3-5-1
Date of Application

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

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 3-2-01
Name of Physician Dr Hadley

MALE APPLICANT

Name: First Mark Middle E. Last Roell
Date of Birth: Month 11 Day 9 Year 79
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 606 Lakeside Dr Apt D 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.
6. (a) Full name of applicant's father Edward Roell
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Debbie Lee Schaff
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Roell Date 3-5-01

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 Mark Roell
✓ New Address Same as above
Subscribed and sworn to before me this 5 day of March, 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 Kesha Middle M. Last Williams
Date of Birth: Month 7 Day 18 Year 82
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 606 Lakeside Dr. Apt D 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.
6. (a) Full name of applicant's father John Darlington
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Debbie White
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
✗ Signature of Applicant Kesha Williams Date 3/5/01

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 Kesha Williams
✗ New Address Same as above
Subscribed and sworn to before me this 5 day of March, 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 March 5, 2001, authorizing the marriage of Mark E. Roell and Kesha M. Williams.
I further certify that the following marriage certificate was filed in my office: I, Sharon Dugan (name), certify that on March 23, 2001 (date), at Danville in Hendricks County, Indiana, Mark E. Roell of Hendricks County, Indiana (state), and Kesha M. Williams of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated March 5, 2001. Signed by: Sharon Dugan, Hendricks Co. Clerk (official designation) Filed and recorded in accordance with the laws of the State of Indiana on March 5, 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 82
3/5/11
Date of Application

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

Female Applicant > 50 No ☑ Yes ☐
If No, Medical Examination or Report Dated 3/2/11
Name of Physician Gordon Lund MD

MALE APPLICANT

Name: First Brian Middle S. Last Phillips
Date of Birth: Month 3 Day 12 Year 64
Place of Birth (State or foreign country) Tennessee
Residence Address: Street or R.R. 7425 N. CR 150E City Pittsboro County Hend. State Ind. 46167
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 1994
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify)

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. Brian Scott Phillips
   Mikeal Marie Phillips
6. (a) Full name of applicant's father Kenneth Eugene Phillips
   (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 Gloria Reba Winchester
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Kentucky
   Birthplace of mother (State or foreign country) Kentucky

FEMALE APPLICANT

Name: First Michele Middle C. Last Jackson
Date of Birth: Month 4 Day 24 Year 61
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 314 S. McKinley St. City North Salem County Hend. State Ind. 46165
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 2000
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify)

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. Aaron Richard Crouch
6. (a) Full name of applicant's father Gerald Dale Wilson
   (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 Ruth Ann 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 Brian S Phillips Date 3/5/01

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 Brian S. Phillips
✗New Address SAME AS ABOVE
Subscribed and sworn to before me this 5 day of March 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 Michele Jackson Date 3/5/01

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 Michele Jackson
✗New Address ~~Same as~~ 7425 N CR 150 E Pittsboro IN 46167
Subscribed and sworn to before me this 5 day of March, 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 March 5, 2001, authorizing the marriage of Brian S. Phillips and Michele E. Jackson.
I further certify that the following marriage certificate was filed in my office: I, Dan Zielinski (name), certify that on March 10, 2001 (date), at Lizton in Hendricks County, Indiana, Brian S. Phillips of Hendricks County, Indiana (state), and Michele E. Jackson of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated March 5, 2001. Signed by: Dan Zielinski, Judge Pro Temporary (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on March 5, 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 83
3/6/01
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 2/28/01
Name of Physician Burt Graham MD

MALE APPLICANT

Name: First Mark Middle S. Last Brownlee
Date of Birth: Month 12 Day 20 Year 55
Place of Birth (State or foreign country) California
Residence Address: Street or R.R. 629 Hallock Way 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) 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 Col. Wm. H. Brownlee
   (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 Joan Sheridan
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) deceased
   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 Mark S Brownlee Date 3/6/01

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 Mark S Brownlee
✗ New Address SAME AS ABOVE
Subscribed and sworn to before me this 6 day of March, 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 Tereza Middle Aneasco Last Ebcas
Date of Birth: Month 9 Day 2 Year 68
Place of Birth (State or foreign country) Sagay Camiguin Prov
Residence Address: Street or R.R. 629 Hallock Way 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) Passport

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
✗ Signature of Applicant TEBCAS Date 3/6/01

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 TEBCAS
✗ New Address SAME AS ABOVE
Subscribed and sworn to before me this 6 day of March, 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 March 6, 2001, authorizing the marriage of Mark S. Brownlee and Tereza A. Ebcas.
I further certify that the following marriage certificate was filed in my office: I, Hubert Greer (name), certify that on April 7, 2001 (date), at Plainfield in Hendricks County, Indiana, Mark S. Brownlee of Hendricks County, Indiana (state), and Tereza A. Ebcas of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated March 6, 2001. Signed by: Hubert Greer, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on April 17, 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 84
3-7-01
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 8-13-93
Name of Physician Dr. Barbara Koewler

MALE APPLICANT

Name: First Steve Middle Nicholas Last Hardy
Date of Birth: Month 3 Day 22 Year 82
Place of Birth (State or foreign country): Italy
Residence Address: Street or R.R. 158 E. Co. Rd 95 S. City Clayton County Hendricks State IN 46118
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) 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 Steve Hardy
   (If adopted, list adoptive parents only)
   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 Hatfield
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [signature] Date 3-7-01

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 _____ 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 Sabrina Middle Marie Last Cooper
Date of Birth: Month 1 Day 5 Year 82
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 158 E. Co. Rd 95 S. City Clayton County Hendricks State IN 46118
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) 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 Rory Everling
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Sally Cooper
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Sabrina Cooper Date 3-7-01

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 Sabrina Cooper
New Address Same as above
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 March 7, 2001, authorizing the marriage of Steve N. Hardy and Sabrina M. Cooper.
I further certify that the following marriage certificate was filed in my office: I, David W. Hatfield (name), certify that on March 24, 2001 (date), at Mooresville in Morgan County, Indiana, Steve N. Hardy of Hendricks County, Indiana (state), and Sabrina M. Cooper of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated March 7, 2001. Signed by: David W. Hatfield, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on March 7, 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 44
Page 85
3/8/01
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 2/20/01
Name of Physician D. Dennis, M.D.

MALE APPLICANT

Name: First Mark Middle C. Last Ripperger
Date of Birth: Month 6 Day 19 Year 68
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 7448 Millard Ct. Apt A City Indpls. County Marion State In. 46240
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) 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 Robert Ripperger
   (If adopted, list adoptive parents only) ____
   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 Baker
   (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 Tanya Middle Lea Last Dodson
Date of Birth: Month 7 Day 10 Year 74
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 299 Lazy Hollow Dr. 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) 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 James Dodson
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Tennessee
   (b) Full maiden name of applicant's mother Linda Lou Logan
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding 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 Mark Ripperger Date 3/08/01

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 Mark Ripperger
X New Address 299 LAZY HOLLOW DR BROWNSBURG IN 46112
Subscribed and sworn to before me this 8 day of March, 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).
X Signature of Applicant Tanya Dodson Date 3/08/01

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 Tanya Dodson
X New Address 299 Lazy Hollow dr. BROWNSBURG
Subscribed and sworn to before me this 8 day of March, 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 March 8, 2001, authorizing the marriage of Mark C. Ripperger and Tanya Lea Dodson.
I further certify that the following marriage certificate was filed in my office: I, Sharon Dugan (name), certify that on March 8, 2001 (date), at Danville in Hendricks County, Indiana, Mark C. Ripperger of Hendricks County, Indiana (state), and Tanya Lea Dodson of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated March 8, 2001. Signed by: Sharon Dugan, Hendricks Co. Clerk (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on March 8, 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 86
3/8/01
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 2/27/01
Name of Physician Dr. Stigmolen

MALE APPLICANT	FEMALE APPLICANT
Name: First Chad, Middle D., Last Redmond	Name: First Darci, Middle K., Last Brown
Date of Birth: Month 11, Day 27, Year 78	Date of Birth: Month 4, Day 11, Year 77
Place of Birth (State or foreign country): Wyoming	Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 5450 Crawfordsville Rd, City Speedway, County Marion, State In. 46224	Residence Address: Street or R.R. 2887 Clay Rd, City North 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) 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 David Redmond	6. (a) Full name of applicant's father Charles C. Brown
(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) Wyoming	Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Sarah Zitterkopf	(b) Full maiden name of applicant's mother Teresia G. Davis
(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) Wyoming	Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding 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 Chad D Redmond Date 3/8/01

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 Chad D Redmond
X New Address SAME

Subscribed and sworn to before me this 8 day of March, 2001

Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of 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 Darci K Brown Date 3/8/01

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 Darci K Brown
X New Address 5450 Crawfordsville Rd Speedway IN

Subscribed and sworn to before me this 8 day of March 2001

Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of Hendricks)

Father ____ ID # ____
Mother ____ ID # ____
Subscribed and sworn to before me this ____ day of ____

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 8, 2001, authorizing the marriage of Chad David Redmond and Darci Kay Brown.

I further certify that the following marriage certificate was filed in my office: I, Rev. Daniel L. Zitterkopf (name), certify that on March 24, 2001 (date), at Plainfield in Hendricks County, Indiana, , Chad David Redmond of Marion County, Indiana (state), and Darci Kay 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 March 8, 2001. Signed by: Rev. Daniel L. Zitterkopf, Reverend (official designation) Filed and recorded in accordance with the laws of the State of Indiana on April 19, 2001 (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 87
3/9/01
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 3-1-01
Name of Physician Shirley A. Romes

MALE APPLICANT

Name: First Matthew Middle J. Last Miller
Date of Birth: Month 1 Day 15 Year 79
Place of Birth (State or foreign country) Colorado
Residence Address: Street or R.R. 302 N. Jefferson City Danville County Hend. State In. 46122
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Scott Miller
   (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 Diane Mary Hastings
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Oklahoma

FEMALE APPLICANT

Name: First Amy Middle Lynn Last Dick
Date of Birth: Month 9 Day 1 Year 78
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 302 N. Jefferson St. 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 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 male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 L. Dick
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Joni L. Jordan
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

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

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

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
✗ Signed Matthew T. Miller
✗ New Address Same
Subscribed and sworn to before me this 9 day of March, 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 Amy L Dick Date ____

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 L Dick
✗ New Address Same
Subscribed and sworn to before me this 9 day of March, 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 March 9, 2001, authorizing the marriage of Matthew T. Miller and Amy Lynn Dick.
I further certify that the following marriage certificate was filed in my office: I, Timothy A. Rasmussen (name), certify that on March 15, 2001 (date), at Middletown in Henry County, Indiana, Matthew T. Miller of Hendricks County, Indiana (state), and Amy Lynn Dick of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated March 9, 2001. Signed by: Timothy A. Rasmussen, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on March 9, 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 88
3-9-01
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 3-5-01
Name of Physician Dr. Stegemoller

MALE APPLICANT

Name: First James Middle David Last Herndon
Date of Birth: Month 5 Day 21 Year 78
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 2984 S. Co. Rd. 180E. City Greensburg County Decatur State In. 47240
Previous Marital Status: Never Married ☒ 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 Jim Herndon
   (If adopted, list adoptive parents only) Jim Herndon
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Debbie Bruns
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Herndon Date 4-06-01

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 James D Herndon
✗ New Address same
Subscribed and sworn to before me this 6 day of April, 2001
Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of 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 L. Last Baynes
Date of Birth: Month 2 Day 8 Year 78
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 6330 E. Cty Rd. 700S 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 Jack Baynes
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother /
   (If adopted, list adoptive parents only) Debbie Stewart
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
✗ Signature of Applicant Stacy L Baynes Date 3-9-01

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 Stacy L Baynes
✗ New Address 2984 S. C. R. 180 E. Greensburg IN 47240
Subscribed and sworn to before me this 9 day of March, 2001
Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 9, 2001, authorizing the marriage of James David Herndon and Stacy Lee Baynes.
I further certify that the following marriage certificate was filed in my office: I, Rev. Lee A. Dorsey (name), certify that on April 28, 2001 (date), at Plainfield in Hendricks County, Indiana, James David Herndon of Decatur County, Indiana (state), and Stacy Lee Baynes of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated March 9, 2001. Signed by: Rev. Lee A. Dorsey, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on May 2, 2001 (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 89
3-9-01
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 11-6-00
Name of Physician Dr. Don Hostetler

MALE APPLICANT

Name: First Phillip Middle S. Last Maloney
Date of Birth: Month 12 Day 8 Year 65
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 8320 N. CR. 900E. City Brownsburg County Hend. State In. 46112
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1998
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) 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 Paul T. Maloney
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Jeannie K. Harrison
   (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 Phillip Maloney Date 3-09-01

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 Phillip Maloney
New Address Same As Above
Subscribed and sworn to before me this 9 day of March, 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 Kimberly Middle K. Last Carr
Date of Birth: Month 11 Day 28 Year 65
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 76 Murphy Lane City Brownsburg County Hendricks State In. 46112
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1997
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. Shay Marie Carr, Clayton Patrick Carr
6. (a) Full name of applicant's father Michael D. Clayton
   (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 Janet Rose Kindley
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Kimberly K Carr Date 3/9/01

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 Kimberly Carr
New Address Same as above.
Subscribed and sworn to before me this 9 day of March, 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 March 9, 2001, authorizing the marriage of Phillip G. Maloney and Kimberly K. Carr.
I further certify that the following marriage certificate was filed in my office: I, Joy Bilger Goehring (name), certify that on March 17, 2001 (date), at Avon in Hendricks County, Indiana, Phillip G. Maloney of Hendricks County, Indiana (state), and Kimberly K. Carr of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated March 9, 2001. Signed by: Joy Bilger Goehring, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on March 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 90
3/12/01
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 2/13/01
Name of Physician M. King MD

MALE APPLICANT

Name: First Steven Middle D. Last Thompson
Date of Birth: Month 10 Day 11 Year 59
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 2383 E. Main Lot 71 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 1991
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father George Harlon Thompson
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Wisconsin
   Birthplace of father (State or foreign country) Kentucky
   (b) Full maiden name of applicant's mother Stella Jo Dillhen
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Wisconsin
   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 Steven D Thompson Date 3/12/01

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 Steven D Thompson
✗ New Address 2383 E Main #71 Plainfield In
Subscribed and sworn to before me this 12 day of March, 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 Connie Middle S. Last Dyer
Date of Birth: Month 8 Day 21 Year 61
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 2719 Marshill St. City Indpls. County Marion State In. 46241
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. Steven W. Dyer
6. (a) Full name of applicant's father George W. Ford
   (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 Shirley A. Monday
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 S. Dyer Date 3-12-01

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 Connie S. Dyer
✗ New Address 2383 E. MAIN #71 Plainfield IN 46168
Subscribed and sworn to before me this 12 day of March, 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 _____, _____, 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

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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 91
3-12-01
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 3-12-01
Name of Physician Dr. Reifuberg

MALE APPLICANT

Name: First Robert Middle Lynn Last Crawley
Date of Birth: Month 1 Day 3 Year 73
Place of Birth (State or foreign country) Texas
Residence Address: Street or R.R. 9712 S. Co. Rd 200W 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 1997
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. Halie Crawley
6. (a) Full name of applicant's father Robert Clinton Crawley
   (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 Debra Ruth Hostetler
   (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 Robert L. Crawley Date 3/12/01

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 L. Crawley
New Address 813 WARRINGTON CT. INDIANAPOLIS IN 46234
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 Patricia Middle Ann Last Eldridge
Date of Birth: Month 5 Day 10 Year 75
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 8065 S. Arbor Avenue City Indpls. County Marion State IN 46221
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) 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. Stephanie Eldridge
   James Eldridge
   Candice Crawley
6. (a) Full name of applicant's father James Monroe Hall
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Kentucky
   (b) Full maiden name of applicant's mother Doris Irene Verrett
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Eldridge Date 3-12-01

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 Patricia Eldridge
New Address 813 Warrington Ct INDPLS, IN 46234
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 March 12, 2001, authorizing the marriage of Robert L. Crawley and Patricia A. Eldridge.
I further certify that the following marriage certificate was filed in my office: I, Sandra R. Perry (name), certify that on March 14, 2001 (date), at Mooresville in Morgan County, Indiana, Robert L. Crawley of Hendricks County, Indiana (state), and Patricia A. Eldridge 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 March 12, 2001. Signed by: Sandra R. Perry, Mooresville Clerk (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on March 12, 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 92
3/14/01
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 3/13/01
Name of Physician Theodora Jenkins

MALE APPLICANT

Name: First Michael Middle Monte Last Brown
Date of Birth: Month 10 Day 1 Year 53
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 2501 Purdue Ave. City Muncie County Delaware State In 47304
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) 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. Brenna Michele Brown
6. (a) Full name of applicant's father Leland S. 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 Geraldine Thomson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
✗Signature of Applicant M. Monte Brown Date 3/14/2001

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 M. Monte Brown
✗New Address _____
Subscribed and sworn to before me this 14 day of March, 2001
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 Nancy Middle J. Last Rosemary
Date of Birth: Month 12 Day 9 Year 55
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1460 Linne 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 male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. _____
6. (a) Full name of applicant's father Ralph A. Rosemary
   (If adopted, list adoptive parents only)
   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 Walker
   (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 Nancy J. Rosemary Date 3/14/01

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 Nancy J. Rosemary
✗New Address 250 Purdue Ave, Muncie, IN 47304
Subscribed and sworn to before me this 14 day of March, 2001
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 March 14, 2001, authorizing the marriage of Michael Monte Brown and Nancy J. Rosemary.
I further certify that the following marriage certificate was filed in my office: I, Stephen White (name), certify that on March 24, 2001 (date), at Plainfield in Hendricks County, Indiana, Michael Monte Brown of Delaware County, Indiana, (state), and Nancy J. Rosemary of Hendricks County, Indiana, (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated March 14, 2001. Signed by: Stephen White, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on March 14, 2001 (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 93
3/15/01
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 3-6-01
Name of Physician Dr. Oconnor

MALE APPLICANT

Name: First Francis Middle a. Last Klinkose III
Date of Birth: Month 12 Day 5 Year 62
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 608 Lakeside Dr. Apt A 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 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. Morgan C. Klinkose
6. (a) Full name of applicant's father Grand A. Klinkose Jr.
   (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 CeCe Gaspar
   (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 Denise Middle R. Last Rodgers
Date of Birth: Month 6 Day 24 Year 72
Place of Birth (State or foreign country) Ohio
Residence Address: Street or R.R. 1152 D Penniman Dr. City Plainfield County Hend. State Ind 46168
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1999
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) 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 Clyde Moore
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Kentucky
   (b) Full maiden name of applicant's mother Clara Gannon
   (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 Francis A. Klinkose III Date 3/15/01

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 Francis A. Klinkose III
✗New Address 692 Wee Weeping Way Ln Avon In
Subscribed and sworn to before me this 15 day of March, 2001
Sharon Dugan Clerk of the Hendricks Circuit Court
46123

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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 Denise Rodgers Date 3-15-01

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 Denise Rodgers
✗New Address 692 Weeping WAY LN AVON 46123
Subscribed and sworn to before me this 15 day of March, 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 March 15, 2001, authorizing the marriage of Francis A. Klinkose III and Denise R. Rodgers.
I further certify that the following marriage certificate was filed in my office: I, Shawn Tully (name), certify that on March 17, 2001 (date), at Avon in Hendricks County, Indiana, Francis A. Klinkose III of Hendricks County, Indiana (state), and Denise R. Rodgers of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated March 15, 2001. Signed by: Shawn Tully, Evangelism Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on March 15, 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 94
3-15-01
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 3-15-01
Name of Physician John A. Schaefer M.D.

MALE APPLICANT

Name: First Abdurasul Middle A. Last Mukhamedjanov
Date of Birth: Month 10 Day 17 Year 77
Place of Birth (State or foreign country) Uzbakistan
Residence Address: Street or R.R. 9026 Lacrosse Ave. City Skokie County Cook State Il 60077
Previous Marital Status: Never Married ☒ 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 Abdurashid Mukhamedjanov
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Uzbakistan
   Birthplace of father (State or foreign country) Uzbakistan
   (b) Full maiden name of applicant's mother Adiliya Ibragimova
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Uzbakistan
   Birthplace of mother (State or foreign country) Uzbakistan

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
✗Signature of Applicant Abdurasul Date 03/15/01

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 Abdurasul
✗New Address same as above
Subscribed and sworn to before me this 15 day of March, 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 Toni Middle M. Last Bertram
Date of Birth: Month 12 Day 23 Year 75
Place of Birth (State or foreign country) New Mexico
Residence Address: Street or R.R. 2796 Woodside 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) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. ____
(a) Full name of applicant's father Roy Glen Bertram
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Dina Pauline Alderete
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) New Mexico
   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 Toni M Bertram Date 3-15-01

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 Toni M Bertram
✗New Address same as above
Subscribed and sworn to before me this 15 day of March, 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 March 15, 2001, authorizing the marriage of Abdurasul A. Mukhamedjanov and Toni M Bertram.
I further certify that the following marriage certificate was filed in my office: I, Sharon Dugan (name), certify that on March 20, 2001 (date), at Danville in Hendricks County, Indiana, Abdurasul Mukhamedjanov of Cook County, Illinois (state), and Toni M. Bertram of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated March 15, 2001. Signed by: Sharon Dugan, Hendricks Co. Clerk (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on March 15, 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 95
3-16-01
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 3/14/01
Name of Physician John Collier MD

MALE APPLICANT	FEMALE APPLICANT
Name: First Timmothy Middle I. Last Stofferahn	Name: First Mary Middle L. Last Martinez
Date of Birth: Month 9 Day 14 Year 60	Date of Birth: Month 6 Day 29 Year 74
Place of Birth (State or foreign country): Illinois	Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 2018 S. CR 900E. City Plainfield County Hend. State In. 46168	Residence Address: Street or R.R. 2018 S. CR 900E City Plainfield County Hend. State In. 46168
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 1991	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 Merle Stofferahn	6. (a) Full name of applicant's father Manuel R. Martinez II
(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) Indiana
Birthplace of father (State or foreign country) Minnesota	Birthplace of father (State or foreign country) Illinois
(b) Full maiden name of applicant's mother Janet Lisinski	(b) Full maiden name of applicant's mother Marquita Lynn Anderson
(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 Timothy F. Stofferahn Date

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

Clerk 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 F. Stofferahn
✗ New Address Timothy F. Stofferahn

Subscribed and sworn to before me this 16 day of March, 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 Mary L. Martinez Date 3-16-01

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 Mary L. Martinez
✗ New Address Same as above

Subscribed and sworn to before me this 16 day of March, 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 March 16, 2001, authorizing the marriage of Timothy F. Stofferahn and Mary L. Martinez.

I further certify that the following marriage certificate was filed in my office: I, Rev. Kyle D. Witmer (name), certify that on March 31, 2001 (date), at Indianapolis in Marion County, Indiana, Timothy F. Stofferahn of Hendricks County, Indiana (state), and Mary L. Martinez of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated March 16, 2001. Signed by: Rev. Kyle D. Witmer, Baptist Pastor (official designation) Filed and recorded in accordance with the laws of the State of Indiana on April 5, 2001 (date).

Sharon Dugan

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 96
3-16-01
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 3-15-01
Name of Physician Charles H. Tripple MD

MALE APPLICANT

Name: First Joseph Middle S. Last Faudree
Date of Birth: Month 3 Day 12 Year 75
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 3315 Prairie View Cir C City Danville County Hendricks 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.
6. (a) Full name of applicant's father Ronald Homer Faudree
   (If adopted, list adoptive parents only)
   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 Jean Lovance
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name: First Amanda Middle R. Last Marlowe
Date of Birth: Month 8 Day 1 Year 78
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 10203 Hodge Rd City Clayton County Hend 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. Austin Tyler Capps,
6. (a) Full name of applicant's father Dennis Marlowe
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Kathy Francis Duentz
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   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 Joseph S Faudree Date 3-16-2001

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 Joseph S Faudree
✗ New Address SAME
Subscribed and sworn to before me this 16 day of March, 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 Amanda Marlowe Date 3-16-2001

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 Amanda Marlowe
✗ New Address 3315 Prairie View Cir. Apt C Danville IN 46122
Subscribed and sworn to before me this 16 day of March, 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 March 16, 2001, authorizing the marriage of Joseph S. Faudree and Amanda R. Marlowe.
I further certify that the following marriage certificate was filed in my office: I, David K. Thurman (name), certify that on March 23, 2001 (date), at Danville in Hendricks County, Indiana, Joseph S. Faudree of Hendricks County, Indiana (state), and Amanda R. Marlowe of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated March 16, 2001. Signed by: David K. Thurman, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on April 10, 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 97
3/14/01
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 3/7/01
Name of Physician Dr. Judy Ruesch Lang

MALE APPLICANT

Name: First Bryan Middle Michael Last Kennedy
Date of Birth: Month August Day 22 Year 1980
Place of Birth (State or foreign country) Kentucky
Residence Address: Street or R.R. 250 North East Street #112 City Plainfield County Hendricks State In. 46168
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Bryan Kennedy Date 3/16/01

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 Bryan Kennedy
New Address 250 N. E. St. ARD #112
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 April Middle Marie Last May
Date of Birth: Month January Day 16 Year 1982
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 250 North East Street #112 City Plainfield County Hendricks State In. 46168
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 May
   (If adopted, list adoptive parents only)
   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 Ann 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 April May Date 3/16/01

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 April May
New Address [illegible]
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 March 16, 2001, authorizing the marriage of Bryan Michael Kennedy and April Marie May.
I further certify that the following marriage certificate was filed in my office: I, Ted A. Miller (name), certify that on April 14, 2001 (date), at Amo in Hendricks County, Indiana, Bryan Michael Kennedy of Hendricks County, Indiana (state), and April Marie May of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated March 16, 2001 Signed by: Ted A. Miller, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on April 17, 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 98
3-16-01
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 _____
Name of Physician _____

MALE APPLICANT

Name: First Donald Middle E. Last Crawford
Date of Birth: Month 4 Day 22 Year 46
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 46 Bay Hill Circle City Brownsburg County Hend. State IN 46112
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 1995
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) 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 Elton Russell Crawford
   (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 Aline McCornick
   (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. Crawford Date 03-16-01

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 Donald E. Crawford
✗New Address Same
Subscribed and sworn to before me this 16 day of March, 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 Donna Middle J. Last Goode
Date of Birth: Month 11 Day 8 Year 48
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1540 Lake Point Dr. N. City Greenwood County Johnson State IN 46142
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. _____
6. (a) Full name of applicant's father Herman Heston Goode
   (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 Evelyn Mae Green
   (If adopted, list adoptive parents only) _____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
✗Signature of Applicant Donna J. Goode Date 03-16-01

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 Donna J. Goode
✗New Address 46 BAY HILL CIRCLE BROWNSBURG
Subscribed and sworn to before me this 16 day of March, 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 March 16, 2001, authorizing the marriage of Donald Eugene Crawford and Donna Jean Goode.
I further certify that the following marriage certificate was filed in my office: I, Kevin M. Barton (name), certify that on April 27, 2001 (date), at Franklin in Johnson County, Indiana, Donald Eugene Crawford of Hendricks County, Indiana (state), and Donna Jean Goode of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated March 16, 2001. Signed by: Kevin M. Barton, Judge, Johnson Superior Ct (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on May 2, 2001 (date).

Signed Honor 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 99
3-16-01
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 2/26/01
Name of Physician Mark Richards MD

MALE APPLICANT

Name: First Rick Middle Howard Last Mann
Date of Birth: Month 1 Day 10 Year 66
Place of Birth (State or foreign country) Tennessee
Residence Address: Street or R.R. 3070 Ramblewood Dr. City Indpls County Marion State In 46268
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 1993
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Leigh Mann
6. (a) Full name of applicant's father Jerry Howard Mann
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Virginia
   Birthplace of father (State or foreign country) Tennessee
   (b) Full maiden name of applicant's mother Barbara Ann Clark
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Virginia
   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 Rick Mann Date 3/16/01

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 Rick Mann
✗ New Address 2157 Waterbar St. Indpls. IN 46234
Subscribed and sworn to before me this 16 day of March 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 Lisa Middle A. Last Sandlin
Date of Birth: Month 6 Day 22 Year 68
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 2157 Waterbar St 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 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. Taylor Wayne Sandlin, Bailey Reed Sandlin
6. (a) Full name of applicant's father Byron Reed
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Virginia Lee Hawn
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
✗ Signature of Applicant Lisa A. Sandlin Date 3/16/01

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 Lisa A Sandlin
✗ New Address same as above
Subscribed and sworn to before me this 16 day of March, 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 March 16, 2001, authorizing the marriage of Rick Howard Mann and Lisa Ann Sandlin.
I further certify that the following marriage certificate was filed in my office: I, John E. Cornell (name), certify that on April 12, 2001 (date), at Turkey Run State Park in Parke County, Indiana, Rick Howard Mann of Hendricks County, Indiana (state), and Lisa Ann Sandlin of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated March 16, 2001. Signed by: John E. Cornell, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on April 17, 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 100
3-16-01
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 3/16/01
Name of Physician Dr. Pavelka

MALE APPLICANT

Name First: Larry Middle: E. Last: Yates
Date of Birth Month: 9 Day: 25 Year: 73
Place of Birth (State or foreign country): Indiana
Residence Address: P.O Box 70 Street or R.R. North Salem City Hendricks County State IN 46165
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) 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 Andra Yates
   (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 Rosetta Brumville
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) IN

FEMALE APPLICANT

Name First: Amy Middle: L. Last: Foley
Date of Birth Month: 5 Day: 30 Year: 75
Place of Birth (State or foreign country): Indiana
Residence Address: P.O Box 70 Street or R.R. North Salem City Hendricks County State IN 46165
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) 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. Kayla Yates
6. (a) Full name of applicant's father Richard Foley
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) IN.
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Donna Lowe
   (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 Amy Foley Date 3-16-01

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 Amy Foley
New Address Same as above
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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Yates Date 3-16-01

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 Larry Yates
New Address Same as above
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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated March 16, 2001, authorizing the marriage of Larry E. Yates and Amy L. Foley.
I further certify that the following marriage certificate was filed in my office: I, John D. Gossett (name), certify that on March 24, 2001 (date), at North Salem in Hendricks County, Indiana, Larry E. Yates of Hendricks County, Indiana (state), and Amy L. Foley of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated March 16, 2001. Signed by: John D. Gossett; Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on April 4, 2001 (date).

Signed Thaor 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 101
3-19-01
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 3-15-01
Name of Physician Dr. Stuckdreyer

MALE APPLICANT

Name: First Brian Middle D. Last Gilles
Date of Birth: Month 12 Day 11 Year 74
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 10970 Sweetser Rd. City Camby County Hend. State In. 46113
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) 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 Peter Gilles
   (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 Phyllis Marvel
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Arkansas

FEMALE APPLICANT

Name: First Cynthia Middle M. Last Baker
Date of Birth: Month 5 Day 29 Year 70
Place of Birth (State or foreign country) Kentucky
Residence Address: Street or R.R. 10970 Sweetser Rd. City Camby County Hend. State In. 46113
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) 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 Ronald L. Baker
   (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 Denise K. Davey
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) 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 Brian D. Gilles Date 3-19-01

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 Brian Gilles
✓ New Address Same As Above
Subscribed and sworn to before me this 19 day of March, 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 Cynthia M. Baker Date 3-19-01

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 Cynthia M. Baker
✓ New Address Same as above
Subscribed and sworn to before me this 19 day of March, 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 March 19, 2001, authorizing the marriage of Brian David Gilles and Cynthia Marie Baker.
I further certify that the following marriage certificate was filed in my office: I, Jacquelyn S. Martin (name), certify that on April 21, 2001 (date), at Camby in Hendricks County, Indiana, Brian David Gilles of Hendricks County, Indiana (state), and Cynthia Marie 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 March 19, 2001. Signed by: Jacquelyn S. Martin, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on May 2, 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 102
3/20/01
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 3/8/01
Name of Physician Dr. Linda Schmid

MALE APPLICANT

Name First: Douglas Middle: M. Last: Brunner
Date of Birth Month: October Day: 13 Year: 1974
Place of Birth (State or foreign country): Indiana
Residence Address Street or R.R.: 2345 Navajo Dr. City: Anapolis 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) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father John Robert Brunner
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Stephenie Ann Hankins
   (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 Douglas M Brunner Date 3/20/01

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 Douglas M Brunner
New Address 8850 Taggart Dr., Camby, IN, 46113
Subscribed and sworn to before me this 20 day of March, 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: Christina Middle: Annette Last: Bird
Date of Birth Month: December Day: 18 Year: 1975
Place of Birth (State or foreign country): Indiana
Residence Address Street or R.R.: 8850 Taggart Drive City: Camby County: Hendricks State: In. 46113
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) 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 Joseph Franklin Bird
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Sylvia Jean Floyd
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Christina A Bird Date 3-20-01

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 Christina A Bird
New Address 8850 Taggart Dr. Camby, IN 46113
Subscribed and sworn to before me this 20 day of March, 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 March 20, 2001, authorizing the marriage of Douglas M. Brunner and Christina A. Bird.
I further certify that the following marriage certificate was filed in my office: I, Reverend Michael T. Hankins (name), certify that on March 31, 2001 (date), at Martinsville in Morgan County, Indiana, Douglas M. Brunner of Hendricks County, Indiana (state), and Christina A. Bird of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated March 20, 2001. Signed by: Reverend Michael T. Hankins, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on April 4, 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 103
3-20-01
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 12-16-95
Name of Physician Michael Krieg M.D.

MALE APPLICANT

Name: First Johnathan Middle Steven Last Hill

Date of Birth: Month 8 Day 18 Year 72

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 2727 S. Moreland Ave. City Indpls. County Marion State In. 46241

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

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

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

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 N/A
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) N/A
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Terry Jean Hill
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Michigan

FEMALE APPLICANT

Name: First Kelly Middle S. Last Orosco

Date of Birth: Month 1 Day 12 Year 74

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 311 Duffey St. 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 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 male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Carlos Orosco, Angela Orosco, Brittney Orosco
6. (a) Full name of applicant's father Steven Johnson
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Janet Elaine Beaver
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

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

✗ Signature of Applicant Johnathan S. Hill Date 3-20-01

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 Johnathan S. Hill
✗ New Address 224 N. East St. Plainfield IN 46168
Subscribed and sworn to before me this 20 day of March, 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 Kelly Orosco Date 3-20-01

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 Kelly Orosco
✗ New Address 224 N. East St. Plainfield, IN 46168
Subscribed and sworn to before me this 20 day of March, 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 March 20, 2001, authorizing the marriage of Johnathan Steven Hill and Kelly S. Orosco.

I further certify that the following marriage certificate was filed in my office: I, Sharon Dugan (name), certify that on March 20, 2001 (date), at Danville in Hendricks County, Indiana, Johnathan Steven Hill of Hendricks County, Indiana (state), and Kelly S. Orosco of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated March 20, 2001. Signed by: Sharon Dugan, Hendricks Co. Clerk (official designation) Filed and recorded in accordance with the laws of the State of Indiana on March 20, 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 104
3-23-01
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 3-20-01
Name of Physician Charles Tripple MD

MALE APPLICANT

Name: First Curt Middle R. Last Collins
Date of Birth: Month 10 Day 6 Year 79
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1118 W. County Rd. 100 S. City Danville County Hend. State In 46122
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 R Collins Date 3-23-01

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 Curt R Collins
✗New Address 7206-N Riverwalk Dr. Indianapolis 46214
Subscribed and sworn to before me this 23 day of March, 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 Jennifer Middle Shel Last Veith
Date of Birth: Month 12 Day 22 Year 75
Place of Birth (State or foreign country) California
Residence Address: Street or R.R. 8269 Harcourt Rd apt 3198 City Indpls County Marion State 46260
Previous Marital Status: 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 Roderick Veith
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Michigan
   Birthplace of father (State or foreign country) Minnesota
   (b) Full maiden name of applicant's mother Catharine Jan Madsen
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Michigan
   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 Jennifer S. Veith Date 3-23-01

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 Jennifer S Veith
✗New Address 7206-N Riverwalk Dr. Indianapolis, IN 46214
Subscribed and sworn to before me this 23 day of March, 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 March 23, 2001, authorizing the marriage of Curt Ryan Collins and Jennifer Shel Veith.
I further certify that the following marriage certificate was filed in my office: I, Ron McDugle (name), certify that on April 6, 2001 (date), at College Pk Ministry Ctr in Hamilton County, Indiana, Curt Ryan Collins of Hendricks County, Indiana (state), and Jennifer Shel Veith 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 March 23, 2001. Signed by: Ron McDugle; Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on April 10, 2001 (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 105
3-23-01
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 3/2/01
Name of Physician Dr. Johnson

MALE APPLICANT

Name: First Lance Middle S. Last Reger
Date of Birth: Month 1 Day 27 Year 69
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 328 E. Grant St. City Brownsburg County Hendricks State IN 46140
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1998
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding 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 Lance S Reger Date 03-23-01

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 Lance S Reger
X New Address 5175 VANTAGE POINT RD, AVON IN 46123
Subscribed and sworn to before me this 23 day of March, 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 Amanda Middle J. Last Smith
Date of Birth: Month 9 Day 21 Year 69
Place of Birth (State or foreign country) Kentucky
Residence Address: Street or R.R. 1146 Pennwood Dr. apt C 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 1997
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Lauren Nicole Smith, Lucas Allen Smith
6. (a) Full name of applicant's father Gene Smith
   (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 Edith Ann Seales
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) West Virginia

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
X Signature of Applicant Amanda J. Smith Date 3-23-01

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 Amanda J. Smith
X New Address 5175 Vantage Point RD
Subscribed and sworn to before me this 23 day of March, 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 March 23, 2001, authorizing the marriage of Lance S. Reger and Amanda J. Smith.
I further certify that the following marriage certificate was filed in my office: I, Sharon Dugan (name), certify that on March 23, 2001 (date), at Danville in Hendricks County, Indiana, Lance S. Reger of Hendricks County, Indiana (state), and Amanda J. 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 March 23, 2001. Signed by: Sharon Dugan, Hendricks Co. Clerk (official designation) Filed and recorded in accordance with the laws of the State of Indiana on March 23, 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 106
3-23-01
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 10/31/00
Name of Physician Dr. Jason Cosgrove

MALE APPLICANT

Name: First Lupe; Middle; Last Salas
Date of Birth: Month 7; Day 29; Year 58
Place of Birth (State or foreign country) Michigan
Residence Address: Street or R.R. 5311 Evanston Ave; City Indpls; County Marion; State In. 46220
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1993
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Cory Salas, Courtney Salas, Lorenzo Salas
6. (a) Full name of applicant's father Speedy Salas
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) California
   Birthplace of father (State or foreign country) Texas
   (b) Full maiden name of applicant's mother Mary Salas
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) deceased
   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 Lupe Salas Date 3/23/01

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 Lupe Salas
✕ New Address 6093 Locust Ln.
Subscribed and sworn to before me this 23 day of March, 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 Elizabeth; Middle B.; Last Johnson
Date of Birth: Month 12; Day 11; Year 59
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 6670 E 900N; City Bromsberg; County Ripley; State In. 47112
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 2000
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Cheryl Johnson, Leslie Johnson, Lorenzo Salas
6. (a) Full name of applicant's father John R. Cosgrove
   (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 Jane E. Ulrell
   (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 Elizabeth Johnson Date 3-23-01

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 Elizabeth Johnson
✕ New Address same as above
Subscribed and sworn to before me this 23 day of March, 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 March 23, 2001, authorizing the marriage of Lupe Salas and Elizabeth B. Johnson.
I further certify that the following marriage certificate was filed in my office: I, Stephen Andrew Yeaton (name), certify that on April 14, 2001 (date), at Cornerstone Christian Ch. in Hendricks County, Indiana, Lupe Salas of Hendricks County, Indiana (state), and Elizabeth B. Johnson of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated March 23, 2001. Signed by: Stephen Andrew Yeaton, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on April 19, 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 107
3-26-01
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 3/19/01
Name of Physician Peter Marcus MD

MALE APPLICANT

Name: First Angel; Middle; Last Gonzalez
Date of Birth: Month 11; Day 2; Year 75
Place of Birth (State or foreign country) Mexico
Residence Address: Street or R.R. 211 Dixmoor Way Apt H; 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.
6. (a) Full name of applicant's father Pedro Gonzalez
   (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 Maria dela Luz Gonzalez
   (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 Angel Gonzalez-B. Date 03-26-01

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 26 day of March, 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 Kerri; Middle Ann; Last Wright
Date of Birth: Month 12; Day 21; Year 77
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 211 Dixmoor Way Apt H; 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.
6. (a) Full name of applicant's father Douglas William 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 Carlene Rae Stout
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

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

✗ Signature of Applicant Kerri A. Wright Date 3-24-01

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 Kerri A. Wright
✗ New Address same as above
Subscribed and sworn to before me this 26 day of March, 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 March 26, 2001, authorizing the marriage of Angel Gonzalez and Kerri Ann Wright.
I further certify that the following marriage certificate was filed in my office: I, Sharon Dugan (name), certify that on March 28, 2001 (date), at Danville in Hendricks County, Indiana, Angel Gonzalez of Hendricks County, Indiana (state), and Kerri Ann Wright of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated March 26, 2001. Signed by: Sharon Dugan, Hendricks Co. Clerk (official designation) Filed and recorded in accordance with the laws of the State of Indiana on March 26, 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 108
3-26-01
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 3-15-01
Name of Physician K. Beard MD

MALE APPLICANT	FEMALE APPLICANT
Name First: Joshua Middle: Glenn Last: Waltman	Name First: Jeanne Middle: Michelle Last: Lewis
Date of Birth Month: 5 Day: 20 Year: 79	Date of Birth Month: 4 Day: 21 Year: 77
Place of Birth (State or foreign country): Indiana	Place of Birth (State or foreign country): Illinois
Residence Address Street or R.R.: 186 D. Santa Catalina Ct. City: Columbus County: Franklin State: OH 43213	Residence Address Street or R.R.: 4329 Bennington Creek City: Groveport County: Franklin State: OH 4325
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) 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 Glenn Waltman	6. (a) Full name of applicant's father Randall Lewis
(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 Patricia Slack	(b) Full maiden name of applicant's mother Teresa Amedee
(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) 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 Joshua Waltman Date 3-26-01

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 Joshua Waltman
New Address 186 D Santa Catalina Crt. Columbus OH 43213

Subscribed and sworn to before me this _____ day of _____

Sharon Bigger Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of 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 Jeanne M. Lewis Date 3-26-01

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 Jeanne M. Lewis
New Address 186 D Santa Catalina Ct., Cols OH 43213

Subscribed and sworn to before me this _____ day of _____

Sharon Bigger Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of Hendricks)

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 26, 2001, authorizing the marriage of Joshua Glenn Waltman and Jeanne Michelle Lewis.

I further certify that the following marriage certificate was filed in my office: I, Glenn F. Waltman Jr. (name), certify that on April 7, 2001 (date), at Kingsway Christian Church in Hendricks County, Indiana, Joshua Glenn Waltman of Franklin County, Ohio (state), and Jeanne Michelle Lewis of Franklin County, Ohio (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated March 26, 2001. Signed by: Glenn F. Waltman Jr., Reverend (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on April 25, 2001 (date).

Signed Sharon Bigger 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 109
3-26-01
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 3/19/01
Name of Physician Roy Longmire M.D.

MALE APPLICANT

Name: First Christopher Middle J. Last Peterson
Date of Birth: Month 2 Day 13 Year 74
Place of Birth (State or foreign country) New York
Residence Address: Street or R.R. 7312 Plantation Lane 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.
6. (a) Full name of applicant's father Craig Peterson
   (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 Carole Kroncke
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) New York

FEMALE APPLICANT

Name: First Joy Middle L. Last Steinhilber
Date of Birth: Month 4 Day 20 Year 77
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 476 South State Rd 2 City Hebron County Porter State In. 46341
Previous Marital Status: Never Married ☒ 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 Dennis L. Steinhilber
   (If adopted, list adoptive parents only)
   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 J. Malott
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
✗ Signature of Applicant [signature] Date 3/26/01

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 93 Broad St Apt 2a. Matawan, NJ 07747
Subscribed and sworn to before me this 26 day of March, 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 Joy Steinhilber Date 3/26/01

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 Joy Steinhilber
✗ New Address 93 Broad St. Matawan, NJ. 07747
Subscribed and sworn to before me this 26 day of March, 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 March 26, 2001, authorizing the marriage of Christopher John Peterson and Joy Lynn Steinhilber.
I further certify that the following marriage certificate was filed in my office: I, Mark Eastway (name), certify that on March 30, 2001 (date), at Hebron in Porter County, Indiana, Christopher J. Peterson of Hendricks County, Indiana (state), and Joy L. Steinhilber of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated March 26, 2001. Signed by: Mark Eastway, Reverend (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on April 17, 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 44
Page 110
3-26-01
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 2/27/01
Name of Physician Mary Abernathy MD

MALE APPLICANT

Name: First Jon Middle A Last Hubner
Date of Birth: Month 01 Day 16 Year 77
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 8820 Rockville Rd City Indpls. County Marion St. 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. Caden James Hubner
6. (a) Full name of applicant's father Mike Hubner
   (If adopted, list adoptive parents only) ____
   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 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 Jon A Hubner Date 3-26-01

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 Jon A Hubner
✗ New Address Same as above
Subscribed and sworn to before me this 26 day of March, 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 Stacy Middle E. Last Stephens
Date of Birth: Month 10 Day 13 Year 80
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 472 Trumbrier Ct City Avon County Hend St. 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. Caden James Hubner
6. (a) Full name of applicant's father Gerald Stephens
   (If adopted, list adoptive parents only) ____
   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 Petree
   (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 Stacy E Stephens Date 3/26/01

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 Stacy E Stephens
✗ New Address Same as above
Subscribed and sworn to before me this 26 day of March, 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 March 26, 2001, authorizing the marriage of Jon A. Hubner and Stacy E. Stephens.
I further certify that the following marriage certificate was filed in my office: I, Carson E. Reed (name), certify that on March 30, 2001 (date), at Indianapolis in Marion County, Indiana, Jon A. Hubner of Hendricks County, Indiana (state), and Stacy E. Stephens of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated March 26, 2001. Signed by: Carson E. Reed, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on April 6, 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 111
3-27-01
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 3-27-01
Name of Physician Askraf Bouland MD

MALE APPLICANT

Name: First Domingo; Middle; Last Catalan
Date of Birth: Month 9; Day 11; Year 67
Place of Birth (State or foreign country) Guatemala
Residence Address: Street or R.R. 1112 Pinewood Drive; 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 female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Mariana Catalan, Sandra Jeffries
6. (a) Full name of applicant's father Eugenio Catalan
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Guatemala
   Birthplace of father (State or foreign country) Guatemala
   (b) Full maiden name of applicant's mother Bernardina Zaleiguen
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Guatemala
   Birthplace of mother (State or foreign country) Guatemala

FEMALE APPLICANT

Name: First Lori; Middle Ann; Last Jeffries
Date of Birth: Month 1; Day 12; Year 74
Place of Birth (State or foreign country) Germany
Residence Address: Street or R.R. 1112 Pinewood Drive; 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. Mariana Catalan, Sandra Jeffries, Tiffany Jeffries
6. (a) Full name of applicant's father Daniel Jeffries, 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 Joseph Bushee
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
✗ Signature of Applicant Domingo Catalan Date 3-27-01

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 Domingo Catalan
✓ New Address Same as Above
Subscribed and sworn to before me this 27 day of March, 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 Lori Jeffries Date 3-27-01

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 Lori Jeffries
✗ New Address Same As Above
Subscribed and sworn to before me this 27 day of March, 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 March 27, 2001, authorizing the marriage of Domingo Catalan and Lori Ann Jeffries.
I further certify that the following marriage certificate was filed in my office: I, Sharon Dugan (name), certify that on March 29, 2001 (date), at Danville in Hendricks County, Indiana, Domingo Catalan (state), and Lori Ann Jeffries of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated March 27, 2001. Signed by: Sharon Dugan, Hendricks Co. Clerk (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on March 29, 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 112
3-27-01
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 3-27-01
Name of Physician Ward E. Sokos, MD

MALE APPLICANT

Name: First Jason Middle M. Last King
Date of Birth: Month 8 Day 1 Year 75
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 3615 Prairie View Cir C 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.
6. (a) Full name of applicant's father Michael William 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 Marlene Marie Akers
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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. M. K. Date 3-27-01

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 J. M. K.
✗ New Address SAME AS ABOVE
Subscribed and sworn to before me this 27 day of March, 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 Jicasta Middle Ann Last Judd
Date of Birth: Month 1 Day 9 Year 77
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 4333 Mosport Court A 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)
Drivers License

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

ACKNOWLEDGEMENT

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

✗ Signature of Applicant Jicasta Judd Date 3-27-01

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 Jicasta Judd
✗ New Address 3615 Prairie View Cir. #C Danville IN
Subscribed and sworn to before me this 27 day of March, 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 March 27, 2001, authorizing the marriage of Jason Michael King and Jicasta Ann Judd.
I further certify that the following marriage certificate was filed in my office: I, Anthony Volz (name), certify that on May 5, 2001 (date), at Indianapolis in Marion County, Indiana, Jason Michael King of Hendricks County, Indiana (state), and Jicasta Ann Judd of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated March 27, 2001. Signed by: Anthony Volz, Priest (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on May 23, 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 113
3-27-01
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 3/26/01
Name of Physician Dr. Collicott

MALE APPLICANT	FEMALE APPLICANT
Name: First Nathanael Middle Lee Last Harris	Name: First Angela Middle Kay Last Storm
Date of Birth: Month December Day 30 Year 1978	Date of Birth: Month February Day 10 Year 1981
Place of Birth (State or foreign country): OHIO	Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. P.O. Box 276 City Clayton County Hendricks State In. 46118	Residence Address: Street or R.R. P.O. Box 276 City Clayton County Hendricks State In. 46118
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 Clinton Russell Harris	6. (a) Full name of applicant's father David Dean Storm
(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) Indiana
(b) Full maiden name of applicant's mother Kimberly Kay Again	(b) Full maiden name of applicant's mother Lisa Kay Mann
(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) Indiana

ACKNOWLEDGEMENT

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

MALE APPLICANT
Signature of Applicant Nath Harris Date 3/27/01

FEMALE APPLICANT
Signature of Applicant Angela Storm Date 3/27/01

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 _____

MALE APPLICANT

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

FEMALE APPLICANT

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

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 27, 2001, authorizing the marriage of Nathanael L. Harris and Angela K. Storm.
I further certify that the following marriage certificate was filed in my office: I, Sharon Dugan (name), certify that on March 29, 2001 (date), at Danville in Hendricks County, Indiana, Nathanael L. Harris of Hendricks County, Indiana (state), and Angela K. Storm of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated March 27, 2001. Signed by: Sharon Dugan, Hendricks Co. Clerk (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on March 29, 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 114
3-28-01
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 3-27-01
Name of Physician Charles Tripplet M.D.

MALE APPLICANT

Name: First James Middle W. Last Bayles
Date of Birth: Month 4 Day 4 Year 62
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 6329 Turner Drive 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 1995
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Travis Bayles
6. (a) Full name of applicant's father Jerald Bayles
   (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 Tammie Strong
   (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 Tammi Middle J. Last Callahan
Date of Birth: Month 8 Day 7 Year 64
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 6329 Turner Dr. 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 1982
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Derek Thomas, Julissa Thomas, Travis Bayles
6. (a) Full name of applicant's father Benny Joe 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 Virginia Cleopelle Howard
   (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 James W. Bayles Date 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 James W. Bayles
✗New Address same as above
Subscribed and sworn to before me this 28 day of March, 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

ACKNOWLEDGEMENT

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

✗Signature of Applicant Tammi Callahan Date 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 Tammi Callahan
✗New Address same as above
Subscribed and sworn to before me this 28 day of March, 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 March 28, 2001, authorizing the marriage of James William Bayles and Tammi J. Callahan.
I further certify that the following marriage certificate was filed in my office: I, Rob Brown (name), certify that on April 6, 2001 (date), at Clayton in Hendricks County, Indiana, James William Bayles of Hendricks County, Indiana (state), and Tammi J. Callahan of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated March 28, 2001. Signed by: Rob Brown, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on April 12, 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 115
3-28-01
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 3/14/01
Name of Physician BR Strate, MD

MALE APPLICANT

Name: First Hal Middle F. Last Glenn
Date of Birth: Month 1 Day 12 Year 57
Place of Birth (State or foreign country) Kentucky
Residence Address: Street or R.R. 5075 Gibbs Rd 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 2001
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 G Glenn
   (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 Billie M. Thomas
   (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 Sandra Middle K Last Lee
Date of Birth: Month 6 Day 25 Year 59
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 6428 State Road 142 City Martinsville County Morgan State IN. 46151
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 4
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1997
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Nicholas George Lamascola
   (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 Nesbit
   (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 Hal Glenn Date 3/28/01

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 Hal Glenn
✗New Address 5075 Gibbs Road Plainfield IN. 46168
Subscribed and sworn to before me this 28 day of March, 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 Sandra K Lee Date 3/28/01

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 Sandra K Lee
✗New Address 5075 Gibbs Rd Plainfield In 46168
Subscribed and sworn to before me this 28 day of March, 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 March 28, 2001, authorizing the marriage of Hal Forest Glenn and Sandra Kay Lee.
I further certify that the following marriage certificate was filed in my office: I, Darwin L. Pressler (name), certify that on March 31, 2001 (date), at Plainfield in Hendricks County, Indiana, Hal F. Glenn of Hendricks County, Indiana (state), and Sandra K. Lee of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated March 28, 2001. Signed by: /s/ Darwin L. Pressler, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on April 6, 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 116
3-28-01
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 3-19-01
Name of Physician Dr. Pascoli

MALE APPLICANT

Name: First Randall Middle L. Last Duncan
Date of Birth: Month 8 Day 31 Year 55
Place of Birth (State or foreign country) Kansas
Residence Address: Street or R.R. 6376 Norman Ct 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 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. Sarah Adiline Duncan, Gabriel Thomas Duncan
6. (a) Full name of applicant's father Maurice Lyle Duncan
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) deceased
   Birthplace of father (State or foreign country) Kansas
   (b) Full maiden name of applicant's mother Agnes Elaine Kesselman
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Kansas
   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 Randall L. Duncan Date

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

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

✓Signed Randall L. Duncan
✓New Address 6376 Norman Ct. Indpls, IN 46234

Subscribed and sworn to before me this 28 day of March, 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 Cheryl Middle a. Last Spotts
Date of Birth: Month 9 Day 30 Year 57
Place of Birth (State or foreign country) Minnesota
Residence Address: Street or R.R. 7535 E CR 300N 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 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. Shane Robert Spotts, Travis Christopher Spotts
6. (a) Full name of applicant's father Erwin Siess
   (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 Delora Jose
   (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 Cheryl A. Spotts Date

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

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

✓Signed Cheryl A. Spotts
✓New Address 6376 Norman Ct. Indpls IN 46234

Subscribed and sworn to before me this 28 day of March, 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 March 28, 2001, authorizing the marriage of Randall L. Duncan and Cheryl A. Spotts.

I further certify that the following marriage certificate was filed in my office: I, Rev. William H Steinke (name), certify that on April 11, 2001 (date), at Brownsburg in Hendricks County, Indiana, Randall L. Duncan of Hendricks County, Indiana (state), and Cheryl A. Spotts of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated March 28, 2001. Signed by: Rev. William H. Steinke, Pastor (official designation) Filed and recorded in accordance with the laws of the State of Indiana on April 17, 2001 (date).

Signed Honor 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 117
3-29-01
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 3/19/01
Name of Physician S W Sorrells M.D.

MALE APPLICANT

Name: First Jon Middle V. Last Ebacher
Date of Birth: Month 7 Day 18 Year 70
Place of Birth (State or foreign country) Massachusetts
Residence Address: Street or R.R. 6299 Lakeland Blvd. 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) 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 Jon Allen Ebacher
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) North Carolina
   Birthplace of father (State or foreign country) Massachusetts
   (b) Full maiden name of applicant's mother Rosamunde Plasegorak
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Maine
   Birthplace of mother (State or foreign country) United Kingdom

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
✗ Signature of Applicant Jon V. Ebacher Date 3/29/01

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 Jon V. Ebacher
✗ New Address Same as above.
Subscribed and sworn to before me this 29 day of March, 2001
Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of 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 Meegan Middle B. Last Groh
Date of Birth: Month 3 Day 12 Year 74
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 8715 Rue Riviera Apt. 9B 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) 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 Dale A. Groh
   (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 Candace B. Curston
   (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 Meegan B. Groh Date 3/29/01

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 Meegan B. Groh
✗ New Address 6299 Lakeland Blvd Indpls, IN 46234
Subscribed and sworn to before me this 29 day of March, 2001
Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 29, 2001, authorizing the marriage of Jon V. Ebacher and Meegan B. Groh.
I further certify that the following marriage certificate was filed in my office: I, Jack D. Shake (name), certify that on April 22, 2001 (date), at Mitchell in Lawrence County, Indiana, Jon V. Ebacher of Hendricks County, Indiana (state), and Meegan B. Groh of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated March 29, 2001. Signed by: Jack D. Shake, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on April 24, 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 118
3-29-01
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 3-14-01
Name of Physician Rita Dennis

MALE APPLICANT

Name First: Terry Middle: W. Last: Reid
Date of Birth Month: 12 Day: 26 Year: 65
Place of Birth (State or foreign country): Indiana
Residence Address: 410 Duffey St. Street or R.R.: Plainfield City: Hend County: In. State: 46168
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)
Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Allen Reid
6. (a) Full name of applicant's father Billy Joe 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 Nancy Carol Hann
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Alabama
   Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name First: Debra Middle: A. Last: Taden
Date of Birth Month: 6 Day: 25 Year: 60
Place of Birth (State or foreign country): Illinois
Residence Address: 3428 W. North St. Street or R.R.: Indpls City: Marion County: In State: 46222
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages: 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date: 1998
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify)
Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Leonard Otto Schuette
   (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 Helen Grace Bradfield
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Illinois
   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).
X Signature of Applicant Terry Reid Date 3-29-01

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 Terry Reid
X New Address SAME AS ABOVE
Subscribed and sworn to before me this 29 day of March, 2001
Sharon Degan 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).
X Signature of Applicant Debra A Taden Date 3/29/01

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 Debra A Taden
X New Address 410 DUFFY ST Plainfield In 46168
Subscribed and sworn to before me this 29 day of March, 2001
Sharon Degan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated March 29, 2001, authorizing the marriage of Terry W. Reid and Debra A. Taden.
I further certify that the following marriage certificate was filed in my office: I, Hubert Greer (name), certify that on March 31, 2001 (date), at Plainfield in Hendricks County, Indiana, Terry W. Reid of Hendricks County, Indiana (state), and Debra A. Taden of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated March 29, 2001. Signed by: Hubert Greer, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on April 5, 2001 (date).

Signed Sharon Degan 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 44
Page 119
3-29-01
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 3-29-01
Name of Physician Eric Clark

MALE APPLICANT

Name: First Russell Middle Keith Last Gilliam
Date of Birth: Month 12 Day 8 Year 59
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1094 Pinewood Dr 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 1997
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Oliver Gilliam
   (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 Jackie Hughes
   (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 Yolanda Middle Louise Last Cox
Date of Birth: Month 4 Day 10 Year 65
Place of Birth (State or foreign country) California
Residence Address: Street or R.R. 1094 Pinewood Dr. 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 1996
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Louisa Rena Cox, Ronald Lenard Cox Jr.
6. (a) Full name of applicant's father Ben Franklin Wiggington
   (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 Rita Tolliver
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Washington
   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 3/29/01

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 29 day of March, 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 [signature] Date 3-29-01

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 29 day of March, 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 March 29, 2001, authorizing the marriage of Russell Keith Gilliam and Yolanda Louise Cox.
I further certify that the following marriage certificate was filed in my office: I, Sharon Dugan (name), certify that on March 29, 2001 (date), at Danville in Hendricks County, Indiana, Russell Keith Gilliam of Hendricks County, Indiana (state), and Yolanda Louise Cox of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated March 29, 2001. Signed by: Sharon Dugan, Hendricks Co. Clerk (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on March 29, 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 120
3-29-01
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 3-29-01
Name of Physician Dr. Daddy

MALE APPLICANT

Name: First Phillip Middle Martin Last Fatch
Date of Birth: Month 3 Day 28 Year 81
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 4946 N Pearl St Apt 2 City Avon County Hendricks State 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) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Morris Martin Fatch
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Penni Michelle 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).
X Signature of Applicant [signature] Date 3-26-01

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 29 day of March 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 Michelle Middle Dawn Last Carrico
Date of Birth: Month 5 Day 15 Year 81
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 4946 N Pearl Apt 2 City Avon 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) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Kelsey Dawn Carrico
6. (a) Full name of applicant's father Michael Steven Carrico Sr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Florida
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Patty Kay Walsh
   (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 Michelle D Carrico Date 3-29-01

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 Michelle D Carrico
New Address Same As Above
Subscribed and sworn to before me this 29 day of March 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 March 29, 2001, authorizing the marriage of Phillip K. Fatch and Michelle D. Carrico.
I further certify that the following marriage certificate was filed in my office: I, Sharon Dugan (name), certify that on March 29, 2001 (date), at Danville in Hendricks County, Indiana, Phillip K. Fatch of Hendricks County, Indiana (state), and Michelle D. Carrico of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated March 29, 2001. Signed by: Sharon Dugan, Hendricks Co. Clerk (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on March 29, 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 121
3-29-01
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 3-23-01
Name of Physician Maria V. Dickerson

MALE APPLICANT

Name: First John Middle W. Last Swadner II
Date of Birth: Month 2 Day 10 Year 71
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 4438 Connaught W. Drive 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 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 female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father John W. Swadner
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Beverly Kay Skinner
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding 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] Signature of Applicant Date 3-29-01

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 [signature] Signed
X [signature] New Address
Subscribed and sworn to before me this 29 day of March, 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 Amy Middle M. Last Anspach
Date of Birth: Month 3 Day 12 Year 73
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 5709 Weybridge Pl. City Fort Wayne County Allen State In. 46835
Previous Marital Status: 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 Dennis Anspach
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Mary Anne Sibert
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding 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] Signature of Applicant Date 3-29-01

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 [signature] Signed
X Same as above New Address
Subscribed and sworn to before me this 29 day of March, 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 March 29, 2001, authorizing the marriage of John W. Swadner II and Amy M. Anspach.
I further certify that the following marriage certificate was filed in my office: I, Darwin L. Pressler (name), certify that on April 14, 2001 (date), at Ft. Wayne in Allen County, Indiana, John W. Swadner II of Hendricks County, Indiana (state), and Amy M. Anspach of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated March 29, 2001. Signed by: Darwin L. Pressler Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on April 17, 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 122
3-29-01
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 3/11
Name of Physician M Reisig MD

MALE APPLICANT

Name: First Nicholas Middle A. Last Dean
Date of Birth: Month 7 Day 9 Year 71
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1434 N. CRd 900 East 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. ____
6. (a) Full name of applicant's father Michael James Dean
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Nancy Jean 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 Nicholas A Dean Date 3-27-01

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 Nicholas A Dean
✗New Address Same as above
Subscribed and sworn to before me this 29 day of March, 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 Christina Middle J. Last Mills
Date of Birth: Month 9 Day 26 Year 70
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1434 N. CRd 900 E. 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 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. Andrew Wesley Williams, Forrest Alan Mills, Celina Brienne Mills, Aidan Tierney Mills
6. (a) Full name of applicant's father Larry Carl 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 Andra Jane Eggers
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 J Mills Date 3-29-01

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 Christina J Mills
✗New Address Same as above
Subscribed and sworn to before me this 29 day of March, 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 March 29, 2001 authorizing the marriage of Nicholas Aaron Dean and Christina Jean Mills.
I further certify that the following marriage certificate was filed in my office: I, E. John Dorr (name), certify that on April 21, 2001 (date), at Pittsboro in Hendricks County, Indiana, Nicholas Aaron Dean of Hendricks County, Indiana (state), and Christina Jean Mills of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated March 29, 2001. Signed by: E. John Dorr, Priest (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on April 24, 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 123
3-30-01
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 3-15-01
Name of Physician Steven Spicer

MALE APPLICANT

Name: First Bradley Middle A. Last Biddle
Date of Birth: Month 2 Day 3 Year 71
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1010 Steydon 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 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.
6. (a) Full name of applicant's father Robert Darrell Biddle
   (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 Georgianna Noggle
   (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 Suzanne Middle R. Last Walstra
Date of Birth: Month 7 Day 1 Year 77
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 7234 E. Lakeside Dr. City Indpls County Marion State In. 46214
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) 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 Roger Wayne Walstra
   (If adopted, list adoptive parents only)
   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 Jean Roose
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Bradley A. Biddle Date 3-30-01

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 Bradley A. Biddle
New Address 1010 Steydon Ct (same)
Subscribed and sworn to before me this 30 day of March, 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 Suzanne R. Walstra Date 3-30-01

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 Suzanne R. Walstra
New Address 1010 Steydon Court, Plainfield IN 46168
Subscribed and sworn to before me this 30 day of March, 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 March 30, 2001, authorizing the marriage of Bradley A. Biddle and Suzanne R. Walstra.
I further certify that the following marriage certificate was filed in my office: I, Rev. Paul A. Beves (name), certify that on March 31, 2001 (date), at Center Township in Hendricks County, Indiana, Bradley A. Biddle of Hendricks County, Indiana (state), and Suzanne R. Walstra of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated March 30, 2001. Signed by: Rev. Paul A. Beves, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on April 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 44
Page 124
3-30-01
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 3/21/01
Name of Physician Lisa Kenderman MD

MALE APPLICANT

Name: First Eric Middle R. Last Ivie
Date of Birth: Month 11 Day 11 Year 69
Place of Birth (State or foreign country) Tennessee
Residence Address: Street or R.R. 308 Michigan Pkwy 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 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.
6. (a) Full name of applicant's father Robert Lepsonlvie
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Oregon
   (b) Full maiden name of applicant's mother Nancy Lee Haagenson
   (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 Eric Ivie Date 3-30-01

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 Eric Ivie
✗New Address same as above
Subscribed and sworn to before me this 30 day of March, 2001
Thasor Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of 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 J. Last Carmichael
Date of Birth: Month 8 Day 28 Year 75
Place of Birth (State or foreign country) Tennessee
Residence Address: Street or R.R. 6365 Monument 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) 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 Stephen D. Carmichael
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Kentucky
   Birthplace of father (State or foreign country) West Virginia
   (b) Full maiden name of applicant's mother Rhonda A. Loush
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Kentucky
   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 Stephanie Carmichael Date 3-30-01

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 Stephanie Carmichael
✗New Address 308C Michigan Parkway
Subscribed and sworn to before me this 30 day of March 2001
Thasor Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 30, 2001, authorizing the marriage of Eric Robert Ivie and Stephanie Jo Carmichael.
I further certify that the following marriage certificate was filed in my office: I, John Ross (name), certify that on April 14, 2001 (date), at Plainfield in Hendricks County, Indiana, Eric Robert Ivie of Hendricks County, Indiana (state), and Stephanie Jo Carmichael of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated March 30, 2001. Signed by: John Ross, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on April 19, 2001 (date).

Signed Thasor 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 _____
Page 125
3-30-01
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 3-30-01
Name of Physician Harid Paulos, M.D.

MALE APPLICANT

Name First: Michael Middle: Anthony Last: Gilliam
Date of Birth Month: 02 Day: 10 Year: 64
Place of Birth (State or foreign country): Indiana
Residence Address Street or R.R.: 296 Canterbury 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) D.L.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Ellis Clayborn Gilliam
   (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 Betty Jane Dixon
   (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 Michael A. Gilliam Date 3-30-01

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 Michael A. Gilliam
New Address 296 Canterbury Dr. 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: Stephanie Middle: Lee Last: Priest
Date of Birth Month: 06 Day: 23 Year: 73
Place of Birth (State or foreign country): Indiana
Residence Address Street or R.R.: 2854 Jefferson 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 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. Sydney Priest
6. (a) Full name of applicant's father Jon Alan Bath
   (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 Lynna Sue Campbell
   (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 Stephanie Priest Date 3-30-01

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 Stephanie Priest
New Address 296 Canterbury Dr. 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 March 30, 2001, authorizing the marriage of Michael Anthony Gilliam and Stephanie Lee Priest.
I further certify that the following marriage certificate was filed in my office: I, Dr. William H. Strother II (name), certify that on May 12, 2001 (date), at Danville in Hendricks County, Indiana, Michael Anthony Gilliam of Hendricks County, Indiana (state), and Stephanie Lee Priest of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated March 30, 2001. Signed by: Dr. William H. Strother, II Preacher (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on May 31, 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 44
Page 126
4/2/01
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 3/30/01
Name of Physician Dr. Gray

MALE APPLICANT

Name: First Rodney Middle S. Last Hettler
Date of Birth: Month 7 Day 25 Year 79
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 6916 Donnelly 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 female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 James Hettler
   (If adopted, list adoptive parents only)
   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 Straub
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Michigan
   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 Rodney S. Hettler Date 4-2-01

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 Rodney S. Hettler
✓ New Address Same
Subscribed and sworn to before me this 2 day of April, 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 Kendra Middle A. Last Abbott
Date of Birth: Month 7 Day 3 Year 82
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1485 E. Main 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 male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Abbott
   (If adopted, list adoptive parents only)
   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 Holt
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 A. Abbott Date 4-2-01

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 Kendra A. Abbott
✗ New Address 6916 Donnelly Dr. Brownsburg, IN. 46112
Subscribed and sworn to before me this 2 day of April, 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 April 2, 2001, authorizing the marriage of Rodney S. Hettler and Kendra Anne Abbott.
I further certify that the following marriage certificate was filed in my office: I, Michael D. Abbott (name), certify that on April 14, 2001 (date), at Brownsburg in Hendricks County, Indiana, Rodney S. Hettler of Hendricks County, Indiana (state), and Kendra A. Abbott of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated April 2, 2001. Signed by: Michael D. Abbott, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on April 17, 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 127
4/2/01
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 4/2/01
Name of Physician Dr. Fletcher

MALE APPLICANT

Name First Victor Middle M. Last Torres
Date of Birth Month 2 Day 3 Year 1978
Place of Birth (State or foreign country) Mexico City
Residence Address Street or R.R. 624 Lakeside Dr. Apt D City Plnfld 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) Identification Card

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

FEMALE APPLICANT

Name First Melissa Middle L. Last Cannon
Date of Birth Month 11 Day 15 Year 1979
Place of Birth (State or foreign country) Indiana
Residence Address Street or R.R. 624 Lakeside Dr Apt. D City Plnfld 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) Identification Card

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Victor Torres Date 4-2-01

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 Victor Torres
New Address
Subscribed and sworn to before me this 2 day of Apr. 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 Melissa Cannon Date 4-2-01

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 Cannon 4-2-01
New Address
Subscribed and sworn to before me this 2 day of April 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 April 2, 2001, authorizing the marriage of Victor M. Torres and Melissa L. Cannon.
I further certify that the following marriage certificate was filed in my office: I, Sharon Dugan (name), certify that on April 4, 2001 (date), at Danville in Hendricks County, Indiana, Victor M. Torres of Hendricks County, Indiana (state), and Melissa L. Cannon of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated April 2, 2001. Signed by: Sharon Dugan, Hendricks Co. Clerk (official designation) Filed and recorded in accordance with the laws of the State of Indiana on April 4, 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 128
4/2/01
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 3/13/01
Name of Physician Dr. Strate

MALE APPLICANT

Name: First Shawn Middle E Last June
Date of Birth: Month 6 Day 28 Year 1975
Place of Birth (State or foreign country) Indiana 46123
Residence Address: Street or R.R. 10155 F Steeplechase Dr. City Avon County Hend State IN
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 E. June Date 4-2-01

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 Shawn E. June
New Address same as above
Subscribed and sworn to before me this 2 day of April 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 Dawn Middle R Last Hartsock
Date of Birth: Month 10 Day 7 Year 1976
Place of Birth (State or foreign country) Indiana 46123
Residence Address: Street or R.R. 10155 F Steeplechase Dr City Avon County Hend State IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Drivers License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Dawn Hartsock Date 4-2-01

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 Dawn Hartsock
New Address same as above
Subscribed and sworn to before me this 2 day of April 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 April 2, 2001, authorizing the marriage of Shawn E. June and Dawn R. Hartsock.
I further certify that the following marriage certificate was filed in my office: I, David L. Powell (name), certify that on April 7, 2001 (date), at Indianapolis in Marion County, Indiana, Shawn E. June of Hendricks County, Indiana (state), and Dawn R. Hartsock of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated April 2, 2001. Signed by: David L. Powell, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on April 12, 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 129
4-2-01
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 10-29-99
Name of Physician M. Graham, MD

MALE APPLICANT

Name First: Michael Middle: J. Last: Wolford
Date of Birth Month: 8 Day: 21 Year: 1952
Place of Birth (State or foreign country): Indiana
Residence Address: 4473 Pennsylvania St. Street or R.R. City: Clayton County: Hendricks State: IN 46118
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages: 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date: 4/94
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify): Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father: Earl G. Wolford
   (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: Marjorie A. Willacker
   (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).

X Signature of Applicant: Michael J. Wolford Date: 4/2/01

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: Michael J. Wolford
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: Janet Middle: Gayle Last: Davis
Date of Birth Month: 10 Day: 26 Year: 61
Place of Birth (State or foreign country): Indiana
Residence Address: 4473 Pennsylvania St. Street or R.R. City: Clayton County: Hendricks State: IN 46118
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages: 3
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date: 7/97
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. Morgan William Davis
6. (a) Full name of applicant's father: Donald Lee Waterman
   (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: Sandra Rae White
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state): Indiana
   Birthplace of mother (State or foreign country): Indiana

ACKNOWLEDGEMENT

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

X Signature of Applicant: Janet G. Davis Date: 4/2/01

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: Janet G. Davis
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 April 2, 2001, authorizing the marriage of Michael J. Wolford and Janet G. Davis.
I further certify that the following marriage certificate was filed in my office: I, Rev. Kenneth D. Wells (name), certify that on April 6, 2001 (date), at Danville in Hendricks County, Indiana, Michael J. Wolford of Hendricks County, Indiana (state), and Janet G. Davis of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated April 2, 2001. Signed by: Rev. Kenneth D. Wells, Elder (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on April 12, 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 130
4-2-01
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 4-2-01
Name of Physician Dr. Barry Trueman

MALE APPLICANT

Name: First David Middle E. Last West II
Date of Birth: Month 1 Day 11 Year 79
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 5907 E. 150 N 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.
6. (a) Full name of applicant's father David 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 Linda Cohen
   (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 David West II Date 4/2/01

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 David West II
✗ New Address Same as above
Subscribed and sworn to before me this 2 day of April 2001
Shaon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of 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 M. Last Brosius
Date of Birth: Month 3 Day 16 Year 82
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 5907 E. 150 N. 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.
6. (a) Full name of applicant's father 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 Dulsa 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 April Brosius Date 4/2/01

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 April Brosius
✗ New Address Same as above
Subscribed and sworn to before me this 2 day of April 2001
Shaon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated April 2, 2001, authorizing the marriage of David E. West II and April Marie Brosius.
I further certify that the following marriage certificate was filed in my office: I, Andrew M. Schroeder (name), certify that on April 21, 2001 (date), at Avon in Hendricks County, Indiana, David E. West II of Hendricks County, Indiana (state), and April Marie Brosius of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated April 2, 2001. Signed by: Andrew M. Schroeder, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on April 27, 2001 (date).

Signed Shaon 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 131
4/3/01
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 4/3/01
Name of Physician Dr. Charles Kelley

MALE APPLICANT

Name: First Gordon Middle Curtis Last Jones
Date of Birth: Month August Day 4 Year 1946
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 10066 Osceola Drive 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 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 (If adopted, list adoptive parents only) Harold Curtis Jones
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Kentucky
   (b) Full maiden name of applicant's mother (If adopted, list adoptive parents only) Eva Earldean Skelton
   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 Gordon Curtis Jones Date 4-3-01

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 Gordon Curtis Jones
New Address 10388 Sioux Dr
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 Anitra Middle Sue Last Dubak
Date of Birth: Month March Day 27 Year 1963
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 10388 Sioux Drive 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 2001
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 Nicole Person, Melissa Sue Dubak
6. (a) Full name of applicant's father William Rex Willis
   (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 Carol Sue Wright
   (If adopted, list adoptive parents only) _____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Anitra Sue Dubak Date 4-3-2001

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 Anitra Sue Dubak
New Address 10388 Sioux Dr
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 April 3, 2001, authorizing the marriage of Gordon Curtis Jones and Anitra Sue Dubak.
I further certify that the following marriage certificate was filed in my office: I, Sharon Dugan (name), certify that on April 10, 2001 (date), at Danville in Hendricks County, Indiana, Gordon Curtis Jones of Hendricks County, Indiana (state), and Anitra Sue Dubak of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated April 3, 2001. Signed by: Sharon Dugan, Hendricks Co. Clerk (official designation) Filed and recorded in accordance with the laws of the State of Indiana on April 10, 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 132
4/3/01
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 _____
Name of Physician _____

MALE APPLICANT

Name: First Robert Middle E. Last Burcham Jr.
Date of Birth: Month 12 Day 15 Year 24
Place of Birth (State or foreign country) Illinois
Residence Address: Street or R.R. 1021 Parkside Ct. City Plainfield County Hen. State In. 46168
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐ Date 2000
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) 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 Robert C. Burcham 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 Garnet Helen Crowley
   (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).
X Signature of Applicant Robert E. Burcham Date 4/3/01

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 Robert E. Burcham
X New Address 1410 Miami Ct. S.D. Plainfield
Subscribed and sworn to before me this 3 day of April, 2001 46168
Marion Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Beulah Middle J. Last Bassett
Date of Birth: Month 2 Day 13 Year 28
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 2985 Jefferson Dr. City Plainfield County Hen. State In. 46168
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐ Date 1997
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) 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 Jesse Virgil Wright
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Lena Garnett Dunn
   (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 Beulah Jane Bassett Date 4-3-01

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 Beulah Jane Bassett
X New Address 1410 Miami Ct. S - Plainfield, Ind 46168
Subscribed and sworn to before me this 3 day of April, 2001
Marion Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated April 3, 2001, authorizing the marriage of Robert E. Burcham Jr. and Beulah J. Bassett.
I further certify that the following marriage certificate was filed in my office: I, Mark Layton (name), certify that on April 27, 2001 (date), at Plainfield in Hendricks County, Indiana, Robert E. Burcham Jr. of Hendricks County, Indiana (state), and Beulah J. Bassett of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated April 3, 2001. Signed by: Mark Layton, Assoc. Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on May 2, 2001 (date).

Signed Marion 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 _____
Page 133
4/3/01
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 3/28/01
Name of Physician Dr. Richard Gates

MALE APPLICANT

Name First: Daniel Middle: J. Last: Randle
Date of Birth Month: May Day: 19 Year: 1971
Place of Birth (State or foreign country): Indiana
Residence Address Street or R.R.: PO. Box 363 & N. Broadway City: North Salem County: Hendricks State: Ind
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date _____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify)
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. Haleigh Ann Randle, Gustus Nicholas Randle, Larisa Rachelle Randle
6. (a) Full name of applicant's father Donald J. Randle
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Linda Kay Vickery
   (If adopted, list adoptive parents only) _____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Daniel J Randle Date 04/03/01

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 Daniel J Randle
New Address 9601 N. CoRd. 200W. Lizton IN 46149
Subscribed and sworn to before me this 3 day of April, 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: Amanda Middle: Darlene Last: Johnson
Date of Birth Month: October Day: 16 Year: 1972
Place of Birth (State or foreign country): Indiana
Residence Address Street or R.R.: 315 S. Main Street City: Advance County: Boone State: Indiana 46102
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)
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. Haleigh Ann Randle
6. (a) Full name of applicant's father William Wayne Johnson
   (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 Judy Ann Trent
   (If adopted, list adoptive parents only) _____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Amanda D Johnson Date 4/3/01

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 Amanda Johnson
New Address 9001 N CoRd 200W Lizton IN 46149
Subscribed and sworn to before me this 3 day of April, 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 April 3, 2001, authorizing the marriage of Daniel J. Randle and Amanda Darlene Johnson.
I further certify that the following marriage certificate was filed in my office: I, Layton Sparks (name), certify that on April 7, 2001 (date), at Newross in Montgomery County, Indiana, Daniel J. Randle of Hendricks County, Indiana (state), and Amanda Darlene Johnson of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated April 3, 2001. Signed by: Layton Sparks, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on April 10, 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 134
4/4/01
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 4/3/1
Name of Physician Dr. Oscar Kounany

MALE APPLICANT	FEMALE APPLICANT
Name: First Jeffrey; Middle L.; Last Degeeter	Name: First April; Middle Dawn; Last Hacker
Date of Birth: Month 6; Day 17; Year 74	Date of Birth: Month 9; Day 21; Year 73
Place of Birth (State or foreign country): Indiana	Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 5868 Marco Ct.; City Plainfield; County Hend.; State In. 46168	Residence Address: Street or R.R. 5868 Marco Ct.; City Plainfield; County Hend.; State In 46168
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages	Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date	Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ 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 Wilbert Frank Degeeter	6. (a) Full name of applicant's father George Dean Hacker
(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 Maria Hyman Mansfield	(b) Full maiden name of applicant's mother Cynthia Skinner
(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) Indiana
Birthplace of mother (State or foreign country) Michigan	Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Degeeter Date 4/4/01

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 Jeff Degeeter
✗ New Address same as above

Subscribed and sworn to before me this 4 day of April 2001

Shaw Dugan
Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of 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 April D Hacker Date 4-4-01

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 April D Hacker
✗ New Address Same as above

Subscribed and sworn to before me this 4 day of April 2001

Shaw Dugan
Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of Hendricks)

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

_____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated April 4, 2001, authorizing the marriage of Jeffrey Paul Degeeter and April Dawn Hacker.

I further certify that the following marriage certificate was filed in my office: I, Rev. Frank Goodwin (name), certify that on May 12, 2001 (date), at Camby in Marion County, Indiana, Jeffrey Paul Degeeter of Hendricks County, Indiana (state), and April Dawn Hacker of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated April 4, 2001. Signed by: Rev. Frank Goodwin, Pastor (official designation) Filed and recorded in accordance with the laws of the State of Indiana on May 24, 2001 (date).

Signed Shaw 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 _____
Page 135
4/4/01
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 ☐ 4/2/01
If No, Medical Examination or Report Dated _____
Name of Physician Dr. Barbara Koewski

MALE APPLICANT

Name First: Michael Middle: Wayne Last: Jenkins
Date of Birth Month: August Day: 30 Year: 1964
Place of Birth (State or foreign country): Indiana
Residence Address: 6947 East CR. 200 North Street or R.R. Avon City, Hendricks County Indiana State 46168
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 2001
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. Crystal Michelle Jenkins
6. (a) Full name of applicant's father Donald Wayne Jenkins
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Charlotte Archer
   (If adopted, list adoptive parents only) _____
   Residence of mother (if deceased, so state) 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 Michael Jenkins Date 4-4-01

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 Michael Jenkins
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: Catherine Middle: Marie Last: Sims
Date of Birth Month: September Day: 19 Year: 1963
Place of Birth (State or foreign country): Indiana
Residence Address: 6947 East C.R. 200 North Street or R.R. Plainfield City Hendricks County Indiana State 46168
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1993
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify)
Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Cecil Vernon Brackett II, Michael Wayne Jenkins II, Kyle Vandergriff Simms
6. (a) Full name of applicant's father _____
   (If adopted, list adoptive parents only) Cecil Vernon Brackett
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother _____
   (If adopted, list adoptive parents only) Sibbie Ellen Yates
   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 Catherine Sims Date 4-4-01

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 Catherine Sims
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 April 4, 2001, authorizing the marriage of Michael Wayne Jenkins and Catherine Marie Sims.
I further certify that the following marriage certificate was filed in my office: I, Loring B. Prosser (name), certify that on April 6, 2001 (date), at Avon in Hendricks County, Indiana, Michael Wayne Jenkins of Hendricks County, Indiana (state), and Catherine Marie Sims of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated April 4, 2001. Signed by: Loring B. Prosser, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on April 17, 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 _____
Page 136
4/4/01
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 11/26/00
Name of Physician Dr. Shirley A Thomas

MALE APPLICANT

Name First: Clinton Middle: Erin Last: Riggles
Date of Birth Month: 06 Day: 4 Year: 74
Place of Birth (State or foreign country): Indiana
Residence Address Street or R.R.: 255 D Bastion Bl. 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) 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. Alexis Kalyn Riggles
6. (a) Full name of applicant's father Charles Edward Riggles
   (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 Cheryl Ann Condon
   (If adopted, list adoptive parents only) _____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding 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 4-5-01

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
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: Jennifer Middle: Ann Last: Jones
Date of Birth Month: February Day: 22 Year: 1978
Place of Birth (State or foreign country): Indiana
Residence Address Street or R.R.: 255 Bastion Place D City: Avon County: Hendricks State: Indiana 46123
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1998
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) 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. Alexis Kalyn Riggles
6. (a) Full name of applicant's father Paul Dexter Jones
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Ruth Ann McKee
   (If adopted, list adoptive parents only) _____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding 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 Jennifer Jones Date 4-4-01

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 Jennifer Jones
X 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 April 5, 2001, authorizing the marriage of Clinton Erin Riggles and Jennifer Ann Jones.
I further certify that the following marriage certificate was filed in my office: I, Charles E. Linton (name), certify that on April 14, 2001 (date), at Indianapolis in Marion County, Indiana, Clinton Erin Riggles of Hendricks County, Indiana (state), and Jennifer Ann 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 April 5, 2001. Signed by: Charles E. Linton, Elder (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on April 17, 2001 (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 137
4/5/01
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 3-27-01
Name of Physician Barbara Koewler MD

MALE APPLICANT

Name: First David Middle E. Last Richardson
Date of Birth: Month 12 Day 9 Year 53
Place of Birth (State or foreign country): Michigan
Residence Address: Street or R.R. 13 Robinwood Dr. City Brownsburg County Hend. State In 46112
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1992
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

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

FEMALE APPLICANT

Name: First Julie Middle A Last Schultz
Date of Birth: Month 6 Day 24 Year 61
Place of Birth (State or foreign country): North Carolina
Residence Address: Street or R.R. 24 Cinnamon Court City Brownsburg County Hend. State In 46112
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1990
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's Licnse

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Sarah S. Schultz, Jordan A. Schultz
6. (a) Full name of applicant's father John C. Spencer
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) South Carolina
   Birthplace of father (State or foreign country) North Carolina
   (b) Full maiden name of applicant's mother Louise M. Denny
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) South Carolina
   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 [signature] Date 4-5-01

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 5 day of April 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 [signature] Date 4-5-01

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 5 day of April, 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 April 5, 2001, authorizing the marriage of David E. Richardson and Julie A. Schultz.
I further certify that the following marriage certificate was filed in my office: I, Sharon Dugan (name), certify that on April 5, 2001 (date), at Danville in Indiana County, Indiana, David E. Richardson of Hendricks County, Indiana (state), and Julie A. Schultz of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated April 5, 2001. Signed by: Sharon Dugan, Hendricks Co. Clerk (official designation) Filed and recorded in accordance with the laws of the State of Indiana on April 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 138
4/5/01
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 3/29/01
Name of Physician D. Johnson

MALE APPLICANT

Name: First Zachary Middle A. Last Smith
Date of Birth: Month 1 Day 28 Year 80
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1114 Brookside Lane City Plainfield County Hendricks State IN 46168
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

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

ACKNOWLEDGEMENT

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

✗ Signature of Applicant [signature] Date 4/5/01

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 1113 Brookside Lane
Subscribed and sworn to before me this 5 day of April, 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 Doris Middle Nicole Last Curl
Date of Birth: Month 6 Day 1 Year 79
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1113 Brookside Lane City Plainfield County Hendricks State IN 46168
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

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

ACKNOWLEDGEMENT

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

✗ Signature of Applicant [signature] Date 4-5-01

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 5 day of April, 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 April 5, 2001, authorizing the marriage of Zachary Alan Smith and Doris Nicole Curl.
I further certify that the following marriage certificate was filed in my office: I, Amy B. Lamborn (name), certify that on May 5, 2001 (date), at Plainfield in Hendricks County, Indiana, Zachary Alan Smith of Hendricks County, Indiana (state), and Doris Nicole Curl of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated April 5, 2001. Signed by: Amy B. Lamborn, Priest (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on May 15, 2001 (date).

Signed Honor 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 139
4/5/01
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 4-5-01
Name of Physician Bonnie Duff

MALE APPLICANT

Name: First Timothy Middle A. Last Miller
Date of Birth: Month 7 Day 26 Year 64
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 2680 N. County Rd 250 E City Danville County Hend 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) 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 Francis 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 Rita Clare Stark
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 A Miller Date 04/5/01

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 Timothy A Miller
New Address 236 W. 600 S. Clayton IN. 46118
Subscribed and sworn to before me this 5 day of April 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 Angela Middle L. Last Jones
Date of Birth: Month 3 Day 23 Year 65
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 236 W. CR 600 S. City Clayton County Hend State IN. 46118
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 2000
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) 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. Cris Jones, Rachel Jones, Tabitha Jones
6. (a) Full name of applicant's father Phillip D. Bitner
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Georgia
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Suzanne J. 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 Angela Lynn Jones Date 4/5/01

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 Angela Lynn Jones
New Address Same as above
Subscribed and sworn to before me this 5 day of April 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 April 5, 2001, authorizing the marriage of Timothy Scott Miller and Angela Lynn Jones.
I further certify that the following marriage certificate was filed in my office: I, Donald H. McKelvey (name), certify that on April 8, 2001 (date), at Danville in Hendricks County, Indiana, Timothy Scott Miller of Hendricks County, Indiana (state), and Angela Lynn 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 April 5, 2001. Signed by: Donald H. McKelvey, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on April 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 140
4/6/01
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 Ronald Middle Gordon Last Potts
Date of Birth: Month July Day 30 Year 1934
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 4232 East main City Plainfield County Hendricks State Indiana 46168
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. _____
6. (a) Full name of applicant's father Cleo William Potts
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother LaVina Lyons
   (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).

X Signature of Applicant Ron Potts Date 4-6-01

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 Ron Potts
X 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 Mary Middle Laverne Last Lane
Date of Birth: Month March Day 14 Year 1936
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 8207 South C.R. 825 East City Plainfield County Hendricks State Indiana 46168
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. _____
6. (a) Full name of applicant's father George Ivan Simmons
   (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 Gertrude Abel
   (If adopted, list adoptive parents only) _____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

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

X Signature of Applicant Mary L. Lane Date 4-6-01

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 Mary L. Lane
X 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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated April 6, 2001, authorizing the marriage of Ronald Gordon Potts and Mary Laverne Lane.
I further certify that the following marriage certificate was filed in my office: I, William E. Potts (name), certify that on April 20, 2001 (date), at Greenfield in Hancock County, Indiana, Ronald Gordon Potts of Hendricks County, Indiana, (state), and Mary Laverne Lane of Hendricks County, Indiana, (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated April 6, 2001. Signed by: William E. Potts, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on April 24, 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 141
4-5-01
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 4-4-01
Name of Physician Holly Coopers MD

MALE APPLICANT

Name: First Robert Middle Lee Last Cooper
Date of Birth: Month 12 Day 24 Year 80
Place of Birth (State or foreign country) W. Virginia
Residence Address: Street or R.R. 758 W Clinton 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. NA
6. (a) Full name of applicant's father Ronald Eaton Cooper
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Ohio
   Birthplace of father (State or foreign country) W. Virginia
   (b) Full maiden name of applicant's mother Virginia Williams
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Ohio
   Birthplace of mother (State or foreign country) Virginia

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Robert Lee Cooper Date 4,5,01

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 Lee Cooper
New Address same
Subscribed and sworn to before me this 5 day of April 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 Skylee Middle Amber Last Andrews
Date of Birth: Month 11 Day 6 Year 81
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 758 W Clinton St 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 male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Lee 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 Brenda Francine Wotring
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Skylee Amber Andrews Date 4-5-01

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 Skylee Amber Andrews
New Address same
Subscribed and sworn to before me this 5 day of April 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 April 5, 2001, authorizing the marriage of Robert Lee Cooper and Skylee Amber Andrews.
I further certify that the following marriage certificate was filed in my office: I, Rev. Claude H. Wotring Sr. (name), certify that on April 6, 2001 (date), at Danville in Hendricks County, Indiana, Robert Lee Cooper of Hancock County, West Virginia (state), and Skylee Amber Andrews of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated April 5, 2001. Signed by: Rev. Claude H. Wotring Sr., Ordained Minister, (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on April 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 142
4-6-01
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 Floyd Middle E. Last Conway
Date of Birth: Month 6 Day 29 Year 20
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1808 Trillium Ct City Avon County Hend. State In. 46122
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐ Date 1997
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. _____
6. (a) Full name of applicant's father Durward Conway
   (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 Caplinger
   (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 Dora Middle J. Last Marsh
Date of Birth: Month 11 Day 28 Year 24
Place of Birth (State or foreign country) Iraq
Residence Address: Street or R.R. 1808 Trillium Ct City Avon County Hend. State In. 46122
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐ Date 1982
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Drivers License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 E Conway Date 4-6-01

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 Floyd E Conway
I swear/affirm that the information given in this application is true and correct.
✗Signed _____
✗New Address 1808 TRILLIUM CT
Subscribed and sworn to before me this 6 day of April, 2001
Sharon Duggan _____ 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 Dora Marsh Date 4-6-01

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 Dora Marsh
✗New Address Same as above
Subscribed and sworn to before me this 6 day of April, 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

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 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 44
Page 143
4/6/01
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 4/2/1
Name of Physician Joann Cooper

MALE APPLICANT

Name: First Brian Middle Lee Last Kiger
Date of Birth: Month 11 Day 13 Year 73
Place of Birth (State or foreign country): California
Residence Address: Street or R.R. 515 S. School Street City Brownsburg County Hendricks State Ind. 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) 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 Ronald Lee Kiger
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Katherine J. West
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
✗ Signature of Applicant Brian Kiger Date 4/6/01

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 Brian Kiger
✗ New Address Same
Subscribed and sworn to before me this 6 day of April, 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 Amy Middle L. Last Schorling
Date of Birth: Month 10 Day 3 Year 74
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 515 S. School Street City Brownsburg County Hendricks State Ind. 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) 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 Steven John Schorling
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Lynn Marie Morris
   (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 Amy L Schorling Date 4/6/01

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 Amy L Schorling
✗ New Address Same
Subscribed and sworn to before me this 6 day of April, 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 April 6, 2001, authorizing the marriage of Brian Lee Kiger and Amy Lyn Schorling.
I further certify that the following marriage certificate was filed in my office: I, Joy Bilger Goehring (name), certify that on April 28, 2001 (date), at Avon in Hendricks County, Indiana, Brian Lee Kiger of Hendricks County, Indiana (state), and Amy Lyn Schorling of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated April 6, 2001. Signed by: Joy Bilger Goehring, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on May 2, 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 144
4-10-01
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 4-10-01
Name of Physician Dr. Benson

MALE APPLICANT

Name First James Middle Gray Last Holdeman
Date of Birth Month 2 Day 22 Year 80
Place of Birth (State or foreign country) Indiana
Residence Address Street or R.R. 935 South Walnut St City Danville County Hendricks State IN
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) 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 James Edward Holdeman
   (If adopted, list adoptive parents only)
   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 Daisy Gray
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Virginia
   Birthplace of mother (State or foreign country) Maryland

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [signature] Date 4/10/01

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 776 Cheeseman Ave 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 Sarah Middle Ann Last Chambers
Date of Birth Month 1 Day 23 Year 81
Place of Birth (State or foreign country) Texas
Residence Address Street or R.R. 776 Cheeseman 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) 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 Paul Chambers
   (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 Edith Lockwood
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Chambers Date 4-10-01

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 Sarah Chambers
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 April 4, 2001, authorizing the marriage of James G. Holdeman and Sarah A. Chambers.
I further certify that the following marriage certificate was filed in my office: I, Joseph M. Johnson (name), certify that on April 20, 2001 (date), at Avon in Hendricks County, Indiana, James G. Holdeman of Hendricks County, Indiana (state), and Sarah A. Chambers of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated April 4, 2001. Signed by: Joseph M. Johnson, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on April 23, 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 _____
Page 145
4/6/01
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 4/3/01
Name of Physician Dr. Helen Weber

MALE APPLICANT

Name: First Rick Middle Lee Last DeGolyer
Date of Birth: Month October Day 30 Year 1963
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 5158 Sandy Ct. City Pittsboro County Hendricks State Indiana 46167
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1992
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify)
Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Brittany Nicole DeGolyer
6. (a) Full name of applicant's father Warren DeGolyer
   (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 Ella Louise Brainge
   (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 Karen Middle Page Last Hill
Date of Birth: Month January Day 27 Year 1967
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 5158 Sandy Court City Pittsboro County Hendricks State Indiana 46167
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1997
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify)
Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Paige Lauren Hill Austin Dorward Hill Lindsey Erin Hill
6. (a) Full name of applicant's father Theron Lee Lowery
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Judith Ann Woods
   (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 Rick DeGolyer Date 4-6-2001

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 Rick DeGolyer
New Address Same
Subscribed and sworn to before me this _____ day of 4-6-2001
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 Karen Page Hill Date 4/6/2001

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 Karen Page Hill
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 April 6, 2001, authorizing the marriage of Rick Lee DeGolyer and Karen Page Hill.
I further certify that the following marriage certificate was filed in my office: I, Richard A. Alstott (name), certify that on April 28, 2001 (date), at Lizton in Hendricks County, Indiana, Rick Lee DeGolyer of Hendricks County, Indiana (state), and Karen Page 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 April 6, 2001. Signed by: Richard A. Alstott, Clergy (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on May 2, 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 146
4/9/01
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 3-22-01
Name of Physician Barbara Kowalczyk MD

MALE APPLICANT

Name: First Ralph Middle E. Last Wilkinson
Date of Birth: Month 3 Day 30 Year 82
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 6187 W. US Hwy 40 City Stilesville County Hend. State In. 46180
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Mykaya Wilkinson
6. (a) Full name of applicant's father David Lee Wilkinson
   (If adopted, list adoptive parents only)
   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 K. Trout 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 Ralph Wilkinson Date 4,09,01

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 Ralph Wilkinson
✗New Address same as above
Subscribed and sworn to before me this 9 day of April, 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 Shawna Middle D. Last Laycock
Date of Birth: Month 3 Day 16 Year 83
Place of Birth (State or foreign country) Oregon
Residence Address: Street or R.R. 6187 W. US Hwy 40 City Stilesville County Hend. State In. 46180
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Mykaya Wilkinson
6. (a) Full name of applicant's father Daniel H. Laycock
   (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 Colleen J. Gray
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Arizona
   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 Shawna Laycock Date 4-09-01

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 Shawna Laycock
✗New Address same as above
Subscribed and sworn to before me this 9 day of April 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 April 9, 2001, authorizing the marriage of Ralph E. Wilkinson and Shawna D. Laycock.
I further certify that the following marriage certificate was filed in my office: I, Sharon Dugan (name), certify that on April 9, 2001 (date), at Danville in Hendricks County, Indiana, Ralph E. Wilkinson of Hendricks County, Indiana (state), and Shawna D. Laycock of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated April 9, 2001. Signed by: Sharon Dugan, Hendricks Co. Clerk (official designation) Filed and recorded in accordance with the laws of the State of Indiana on April 9, 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 147
4-10-01
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 4-10-01
Name of Physician Dr. Johnson

MALE APPLICANT	FEMALE APPLICANT
Name: First Randy Middle James Last Moeller	Name: First Sherry Middle Lynn Last Wines
Date of Birth: Month 05 Day 08 Year 63	Date of Birth: Month 05 Day 11 Year 66
Place of Birth (State or foreign country) Michigan	Place of Birth (State or foreign country) Michigan
Residence Address: Street or R.R. 1015 Creekside Lane City Plainfield County Hendricks State IN	Residence Address: Street or R.R. 1015 Creekside Ln 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 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 99	Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 99
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. Cinai Renee Moeller; Michael James Moeller	5. List the full names of any dependent children. Hannah Lynn Wines; Evan Bryant Wines
6. (a) Full name of applicant's father Donald Joseph Moeller	6. (a) Full name of applicant's father Richard Leroy Graham, Sr.
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Michigan	Residence of father (if deceased, so state) Deceased
Birthplace of father (State or foreign country) Michigan	Birthplace of father (State or foreign country) Michigan
(b) Full maiden name of applicant's mother Norma Marie Elliott	(b) Full maiden name of applicant's mother Charlotte Ann Kelly
(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) Michigan
Birthplace of mother (State or foreign country) 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: Randy J. Moeller Date 4-10-01

Signature of Applicant: Sherry L. Wines Date 4/10/01

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: Randy J Moeller
New Address: 1015 Creekside Lane Plainfield, In 46168

Subscribed and sworn to before me this _____ day of _____

Horace 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: Sherry L. Wines
New Address: 1015 Creekside Lane, Plainfield, In 46168

Subscribed and sworn to before me this _____ day of _____

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 April 10, 2001, authorizing the marriage of Randy James Moeller and Sherry Lynn Wines.

I further certify that the following marriage certificate was filed in my office: I, Kirk J. Langston (name), certify that on April 11, 2001 (date), at Jamestown in Boone County, Indiana, Randy James Moeller of Hendricks County, Indiana (state), and Sherry Lynn Wines of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated April 10, 2001. Signed by: Kirk J. Langston, Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on May 2, 2001 (date).

Signed Horace 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 148
4/11/01
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 2/26/01
Name of Physician Dr. Somes

MALE APPLICANT

Name: First John Middle M. Last Sheringer
Date of Birth: Month 6 Day 20 Year 69
Place of Birth (State or foreign country) Ohio
Residence Address: Street or R.R. 804 Caston Dr. City Brownsburg County Hen 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) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father John Robert Sheringer
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Ohio
   Birthplace of father (State or foreign country) Michigan
   (b) Full maiden name of applicant's mother Dolores Dollar
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Ohio
   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 John M. Sh Date 4/11/01

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 John M. Sh
✗New Address SAME AS ABOVE
Subscribed and sworn to before me this 11 day of April, 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 Tara Middle L. Last Szewc
Date of Birth: Month 2 Day 14 Year 72
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 804 Caston Dr. City Brownsburg County Hen 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) Driver's License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
✗Signature of Applicant Dara L. Szewc Date 4/11/01

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 Dara L. Szewc
✗New Address same as above
Subscribed and sworn to before me this 11 day of April, 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 April 10, 2001, authorizing the marriage of John Michael Sheringer and Tara Lin Szewc.
I further certify that the following marriage certificate was filed in my office: I, Steven T. Reeves (name), certify that on April 28, 2001 (date), at Brownsburg in Hendricks County, Indiana, John Michael Sheringer of Hendricks County, Indiana (state), and Tara Lin Szewc of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated April 10, 2001. Signed by: Steven T. Reeves, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on May 2, 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 149
4/11/01
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 4/2/01
Name of Physician Dr. Nascimbeni

MALE APPLICANT

Name: First Gregg Middle A. Last Gooding
Date of Birth: Month 2 Day 1 Year 63
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 142 Poplar Grove Dr 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 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. Kyle Joseph Gooding, Rachael Ann Gooding
6. (a) Full name of applicant's father Gurmon Leroy Gooding
   (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 Mary Ann Katherine Smart
   (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 Jodi Middle L. Last Thacker
Date of Birth: Month 7 Day 17 Year 67
Place of Birth (State or foreign country) New York
Residence Address: Street or R.R. 142 Poplar Grove Dr 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 2001
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. Justin James LaPierre, Dean Walter LaPierre
6. (a) Full name of applicant's father Walter B. Conyea
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) New York
   Birthplace of father (State or foreign country) New York
   (b) Full maiden name of applicant's mother Regina C. Sears
   (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 Gregg A. Gooding Date 4-11-01

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 Gregg A. Gooding
✗ New Address same as above
Subscribed and sworn to before me this 11 day of April, 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 Jodi L Thacker Date 4/11/01

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 Jodi L Thacker
✗ New Address 142 Poplar Grove Dr. Avon In 46123
Subscribed and sworn to before me this 11 day of April, 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 April 11, 2001, authorizing the marriage of Gregg Allan Gooding and Jodi Lynn Thacker.
I further certify that the following marriage certificate was filed in my office: I, Sharon Dugan (name), certify that on April 11, 2001 (date), at Danville in Hendricks County, Indiana, Gregg Allan Gooding of Hendricks County, Indiana (state), and Jodi Lynn Thacker of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated April 11, 2001. Signed by: Sharon Dugan, Hendricks Co. Clerk (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on April 12, 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 150
4/11/01
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 4/6/11
Name of Physician Dr. Karimi

MALE APPLICANT

Name: First Mostafa | Middle M. | Last Zenhom
Date of Birth: Month 11 | Day 22 | Year 52
Place of Birth (State or foreign country) Egypt
Residence Address: Street or R.R. 659 Alpha Ave | City Brownsburg | County | State IN 46112
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 2001
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. Halak M Zenhom, Widad M. Zenhom, Abdul Karim M Zenhom
6. (a) Full name of applicant's father Mohamed Zenhom
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Egypt
   (b) Full maiden name of applicant's mother Zeneb A. Ali
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Egypt

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
✗Signature of Applicant [signature] Date 4/11/2001

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 [signature]
✗New Address Same as above
Subscribed and sworn to before me this 11 day of April, 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 Sandra | Middle J. | Last Doss
Date of Birth: Month 6 | Day 30 | Year 58
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1545 S. Goodlet Ave | City Indpls | County Marion | State IN 46241
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1992
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
✗Signature of Applicant Sandra J Doss Date 4-11-01

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 Sandra J Doss
✗New Address 659 Alpha Ave Brownsburg IN 46112
Subscribed and sworn to before me this 11 day of April 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 April 11, 2001, authorizing the marriage of Mostafa M. Zenhom and Sandra J. Doss.
I further certify that the following marriage certificate was filed in my office: I, Sharon Dugan (name), certify that on April 11, 2001 (date), at Danville in Hendricks County, Indiana, Mostafa M. Zenhom of Hendricks County, Indiana (state), and Sandra J. Doss 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 April 11, 2001 Signed by: /s/ Sharon Dugan, Hendricks County Clerk (official designation) Filed and recorded in accordance with the laws of the State of Indiana on April 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 151
4/11/01
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 3/21/01
Name of Physician Cindy L. Brown

MALE APPLICANT	FEMALE APPLICANT
Name: First Edward Middle L. Last Dailey	Name: First Kathleen Middle A. Last Leap
Date of Birth: Month 6 Day 17 Year 64	Date of Birth: Month 3 Day 31 Year 66
Place of Birth (State or foreign country): Indiana	Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 2308 Crown Plaza Ct City Plainfield County Hendricks State IN 46168	Residence Address: Street or R.R. 2308 Crown Plaza Ct City Plainfield County Hen. State IN 46168
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 1998	Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1989
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. Jessica Dawn Dailey, Nathan Allan Dailey	5. List the full names of any dependent children.
6. (a) Full name of applicant's father Virgil Lee Dailey	6. (a) Full name of applicant's father John H. Leap Sr.
(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) Kentucky	Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Ruth McWilliams	(b) Full maiden name of applicant's mother Dorothy Ann Orth
(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) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 L. Dailey Date 4-11-01

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 Edward L. Dailey
✗ New Address SAME

Subscribed and sworn to before me this 11 day of April, 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 Kathleen A. Leap Date 4-11-01

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 Kathleen A. Leap
✗ New Address Same as above

Subscribed and sworn to before me this 11 day of April, 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 April 11, 2001, authorizing the marriage of Edward Lee Dailey and Kathleen Ann Leap.

I further certify that the following marriage certificate was filed in my office: I, Stephen T. Dyer (name), certify that on April 21, 2001 (date), at Greenfield in Hancock County, Indiana, Edward Lee Dailey of Hendricks County, Indiana (state), and Kathleen Ann Leap of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated April 11, 2001. Signed by: Stephen T. Dyer, Pastor (official designation) Filed and recorded in accordance with the laws of the State of Indiana on April 26, 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 44
Page 152
4/12/01
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 _____
Name of Physician David Hadley MD

MALE APPLICANT

Name: First Richard Middle A. Last Russell
Date of Birth: Month 10 Day 3 Year 71
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 745 Chestnut 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) 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 Richard Earl Russell
   (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 Linda Gail Beasley
   (If adopted, list adoptive parents only) _____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Russell Date 4/12/01

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 Richard Russell
New Address 745 Chestnut Lane
Subscribed and sworn to before me this 12 day of April, 2001
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 Julie Middle S. Last Smith
Date of Birth: Month 9 Day 4 Year 75
Place of Birth (State or foreign country) Ohio
Residence Address: Street or R.R. 745 Chestnut 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) 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 James D. Smith
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) Kentucky
   Birthplace of father (State or foreign country) Ohio
   (b) Full maiden name of applicant's mother Debra Sue 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 Julie S. Smith Date 4-12-01

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 Julie S. Smith
New Address Same as above
Subscribed and sworn to before me this 12 day of April, 2001
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 April 12, 2001, authorizing the marriage of Richard Allen Russell and Julie Sue Smith.
I further certify that the following marriage certificate was filed in my office: I, Mark L. Callaway (name), certify that on June 2, 2001 (date), at Rensselaer in Jasper County, Indiana, Richard Allen Russell of Hendricks County, Indiana (state), and Julie Sue 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 April 12, 2001. Signed by: Mark L. Callaway, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on June 4, 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 153
4/12/01
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 4-11-01
Name of Physician Mark Stuil MD

MALE APPLICANT

Name: First Michael Middle J. Last Wilson
Date of Birth: Month 12 Day 22 Year 73
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 2335 E. Main St. City Plainfield County Hend. State In. 46168
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ ~~Other~~ (Specify)
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 Mike Miller
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Georgia
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Cheryl 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 Sheri Middle N. Last Brumett
Date of Birth: Month 6 Day 1 Year 74
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 2335 E. Main St. City Plainfield County Hend. State In 46122
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)
Indiana Dept of Corrections I D

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ ~~Yes~~ ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ ~~Yes~~ ☐
4. Are you now under the influence of a narcotic drug? No ☒ ~~Yes~~ ☐
5. List the full names of any dependent children. Austin Tyler Brumett-Copley
6. (a) Full name of applicant's father Dennis Brumett
   (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 Mildred Abernathy
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Arkansas
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
✗ Signature of Applicant Michael J. Wilson Date 4-12-01

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 Michael J. Wilson
✗ New Address Same as Above
Subscribed and sworn to before me this 12 day of April, 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 Sheri Brumett Date 4.12.01

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 Sheri Brumett
✗ New Address SAME AS ABOVE
Subscribed and sworn to before me this 12 day of April, 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 April 12, 2001, authorizing the marriage of Michael Fredrick Wilson and Sheri Nicole Brumett.
I further certify that the following marriage certificate was filed in my office: I, Myron Barnard (name), certify that on April 14, 2001 (date), at Indinapolis in Marion County, Indiana, Michael Fredrick Wilson of Hendricks County, Indiana (state), and Sheri N. Brumett of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated April 12, 2001. Signed by: Myron Barnard, Judge (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on April 17, 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 154
4/12/01
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 4/11/01
Name of Physician John S. Stanley, M.D.

MALE APPLICANT

Name: First Tracy Middle a. Last Chance

Date of Birth: Month 9 Day 14 Year 66

Place of Birth (State or foreign country) Illinois

Residence Address: Street or R.R. 22 A Michael Dr. 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 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 female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —

6. (a) Full name of applicant's father Herbert Lloyd Chance
   (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 Charlotte Lisa Schleicher
   (If adopted, list adoptive parents only) —
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Missouri

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
X Signature of Applicant Tracy Chance Date 4/12/01

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.
X Signed Tracy Chance
X New Address 411 1/2 N. Vine
Subscribed and sworn to before me this 12 day of April, 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 Tammy Middle J. Last Portlock

Date of Birth: Month 12 Day 17 Year 65

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. RR1 Box 522 City Dupont County Owen State In 47433

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

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 2000

Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) 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. Patrick Dale Belcher,

6. (a) Full name of applicant's father Milton D. Portlock
   (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 Lamona Oaks
   (If adopted, list adoptive parents only) —
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding 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 Tambra Portlock Date 4-12-0

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
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 Tambra J Portlock
X New Address 411 1/2 N. Vine
Subscribed and sworn to before me this 12 day of April, 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 April 12, 2001, authorizing the marriage of Tracy Alan Chance and Tambra Jean Portlock.
I further certify that the following marriage certificate was filed in my office: I, Sharon Dugan (name), certify that on April 12, 2001 (date), at Danville in Hendricks County, Indiana, Tracy Alan Chance of Hendricks County, Indiana (state), and Tambra Jean Portlock of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated April 12, 2001. Signed by: Sharon Dugan, Hendricks Co. Clerk (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on April 12, 2001 (date).

Signed Sharon 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 155
4/12/01
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 3/22/01
Name of Physician M.S. Kniz MD

MALE APPLICANT

Name: First Evan Middle L. Last Lawrence
Date of Birth: Month 10 Day 14 Year 81
Place of Birth (State or foreign country) California
Residence Address: Street or R.R. 741 Ironwood Dr. City Avon County Hen 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)
Armed Forces 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. ____
6. (a) Full name of applicant's father Eric Lewis Lawrence
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Bobbie Jean Mayes
   (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 Lindsey Middle D. Last Willard
Date of Birth: Month 12 Day 19 Year 82
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 874 Chelten Lane 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. ____
6. (a) Full name of applicant's father John L Willard
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother R. Janice Gregory
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 L Lawrence Date 4/12/01

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 Evan L Lawrence
✗New Address SAME AS ABOVE
Subscribed and sworn to before me this 12 day of April 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 Lindsey Willard Date 4/12/01

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 Lindsey Willard
✗New Address 741 Ironwood Dr. Avon IN 46123
Subscribed and sworn to before me this 12 day of April, 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 April 12, 2001, authorizing the marriage of Evan Lewis Lawrence and Lindsay Dawn Willard.
I further certify that the following marriage certificate was filed in my office: I, John P. Roof (name), certify that on April 14, 2001 (date), at Danville in Hendricks County, Indiana, Evan Lewis Lawrence of Hendricks County, Indiana (state), and Lindsay Dawn Willard of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated April 12, 2001. Signed by: John P. Roof, Episcopal Priest (official designation) Filed and recorded in accordance with the laws of the State of Indiana on April 17, 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 604
Page 156
4-12-01
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 4-10-01
Name of Physician Dr. NaShmambini

MALE APPLICANT

Name: First Justin Middle R Last DeYoung
Date of Birth: Month 5 Day 18 Year 1972
Place of Birth (State or foreign country) California
Residence Address: Street or R.R. 7452 S CR 350 W 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. ____
6. (a) Full name of applicant's father Robert Deyoung
   (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 Katherine Macino
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Iowa
   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 12 Apr 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 12 day of April, 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 Christy Middle L Last Markland
Date of Birth: Month 10 Day 11 Year 1974
Place of Birth (State or foreign country) Kansas
Residence Address: Street or R.R. 7452 S CR 350 W 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 1993
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Drivers License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [signature] Date 4/12/01

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 [signature]
New Address same as above
Subscribed and sworn to before me this 12 day of April, 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 April 12, 2001, authorizing the marriage of Justin Robert Deyoung and Christy Lynn Markland.
I further certify that the following marriage certificate was filed in my office: I, Sharon Dugan (name), certify that on April 12, 2001 (date), at Danville in Hendricks County, Indiana, Justin Robert Deyoung of Hendricks County, Indiana (state), and Christy Lynn Markland of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated April 12, 2001. Signed by: Sharon Dugan, Hendricks Co. Clerk (official designation) Filed and recorded in accordance with the laws of the State of Indiana on April 12, 2001 (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 157
4/16/01
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 12-12-91
Name of Physician Dr. Mouttet

MALE APPLICANT

Name: First Howard Middle E. Last Wile
Date of Birth: Month 5 Day 18 Year 62
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 611 Laurel Hall Dr. S City Indpls County Marion State In 46234
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 2001
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. Katherine Danielle Wile
6. (a) Full name of applicant's father Howard Edmund Wile
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Massachusetts
   (b) Full maiden name of applicant's mother Mildred Jean Wile
   (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 Luann Middle M. Last Jarman
Date of Birth: Month 7 Day 11 Year 62
Place of Birth (State or foreign country) Pennsylvania
Residence Address: Street or R.R. 77 Casco Dr. City Avon County Hend. State In 46234
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) 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 Lynn Marie Davis, Michael Edward Jarman, Melissa Lynn Jarman
6. (a) Full name of applicant's father John J. Hayward
   (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 Luann Moss
   (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).

X Signature of Applicant [signature] Date 4/16/01

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.
X Signed [signature]
X New Address 77 CASCO DRIVE AVON, IN 46123
Subscribed and sworn to before me this 16 day of April, 2001
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).

X Signature of Applicant [signature] Date 4/16/01

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.
X Signed [signature]
X New Address 77 Casco Dr. Avon, IN 46123
Subscribed and sworn to before me this 16 day of April, 2001
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 April 16, 2001, authorizing the marriage of Howard Edmund Wile II and Luann Marie Jarman.
I further certify that the following marriage certificate was filed in my office: I, Cindy Spence (name), certify that on April 16, 2001 (date), at Danville in Hendricks County, Indiana, Howard Edmund Wile II of Hendricks County, Indiana (state), and Luann Marie Jarman of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated April 16, 2001 Signed by: Cindy Spence, 1st Deputy Clerk (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on April 17, 2001 (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 158
4/16/01
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 4-5-01
Name of Physician Stephen D. Kennedy MD

MALE APPLICANT

Name: First Joe Middle L. Last Grossard
Date of Birth: Month 5 Day 2 Year 62
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1736 Shorter Ct. City Anderson County Madison 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) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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. Grossard
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Gladys Irene Lewis
   (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 Michele Middle M. Last Dean-Wood
Date of Birth: Month 9 Day 29 Year 67
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 77 Knoll Lane City Brownsburg County Hend. St. 46112
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 2000
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
✗ Signature of Applicant Joe L. Grossard Date 4/16/01

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 Joe L. Grossard
✗ New Address 77 KNOLL LANE, BROWNSBURG, IN 46112
Subscribed and sworn to before me this 16 day of April, 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 Michele Dean-Wood Date 4/16/01

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 Michele Dean-Wood
✗ New Address 77 KNOLL LANE, BROWNSBURG, IN 46112
Subscribed and sworn to before me this 16 day of April, 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 ____, 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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 159
4-16-01
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 4-16-01
Name of Physician Dr. Johnson

MALE APPLICANT

Name: First Ryan Middle Wade Last Feasel
Date of Birth: Month 3 Day 6 Year 74
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 525 Elm Drive City Plainfield County Hendricks State IN 46168
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) 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 Larry Sargent Feasel
   (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 Suzanne Colleen Elizabeth Epps
   (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 Ryan W. Feasel Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 W. Feasel
New Address Same as above
Subscribed and sworn to before me this 16 day of April, 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 Kristeen Middle Dawn Last Rosner
Date of Birth: Month 9 Day 5 Year 75
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 525 Elm Drive City Plainfield County Hendricks State IN 46168
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 9/96
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Londyn Marie Rosner, Jordan Eileen Rosner
6. (a) Full name of applicant's father Robert Adam Pecar
   (If adopted, list adoptive parents only)
   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 Jean Marsh
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Wyoming
   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 Kristeen Dawn Rosner Date 4/16/01

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 Kristeen Dawn Rosner
New Address Same as above
Subscribed and sworn to before me this 16 day of April, 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 April 16, 2001, authorizing the marriage of Ryan Wade Feasel and Kristeen Dawn Rosner.
I further certify that the following marriage certificate was filed in my office: I, Michael J. Jenkins (name), certify that on June 9, 2001 (date), at Plainfield in Hendricks County, Indiana, Ryan Wade Feasel of Hendricks County, Indiana (state), and Kristeen Dawn Rosner of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated April 16, 2001. Signed by: Michael J. Jenkins, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on June 12, 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 160
4-16-01
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 4-16-01
Name of Physician Dr. D. Gaddy, MD

MALE APPLICANT

Name: First Donald Middle Joseph Last Brown
Date of Birth: Month 4 Day 11 Year 73
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 3940 E CR 700 S 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 1996
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) drivers license

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 J Brown Date 4-16-01

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 Donald J Brown
New Address 3033 Arrow Wood Ln Indpls
Subscribed and sworn to before me this 16 day of April, 2001
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 Heather Middle Lee Last Gallagher
Date of Birth: Month 8 Day 18 Year 77
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 3033 Arrow Wood Ln. 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) 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 Robert Mc Pherson
   (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 Jennifer Lee Gallagher
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 L Gallagher Date 4-16-01

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 Heather L Gallagher
New Address same
Subscribed and sworn to before me this 16 day of April, 2001
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 April 16, 2001, authorizing the marriage of Donald Joseph Brown and Heather Lee Gallagher.
I further certify that the following marriage certificate was filed in my office: I, Stephen White (name), certify that on April 21, 2001 (date), at Plainfield in Hendricks County, Indiana, Donald Joseph Brown of Hendricks County, Indiana (state), and Heather Lee Gallagher 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 April 16, 2001. Signed by: Stephen White, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on April 24, 2001 (date).

Signed Thaiss 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 _____
Page 161
4/16/01
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 3/21/01
Name of Physician Dr. James Clark

MALE APPLICANT

Name First: John Middle: RAY Last: Morris
Date of Birth Month: April Day: 2 Year: 1963
Place of Birth (State or foreign country): Kentucky
Residence Address Street or R.R.: 2317 Navajo Drive 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: 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 female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Ryan Morris
   Elisha Christine Morris
6. (a) Full name of applicant's father Bobby Ray Morris
   (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 Virginia Lee Bassette
   (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 John R Morris Date 4-16-2001

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 X John R Morris 4-16-2001
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: Mariah Middle: Doreen Last: Rhoades
Date of Birth Month: June Day: 6 Year: 1968
Place of Birth (State or foreign country): Virginia
Residence Address Street or R.R.: 2317 Navajo Drive City: Indpls. County: Hendricks State: 46234
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages: 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date: 2001
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.
   Anthony Michael Rhoades Adam Nathan Rhoades
   Alexander Morgan Rhoades
6. (a) Full name of applicant's father Thomas Edward
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Ohio
   (b) Full maiden name of applicant's mother Janet Mae Burkholder
   (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 Mariah Rhoades Date 4-16-2001

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 X Mariah Rhoades 4-16-01
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 April 16, 2001, authorizing the marriage of John Ray Morris and Mariah Doreen Rhoades.
I further certify that the following marriage certificate was filed in my office: I, Myron Barnard (name), certify that on April 16, 2001 (date), at Indianapolis in Marion County, Indiana, John Ray Morris of Hendricks County, Indiana (state), and Mariah Doreen 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 April 16, 2001. Signed by: Myron Barnard, Judge (official designation) Filed and recorded in accordance with the laws of the State of Indiana on April 19, 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 162
4/16/01
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 4-16-01
Name of Physician C. Clark

MALE APPLICANT

Name First: Nicholas Middle: Adam Last: Sparks
Date of Birth Month: 11 Day: 23 Year: 73
Place of Birth (State or foreign country): Michigan
Residence Address: 229 East College Ave. City: Brownsburg County: Hendricks State: IN 46112
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) 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: Phillip A. Sparks
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state): Indiana
   Birthplace of father (State or foreign country): Indiana
   (b) Full maiden name of applicant's mother: Alecia Shepherd
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state): Indiana
   Birthplace of mother (State or foreign country): Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding 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 Nicholas A. Sparks Date 4-19-01

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 Nicholas A. Sparks
New Address 229 E. College Ave. 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: Bobi Middle: Jo Last: Wallen
Date of Birth Month: 2 Day: 7 Year: 74
Place of Birth (State or foreign country): Indiana
Residence Address: 513 N Main St City: Kendallville County: Noble State: In 46755
Previous Marital Status: 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. Michael Bailey Shipp
6. (a) Full name of applicant's father: Rick Walden
   (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: Joni Bailey
   (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).
X Signature of Applicant Bobi Jo Walken Date 4-16-01

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.
X Signed Bobi Jo Walken
X New Address 229 E. College Ave. 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 April 16, 2001, authorizing the marriage of Nicholas Adam Sparks and Bobi Jo Wallen.
I further certify that the following marriage certificate was filed in my office: I, Thomas D. Streeter (name), certify that on April 21, 2001 (date), at Pittsboro in Hendricks County, Indiana, Nicholas Adam Sparks of Hendricks County, Indiana (state), and Bobi Jo Wallen of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated April 16, 2001. Signed by: Thomas D. Streeter, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on April 24, 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 163
4/16/01
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 3/4/96
Name of Physician Dr. Edwin Campbell

MALE APPLICANT

Name: First Richard Middle P. Last Sorrell
Date of Birth: Month 7 Day 10 Year 67
Place of Birth (State or foreign country) Connecticut
Residence Address: Street or R.R. 871 Helm Dr. City Avon County Hendricks 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) Dennis'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 Lee Sorrell
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) NA
   Birthplace of father (State or foreign country) Massachusetts
   (b) Full maiden name of applicant's mother Valerie Grenette
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Florida
   Birthplace of mother (State or foreign country) Connecticut

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 P Sorrell Date 4/17/01

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 Richard P Sorrell
New Address Same As Above
Subscribed and sworn to before me this 17 day of April, 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 Stacy Middle J. Last Howard
Date of Birth: Month 1 Day 8 Year 73
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 871 Helm Dr. 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 1994
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Dennis'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. Cody Austin Howard, Ashton Taylor Howard
6. (a) Full name of applicant's father Dennis R. 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 Donna Sue Hartle
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Stacy J. Howard Date 4/17/01

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 Stacy J. Howard
New Address same as above
Subscribed and sworn to before me this 17 day of April, 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 April 17, 2001, authorizing the marriage of Richard Paul Sorrell and Stacy Jo Howard.
I further certify that the following marriage certificate was filed in my office: I, William C. Hyman (name), certify that on April 28, 2001 (date), at Avon in Hendricks County, Indiana, Richard Paul Sorrell of Hendricks County, Indiana (state), and Stacy Jo Howard of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated April 17, 2001. Signed by: William C. Hyman, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on May 7, 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 604
Page 164
4-17-01
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 4-17-01
Name of Physician Dr. Koewler

MALE APPLICANT	FEMALE APPLICANT
Name: First Eric Middle M Last Decker	Name: First Loren Middle M Last McCreary
Date of Birth: Month 2 Day 5 Year 1981	Date of Birth: Month 3 Day 9 Year 1981
Place of Birth (State or foreign country) Indiana 46112	Place of Birth (State or foreign country) Indiana 46112
Residence Address: Street or R.R. 1304 Brownswood Dr. City Brownsburg County Hend State IN	Residence Address: Street or R.R. 16002 Hunters Trail City Brownsburg County Hend 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 Eric V. Decker	6. (a) Full name of applicant's father James P. McCreary
(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) Maryland	Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Deborah C. White	(b) Full maiden name of applicant's mother Lynn R. Kruse
(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) Missouri	Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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. Decker Date 4/17/01

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 Eric M Decker
New Address Same as above
Subscribed and sworn to before me this 17 day of April 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 Loren M McCreary Date 4/17/01

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 Loren M McCreary
New Address 1304 Brownswood Dr. Brownsburg
Subscribed and sworn to before me this 17 day of April 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 April 17, 2001, authorizing the marriage of Eric M. Decker and Loren M. McCreary.

I further certify that the following marriage certificate was filed in my office: I, Steven T. Reeves (name), certify that on April 21, 2001 (date), at Brownsburg in Hendricks County, Indiana, Eric M. Decker of Hendricks County, Indiana (state), and Loren M. McCreary of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated April 17, 2001. Signed by: Steven T. Reeves, Pastor (official designation) Filed and recorded in accordance with the laws of the State of Indiana on April 24, 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 165
4-17-01
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 4-17-01
Name of Physician Dr. Hoewler

MALE APPLICANT

Name First Franklyn Middle Leonard Last Monje
Date of Birth Month 9 Day 13 Year 77
Place of Birth (State or foreign country) Michigan
Residence Address Street or R.R. 2325 East Main Lot 13 City Plainfield County Hendricks State IN 46168
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

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

FEMALE APPLICANT

Name First Barbara Middle Josephine Last Edmundson
Date of Birth Month 12 Day 28 Year 77
Place of Birth (State or foreign country) Indiana
Residence Address Street or R.R. 2325 East Main Lot 13 City Plainfield County Hendricks State IN 46168
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Nicole Edmundson
6. (a) Full name of applicant's father Lee R. Edmundson
   (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 Ann E. Tarvin
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Frank L Monje Date 4-17-01

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 Frank L Monje
New Address P.O. Box 1033 Plainfield Ind. 46168
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 Barbara J. Edmundson Date 4-17-01

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 Barbara J. Edmundson
New Address P.O. Box 1033 Plainfield, Ind. 46168
Subscribed and sworn to before me this day of
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated April 17, 2001, authorizing the marriage of Franklyn L. Monje and Barbara J. Edmondson.
I further certify that the following marriage certificate was filed in my office: I, Sharon Dugan (name), certify that on April 20, 2001 (date), at Danville in Hendricks County, Indiana, Franklyn L. Monje of Hendricks County, Indiana (state), and Barbara J. Edmondson of Hendrciks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated April 17, 2001. Signed by: Sharon Dugan, Hendricks Co. Clerk (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on April 20, 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 166
4/18/01
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 4/14/01
Name of Physician Dr. Poe

MALE APPLICANT

Name First: Karl Middle: M. Last: Littleford
Date of Birth Month: 1 Day: 10 Year: 76
Place of Birth (State or foreign country): England
Residence Address: 7326 Glenford Dr. Street or R.R. Avon City Hen County IN State 46168
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1998
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify)
Drivers License

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

FEMALE APPLICANT

Name First: Jennifer Middle: Claire Last: Rowzer
Date of Birth Month: 6 Day: 1 Year: 78
Place of Birth (State or foreign country): Pennsylvania
Residence Address: 882 N. SR 267 Street or R.R. Avon City Hend 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)
Passport

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
✗Signature of Applicant Karl Littleford Date 4/18/01

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 Karl Littleford
✗New Address 882 N ST RD 267 AVON IN 46123
Subscribed and sworn to before me this 18 day of April, 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 Jennifer E. Rowzer Date 4-18-01

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 Jennifer E. Rowzer
✗New Address Same as above
Subscribed and sworn to before me this 18 day of April, 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 April 18, 2001, authorizing the marriage of Karl Michael Littleford and Jennifer Elaine Rowzer.
I further certify that the following marriage certificate was filed in my office: I, Oren E. Atkinson (name), certify that on April 28, 2001 (date), at Avon in Hendricks County, Indiana, Karl Michael Littleford of Hendricks County, Indiana, (state), and Jennifer Elaine Rowzer of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated April 18, 2001. Signed by: Oren E. Atkinson, Ordained Elder (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on May 2, 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 167
4-18-01
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 4/10/01
Name of Physician Dr. Maxwell

MALE APPLICANT

Name: First Daniel Middle C. Last Williamson
Date of Birth: Month 3 Day 27 Year 59
Place of Birth (State or foreign country) Michigan
Residence Address: Street or R.R. 1455 E CR 900S City Clayton County Hendricks State 46118
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 female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Elissa Rachell Williamson
6. (a) Full name of applicant's father John Williamson
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) New Jersey
   (b) Full maiden name of applicant's mother Mary Belle Howard
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   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 DC Williamson Date 4-18-01

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 DC Williamson
New Address SAME AS Above
Subscribed and sworn to before me this 18 day of April, 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 Lisa Middle D. Last Ropa
Date of Birth: Month 11 Day 28 Year 63
Place of Birth (State or foreign country) Maryland
Residence Address: Street or R.R. 1455 E. CR 900S City Clayton County Hendricks 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) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. _____
6. (a) Full name of applicant's father Robert Ropa
   (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 Carolyn Everett
   (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 Lisa Ropa Date 4-18-01

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 Lisa Ropa
New Address same as above
Subscribed and sworn to before me this 18 day of April, 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 April 18, 2001, authorizing the marriage of Daniel Cory Williamson and Lisa Diane Ropa.
I further certify that the following marriage certificate was filed in my office: I, Rev. Mike Brown (name), certify that on April 28, 2001 (date), at Greenwood in Johnson County, Indiana, Daniel Cory Williamson of Hendricks County, Indiana (state), and Lisa Diane Ropa of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated April 18, 2001. Signed by: Rev. Mike Brown, Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on May 14, 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 168
4-19-01
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 4-15-01
Name of Physician Dr. Ronald Benna M.D.

MALE APPLICANT	FEMALE APPLICANT
Name: First Steven, Middle M., Last Gaddis	Name: First Rachel, Middle Jo, Last George
Date of Birth: Month 12, Day 20, Year 73	Date of Birth: Month 12, Day 18, Year 73
Place of Birth (State or foreign country): Indiana	Place of Birth (State or foreign country): Kentucky
Residence Address: Street or R.R. 4812 E. Main St., City Avon, County Hend., State IN 46123	Residence Address: Street or R.R. 840 S. Lynhurst Dr., City Indpls, County Marion, State IN 46241
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. Chloey Jo George
6. (a) Full name of applicant's father George Bernard Gaddis	6. (a) Full name of applicant's father James Earl George
(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) Deceased
Birthplace of father (State or foreign country) NA	Birthplace of father (State or foreign country) Kentucky
(b) Full maiden name of applicant's mother Nancy Sue Acres	(b) Full maiden name of applicant's mother Joann Myers
(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 Steven M Gaddis Date 19 Apr 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 Steven M Gaddis
✓New Address Same as Above

Subscribed and sworn to before me this 19 day of April, 2001

Thoros Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of 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 Rachel Jo George Date 4/19/01

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 Rachel Jo George
✗New Address 4812 E. Main St. Avon, IN 46123

Subscribed and sworn to before me this 19 day of April, 2001

Thoros Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of Hendricks)

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated April 19, 2001, authorizing the marriage of Steven M. Gaddis and Rachel Jo George.

I further certify that the following marriage certificate was filed in my office: I, Rev. K. R. Duke (name), certify that on April 21, 2001 (date), at Plainfield in Hendricks County, Indiana, Steven M. Gaddis of Hendricks County, Indiana (state), and Rachel Jo George 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 April 19, 2001. Signed by: Rev. K. R. Duke, Pastor (official designation) Filed and recorded in accordance with the laws of the State of Indiana on April 24, 2001 (date).

Signed Thoros 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 169
4/20/01
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 4/12/01
Name of Physician Robert S. Oppman

MALE APPLICANT

Name: First Peter Middle a. Last Heminger
Date of Birth: Month 7 Day 20 Year 73
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 6216 N. SR 39 City Lizton County Hend. State In. 46149
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) 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. Zoe Madison Heminger
6. (a) Full name of applicant's father Arthur Marion Heminger
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Emmeleanne Osborn
   (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 Peter A Heminger Date 4-20-01

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 Peter A Heminger
✗New Address 9495 N Co Rd 225 East Pittsboro
Subscribed and sworn to before me this 20 day of April, 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 Amy Middle E. Last Roper
Date of Birth: Month 12 Day 28 Year 70
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 604 Kody Drive City Lizton County In Hend State 46149
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. ____
6. (a) Full name of applicant's father Richard Allan Oppman
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Shirley Ann 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 Amy E Roper Date 4-20-01

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 Amy E Roper
✗New Address 9495 N. CR 225 E Pittsboro, IN
Subscribed and sworn to before me this 20 day of April, 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 April 20, 2001, authorizing the marriage of Peter Arthur Heminger and Amy Elizabeth Roper.
I further certify that the following marriage certificate was filed in my office: I, Sharon Dugan (name), certify that on April 26, 2001 (date), at Danville in Hendricks County, Indiana, Peter Arthur Heminger of Hendricks County, Indiana (state), and Amy Elizabeth Roper of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated April 20, 2001. Signed by: Sharon Dugan, Hendricks Co. Clerk (official designation) Filed and recorded in accordance with the laws of the State of Indiana on April 26, 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 170
4-20-01
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 3-5-1
Name of Physician Larry Lowell MD

MALE APPLICANT

Name: First Justin Middle D. Last Lawler
Date of Birth: Month 8 Day 3 Year 77
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 42 Lincoln Ave City Brownsburg County Hendricks State Ind 46112
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1999
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
✗Signature of Applicant Justin Lawler Date 4-20-01

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 Justin Lawler
✗ New Address same
Subscribed and sworn to before me this 20th day of April, 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 Candy Middle M Last Lucas
Date of Birth: Month 12 Day 30 Year 75
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 42 Lincoln Ave. City Brownsburg County Hendricks State Ind 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. Brianna Lucas
6. (a) Full name of applicant's father Stan Lucas
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Laura Ann Belt
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
✗Signature of Applicant Candy Lucas Date 4/20/01

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 Candy Lucas
✗ New Address same as above
Subscribed and sworn to before me this 20 day of April, 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 April 20, 2001, authorizing the marriage of Justin Shawn Lawler and Candy Marie Lucas.
I further certify that the following marriage certificate was filed in my office: I, Rev. E Michael Bristol (name), certify that on May 6, 2001 (date), at Indianapolis in Marion County, Indiana, Justin Shawn Lawler of Hendricks County, Indiana (state), and Candy Marie Lucas of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated April 20, 2001. Signed by: Rev. E. Michael Bristol, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on May 8, 2001 (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 171
4-20-01
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 4-9-01
Name of Physician Dr. Charles Kelley

MALE APPLICANT	FEMALE APPLICANT
Name: First James, Middle Robert, Last Parker Sr.	Name: First Robbie, Middle Joe, Last Barnes
Date of Birth: Month 9, Day 15, Year 60	Date of Birth: Month 1, Day 11, Year 54
Place of Birth (State or foreign country) Illinois	Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 2335 E Main St Lot 17, City Plainfield, County Hendricks, State In.	Residence Address: Street or R.R. 2335 E Main Lot 17, 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 3
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 Edward August Parker	6. (a) Full name of applicant's father Lawrence Edward Barnes
(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) Illinois	Birthplace of father (State or foreign country) Kentucky
(b) Full maiden name of applicant's mother Clarleen Mae Wasniewski	(b) Full maiden name of applicant's mother Bernice Alene Veney
(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) Wisconsin	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 James R. Parker Sr. Date 4-20-01

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 James R. Parker Sr.
New Address Same as Above
Subscribed and sworn to before me this 20 day of April 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 Robbie J. Barnes Date 4-20-01

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 Robbie J. Barnes
New Address Same As Above
Subscribed and sworn to before me this 20 day of April 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 April 20, 2001, authorizing the marriage of James Robert Parker Sr. and Robbie Joe Barnes.

I further certify that the following marriage certificate was filed in my office: I, Rev. Franklin Clay (name), certify that on May 19, 2001 (date), at Avon in Hendricks County, Indiana, James Robert Parker Sr. of Hendricks County, Indiana (state), and Robbie Joe 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 April 20, 2001. Signed by: Rev. Franklin Clay, Pastor (official designation) Filed and recorded in accordance with the laws of the State of Indiana on May 22, 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 172
4/20/01
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 4/20/01
Name of Physician Dan Mc Laren

MALE APPLICANT

Name: First James Middle V. Last Cummins
Date of Birth: Month 6 Day 16 Year 75
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 6798 Connie Dr. City Avon County Hend. St. IN 46123
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) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Kenneth Edward Cummins
   (If adopted, list adoptive parents only)
   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 Elaine Cotton
   (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 Rachel Middle C. Last VanDenbark
Date of Birth: Month 12 Day 10 Year 76
Place of Birth (State or foreign country) Illinois
Residence Address: Street or R.R. 6798 Connie Dr. City Avon County Hend. St. IN 46123
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. Zachary Shane VanDenbark
6. (a) Full name of applicant's father Lawrence Gerald Anderson
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Ohio
   Birthplace of father (State or foreign country) South Dakota
   (b) Full maiden name of applicant's mother Joy Lynn Svenson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Ohio
   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 James V Cummins Date 4-20-01

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 James V Cummins
✗New Address Same as Above
Subscribed and sworn to before me this 20 day of April, 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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 VanDenbark Date 4-20-01

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 Rachel VanDenbark
✗New Address same as above
Subscribed and sworn to before me this 20 day of April, 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 April 20, 2001, authorizing the marriage of James Victor Cummins and Rachel Charlotte VanDenbark.
I further certify that the following marriage certificate was filed in my office: I, Jan Judd (name), certify that on May 26, 2001 (date), at Indianapolis in Marion County, Indiana, James Victor Cummins of Hendricks County, Indiana (state), and Rachel C. VanDenbark of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated April 20, 2001. Signed by: Jan Judd, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on June 19, 2001 (date).

Signed Honor 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 173
4-20-01
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 4-18-01
Name of Physician Dr. Bode

MALE APPLICANT

Name First Matthew Middle L Last Terry
Date of Birth Month 5 Day 22 Year 1978
Place of Birth (State or foreign country) Kentucky 46112
Residence Address Street or R.R. 6685 Northside 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.
6. (a) Full name of applicant's father Steven Lynn Terry
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Linda Faye Temlinson
   (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 Lindsay Middle M Last Barrett
Date of Birth Month 2 Day 16 Year 1979
Place of Birth (State or foreign country) Indiana 46112
Residence Address Street or R.R. 3785 Meadowlark Ln City Brownsburg County Hend State IN
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify)
Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Scott Barrett
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) New Mexico
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Starla Gail Sartor
   (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 Matthew L Terry Date 4/20/01

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 Matthew L Terry
New Address 731 Hawthorne Ln. Brownsburg, IN
Subscribed and sworn to before me this 20 day of April, 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 Lindsay M Barrett Date 4/20/01

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 Lindsay M Barrett
New Address 731 Hawthorne Ln., Brownsburg, IN
Subscribed and sworn to before me this 20 day of April, 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 April 20, 2001, authorizing the marriage of Matthew Lee Terry and Lindsay Marie Barrett.
I further certify that the following marriage certificate was filed in my office: I, Steven L. Blanchard (name), certify that on April 28, 2001 (date), at Brownsburg in Hendricks County, Indiana, Matthew Lee Terry of Hendricks County, Indiana (state), and Lindsay Marie Barrett of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated April 20, 2001. Signed by: Steven L. Blanchard, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on Mary 7, 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 174
4/23/01
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 Martin Middle D. Last Gehring
Date of Birth: Month 8 Day 28 Year 35
Place of Birth (State or foreign country) Kentucky
Residence Address: Street or R.R. 6135 E. 100 N. City Avon County Hendricks State Ind. 46123
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐ Date 1997
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. _____
6. (a) Full name of applicant's father Homer William Gehring
   (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 Sally Lee Richards
   (If adopted, list adoptive parents only) _____
   Residence of mother (if deceased, so state) Deceased
   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 Martin Gehring Date 4-23-01

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 Martin Gehring
✗New Address 426 W. Michigan, Clayton, In. 46118
Subscribed and sworn to before me this 23 day of April, 2001
Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of 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 mae Last Harris
Date of Birth: Month 2 Day 6 Year 38
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 426 W. Michigan St. City Clayton County Hendricks State Ind. 46118
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐ Date 1995
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Albert Sims
   (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 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 Annette M Harris Date 4-23-01

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 Annette M Harris
✗New Address same as above
Subscribed and sworn to before me this 23 day of April, 2001
Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated April 23, 2001, authorizing the marriage of Martin Douglas Gehring and Annette Mae Harris.
I further certify that the following marriage certificate was filed in my office: I, Rev. Ronald E McDugle (name), certify that on May 12, 2001 (date), at Clayton in Hendricks County, Indiana, Martin Douglas Gehring of Hendricks County, Indiana (state), and Annette Mae Harris of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated April 23, 2001. Signed by: Rev. Ronald E. McDugle, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on May 15, 2001 (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 175
4/23/01
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 4-25-01
Name of Physician Hazel Trueks

MALE APPLICANT

Name: First Paul Middle D. Last Parker
Date of Birth: Month 5 Day 15 Year 52
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 9233 E US. Highway 36 City Avon County Hend. St. IN 46123
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1991
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

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

6. (a) Full name of applicant's father Carl E. Parker
   (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 Christa Lowe
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Germany

FEMALE APPLICANT

Name: First Bonnie Middle L. Last Lytton
Date of Birth: Month 6 Day 16 Year 52
Place of Birth (State or foreign country) Missouri
Residence Address: Street or R.R. 200 1/2 Main St. City Whiteland County Johnson St. IN 46184
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐ Date 1979
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

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

ACKNOWLEDGEMENT

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

✗Signature of Applicant Paul D Parker Date 4-23-01

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 Paul D. Parker
✗New Address 480 MILL SPRINGS

Subscribed and sworn to before me this 23 day of April, 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 Bonnie L Lytton Date 4-27-01

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 Bonnie L. Lytton
✗New Address 480 MILL SPRINGS COATESVILLE IN

Subscribed and sworn to before me this 23 day of April, 2001 46121

Sharon Dugan
Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of Hendricks)

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated April 23, 2001, authorizing the marriage of Paul D. Parker and Bonnie L. Lytton.

I further certify that the following marriage certificate was filed in my office: I, Charles E. Linton (name), certify that on May 5, 2001 (date), at Indianapolis in Marion County, Indiana, Paul D. Parker of Hendricks County, Indiana (state), and Bonnie L. Lytton 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 April 23, 2001. Signed by: Charles E. Linton, Elder (official designation) Filed and recorded in accordance with the laws of the State of Indiana on May 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 176
4/24/01
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 4/20/01
Name of Physician Charles Haslewood M.D.

MALE APPLICANT

Name: First Patrick Middle Lynn Last Jones
Date of Birth: Month 11 Day 8 Year 57
Place of Birth (State or foreign country) Germany
Residence Address: Street or R.R. 237 Andrews Blvd. 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 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.
6. (a) Full name of applicant's father Thomas Edwin Jones
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Tennessee
   Birthplace of father (State or foreign country) Kentucky
   (b) Full maiden name of applicant's mother Ona Burdine Best
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Tennessee
   Birthplace of mother (State or foreign country) Tennessee

ACKNOWLEDGEMENT

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

✗Signature of Applicant Patrick Jones Date 4-24-01

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 Patrick Jones
✗New Address SAME AS ABOVE
Subscribed and sworn to before me this 24 day of April, 2001
Marsha Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of 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 Maribryan Middle P. Last Lyford
Date of Birth: Month 1 Day 4 Year 66
Place of Birth (State or foreign country) New York
Residence Address: Street or R.R. 237 Andrews Blvd. 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 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. Emily Grace Lyford, Gloria Grace Lyford, Hunter Patrick Lyford
6. (a) Full name of applicant's father James A. McKenney
   (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 Patricia Ann Hunt
   (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 Maribryan P. Lyford Date 4-24-01

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 Maribryan P. Lyford
✗New Address same as above
Subscribed and sworn to before me this 24 day of April, 2001
Marsha Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated April 24, 2001, authorizing the marriage of Patrick L. Jones and Maribryan P. Lyford.
I further certify that the following marriage certificate was filed in my office: I, Karen Jensen (name), certify that on May 12,2001 (date), at Avon in Hendricks County, Indiana, Patrick L. Jones of Hendricks County, Indiana (state), and Maribryan P. Lyford of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated April 24, 2001. Signed by: Karen Jensen, Judge Pro Temp (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on June 7, 2001 (date).

Signed Marsha 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 177
4-23-01
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 10-26-00
Name of Physician _____

MALE APPLICANT

Name: First Reggie; Middle Dale; Last Dailey
Date of Birth: Month 7; Day 21; Year 57
Place of Birth (State or foreign country): Tennessee
Residence Address: Street or R.R. 4459 Tattersall; City Plainfield; County Hend; State IN 46168
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 3
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1996
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) 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.
   Brandy Michelle Dailey
   Shane Michael Dailey
6. (a) Full name of applicant's father James Martin Dailey
   (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 Dorothy Valley Kathryn Carmack
   (If adopted, list adoptive parents only) _____
   Residence of mother (if deceased, so state) /
   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 (M) _____ Date 4-23-01

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 (M) _____
New Address same as above
Subscribed and sworn to before me this 23 day of April, 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 Beverly; Middle Renae; Last Engledow
Date of Birth: Month 4; Day 22; Year 64
Place of Birth (State or foreign country): Alabama
Residence Address: Street or R.R. 4459 Tattersall dr.; 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 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.
   Madalyn Lee Engledow
   Samantha Renae Engledow
6. (a) Full name of applicant's father Rayborn Olivet Bolan
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) Alabama
   Birthplace of father (State or foreign country) Alabama
   (b) Full maiden name of applicant's mother Betty Sue Suite
   (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 (F) Beverly R. Engledow Date 4-23-01

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) Beverly R. Engledow
New Address same as above
Subscribed and sworn to before me this 23 day of April, 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 April 23, 2001, authorizing the marriage of Reggie Dale Dailey and Beverly Renae Engledow.
I further certify that the following marriage certificate was filed in my office: I, Ivan J. Birrer, II (name), certify that on June 9, 2001 (date), at Plainfield in Hendricks County, Indiana, Reggie Dale Dailey of Hendricks County, Indiana (state), and Beverly Renae Engledow of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated April 23, 2001 Signed by: Ivan J. Birrer, II, Pastor (official designation) Filed and recorded in accordance with the laws of the State of Indiana on June 12, 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 178
4-23-01
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 4-23-01
Name of Physician Thomas H. Jones M.D.

MALE APPLICANT

Name: First Chad Middle M. Last Larew
Date of Birth: Month 5 Day 5 Year 76
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 9660 N. 300 West City Lizton County Hend. State In. 46149
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 2000
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Edward E. Larew
   (If adopted, list adoptive parents only)
   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 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 Chad Larew Date 4-23-01

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 Chad Larew
✓New Address SAME AS ABOVE
Subscribed and sworn to before me this 23 day of April 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 K. Last Mikel
Date of Birth: Month 10 Day 15 Year 68
Place of Birth (State or foreign country) Illinois
Residence Address: Street or R.R. 9660 N. 300 W. City Lizton County Hend. State In. 46149
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1998
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Corey James Pickering
6. (a) Full name of applicant's father Larry Ray Mikel Sr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Illinois
   Birthplace of father (State or foreign country) Illinois
   (b) Full maiden name of applicant's mother Christine Anne Johnson
   (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 Melissa K Mikel Date 4-23-01

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 K Mikel
✓New Address Same as above.
Subscribed and sworn to before me this 23 day of April, 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 April 23, 2001, authorizing the marriage of Chad M. Larew and Melissa K. Mikel.
I further certify that the following marriage certificate was filed in my office: I, Janet Smith (name), certify that on April 23, 2001 (date), at Danville in Hendricks County, Indiana, Chad M. Larew of Hendricks County, Indiana (state), and Melissa K. Mikel of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated April 23, 2001. Signed by: Janet Smith, Hend. Co. Deputy Clerk (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on April 23,2001 (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 604
Page 179
4/24/01
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 George Middle H. Last Fry
Date of Birth: Month 12 Day 23 Year 30
Place of Birth (State or foreign country) Pennsylvania
Residence Address: Street or R.R. 1394 Macintosh Dr. 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 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 female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 L. Fry
   (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 Luella May Claypool
   (If adopted, list adoptive parents only) _____
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) NA

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 H. Fry Date 4/24/01

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 George H. Fry
✗ New Address same as above

Subscribed and sworn to before me this 24 day of April, 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 Irene Middle A. Last Mariacher
Date of Birth: Month 11 Day 4 Year 36
Place of Birth (State or foreign country) Pennsylvania
Residence Address: Street or R.R. 1394 Macintosh Dr. City Avon County Hendricks State 46123
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) 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 Durbin
   (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 Irene Sarri
   (If adopted, list adoptive parents only) _____
   Residence of mother (if deceased, so state) Deceased
   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 Irene A Mariacher Date 4/24/01

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 Irene A. Mariacher
✗ New Address Same as above

Subscribed and sworn to before me this 24 day of April 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 April 24, 2001, authorizing the marriage of George H. Fry and Irene A. Mariacher.

I further certify that the following marriage certificate was filed in my office: I, Willis R. Howard (name), certify that on May 12, 2001 (date), at Avon in Hendricks County, Indiana, George H. Fry of Hendricks County, Indiana (state), and Irene A. Mariacher of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated April 24, 2001. Signed by: Willis R. Howard, Minister and Pastor (official designation) Filed and recorded in accordance with the laws of the State of Indiana on May 15, 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 180
4/25/01
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 1/14/94
Name of Physician Michael Boothe M.D.

MALE APPLICANT

Name: First Matthew Middle A. Last Deckard
Date of Birth: Month 6 Day 8 Year 75
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 6478 Co Rd 151 N. 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. ____
6. (a) Full name of applicant's father Russell Murray Deckard
   (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 Karen Dyer
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Deckard Date 4-25-01

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 Matt Deckard
✗New Address 10672 Hoosier ct
Subscribed and sworn to before me this 25 day of April, 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 Stephanie Middle L. Last Skiff
Date of Birth: Month 5 Day 30 Year 74
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 10672 Hoosier Court City Indpls County Hend. 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) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Justice Skiff
6. (a) Full name of applicant's father Dennis Wilder
   (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 Lena Graceola Millener
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
✗Signature of Applicant Stephanie L Skiff Date 4/25/01

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 Stephanie L Skiff
✗New Address 10672 Hoosier ct Indpls 46234
Subscribed and sworn to before me this 25 day of April, 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 April 25, 2001, authorizing the marriage of Matthew Allen Deckard and Stephanie Lynn Skiff.
I further certify that the following marriage certificate was filed in my office: I, Richard B. Sorrell (name), certify that on May 5, 2001 (date), at Brownsburg in Hendricks County, Indiana, Matthew Allen Deckard of Hendricks County, Indiana (state), and Stephanie Lynn Skiff of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated April 25, 2001. Signed by: Richard B. Sorrell, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on May 15, 2001 (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 181
4/25/01
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 4-23-01
Name of Physician Ron Stephens M.D.

MALE APPLICANT

Name: First Timothy Middle P. Last Kilbourn

Date of Birth: Month 10 Day 2 Year 79

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 7701 E. CR 100 N. 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. ____
6. (a) Full name of applicant's father Robert M. Kilbourn
   (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 Barbara A. Helvaty
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Penn.

FEMALE APPLICANT

Name: First Fia Middle L. Last Deckard

Date of Birth: Month 3 Day 13 Year 79

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 206 S. CR 300 E. City Danville County Hend. State IN 46122

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

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

Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 P. Kilbourn Date 4/25/2001

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 Timothy P. Kilbourn
✗ New Address 2609 Fox Harbour N. Dr., Indianapolis 46227

Subscribed and sworn to before me this 25 day of April, 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 Fia Deckard Date 4/25/2001

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 Fia Deckard
✗ New Address 2609 Fox Harbour N. Drive, Indianapolis 46227

Subscribed and sworn to before me this 25 day of April 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 April 25, 2001, authorizing the marriage of Timothy Paul Kilbourn and Fia Lynn Deckard.

I further certify that the following marriage certificate was filed in my office: I, John E. Noel (name), certify that on May 11, 2001 (date), at Avon in Hendricks County, Indiana, Timothy Paul Kilbourn of Hendricks County, Indiana (state), and Fia Lynn Deckard of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated April 25, 2001. Signed by: John E. Noel, Minister (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on May 14, 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 182
4/25/01
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 4/24/01
Name of Physician Circle City Health Center

MALE APPLICANT	FEMALE APPLICANT
Name: First Anel, Middle A., Last Perez	Name: First Isis, Middle J, Last Adames
Date of Birth: Month 1, Day 5, Year 57	Date of Birth: Month 9, Day 15, Year 60
Place of Birth (State or foreign country): Panama	Place of Birth (State or foreign country): Dominican Republic
Residence Address: Street or R.R. 1101 Spanish Lake Dr., City Avon, County Hend., State IN 46123	Residence Address: Street or R.R. 1101 Spanish Lake Dr., City Avon, County Hendricks, State IN 46123
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 1991
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. Julisisis Moquete, Sara Moquete
6. (a) Full name of applicant's father Arcadio Perez	6. (a) Full name of applicant's father Delo Adames
(If adopted, list adoptive parents only) ____	(If adopted, list adoptive parents only) ____
Residence of father (if deceased, so state) Panama	Residence of father (if deceased, so state) Dominican Republic
Birthplace of father (State or foreign country) Panama	Birthplace of father (State or foreign country) Dominican Republic
(b) Full maiden name of applicant's mother Sara Castillero	(b) Full maiden name of applicant's mother Jleana Guzman
(If adopted, list adoptive parents only) ____	(If adopted, list adoptive parents only) ____
Residence of mother (if deceased, so state) Panama	Residence of mother (if deceased, so state) Dominican Republic
Birthplace of mother (State or foreign country) Panama	Birthplace of mother (State or foreign country) Dominican Republic

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding 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 04/25/01

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]
X New Address Same as Above

Subscribed and sworn to before me this 25 day of April 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).

X Signature of Applicant [signature] Date 4/25/01

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]
X New Address SAME AS ABOVE

Subscribed and sworn to before me this 25 day of April, 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 April 25, 2001, authorizing the marriage of Anel A. Perez and Isis Y. Adames.

I further certify that the following marriage certificate was filed in my office: I, Sharon Dugan (name), certify that on April 25, 2001 (date), at Danville in Hendricks County, Indiana, Anel A. Perez of Hendricks County, Indiana (state), and Isis Y. Adames of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated April 25, 2001. Signed by: Sharon Dugan, Hendricks Co. Clerk (official designation) Filed and recorded in accordance with the laws of the State of Indiana on April 25, 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 183
4-25-01
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 4-20-01
Name of Physician Dr. Donald Wright

MALE APPLICANT

Name First: Robert Middle: Dean Last: Nichols
Date of Birth Month: 10 Day: 29 Year: 70
Place of Birth (State or foreign country): Illinois
Residence Address: 419 Enderly Ct. City: Brownsburg County: Hendricks State: IN 46112
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) 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 Larry Nichols
   (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 Doris V. Creek
   (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 Robert D Nichols Date 4/25/01

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 D Nichols
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: Melissa Middle: Ann Last: Deal
Date of Birth Month: 1? Day: 20 Year: 69
Place of Birth (State or foreign country): Indiana
Residence Address: 419 Enderly Ct. City: Brownsburg County: Hendricks State: IN 46112
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 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. Alexander Deal, Mallory Deal
6. (a) Full name of applicant's father George Thomas Sipe, Jr.
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Alabama
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Donna Elaine 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 Melissa A. Deal Date 4-25-01

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. Deal
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 April 25, 2001, authorizing the marriage of Robert Dean Nichols and Melissa Ann Deal.
I further certify that the following marriage certificate was filed in my office: I, William B. Nichols (name), certify that on May 6, 2001 (date), at Greenwood in Johnson County, Indiana, Robert Dean Nichols of Hendricks County, Indiana (state), and Melissa Ann Deal of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated April 25, 2001. Signed by: William B. Nichols, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on May 8, 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 184
4/27/01
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 Robin Middle W. Last Chatham
Date of Birth: Month 8 Day 24 Year 52
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 627 Parker Oaks Way City Brownsburg County Hendricks State IN 46112
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 3
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 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 female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. _____
6. (a) Full name of applicant's father Loy Ray Chatham
   (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 Hickman
   (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 Robin W Chatham Date 4-27-01

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 Robin W Chatham
✗New Address SAME AS ABOVE
Subscribed and sworn to before me this 27 day of April, 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 Cathy Middle J. Last Minix
Date of Birth: Month 2 Day 24 Year 51
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 4718 Rydal Ct. City Maple Marion County State IN 46254
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 1984
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) 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 Ivan L. 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 Catharine J. 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 Cathy J Minix Date 4-27-01

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 Cathy J Minix
✗New Address 627 Parker Oaks Way Brownsburg, IN 46112
Subscribed and sworn to before me this 27 day of April, 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 April 27, 2001, authorizing the marriage of Robin Wayne Chatham and Cathy Jayne Minix.
I further certify that the following marriage certificate was filed in my office: I, Janet Smith (name), certify that on April 27, 2001 (date), at Danville in Hendricks County, Indiana, Robin Wayne Chatham of Hendricks County, Indiana (state), and Cathy Jayne Minix 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 April 27, 2001. Signed by: Janet Smith, Hend Co. Deputy Clerk (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on May 2, 2001 (date).

Signed Honor 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 185
4/26/01
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 4/26/01
Name of Physician Barry Rowell M.D.

MALE APPLICANT

Name: First Mark Middle L. Last Spencer
Date of Birth: Month 10 Day 6 Year 70
Place of Birth (State or foreign country) Florida
Residence Address: Street or R.R. 10220 Stapleshaw 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) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. ____
6. (a) Full name of applicant's father Charles Celius Spencer
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Florida
   Birthplace of father (State or foreign country) New York
   (b) Full maiden name of applicant's mother Dolores Patricia Costello
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Florida
   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 Mark L Spencer Date 4-26-01

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 Mark L Spencer
X New Address 9356 Villa Creek Dr. B Avon IN 46123
Subscribed and sworn to before me this 26 day of April, 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 Steffany Middle L. Last Smith
Date of Birth: Month 3 Day 21 Year 63
Place of Birth (State or foreign country) Arizona
Residence Address: Street or R.R. 10220 Stapleshaw Dr. 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 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. ____
6. (a) Full name of applicant's father Philip M. Smith
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Arizona
   Birthplace of father (State or foreign country) Illinois
   (b) Full maiden name of applicant's mother Carol A. Collings
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding 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 Steffany L Smith Date 4/26/01

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 Steffany L Smith
X New Address 9356 Villa Creek Dr. B Avon, IN 46123
Subscribed and sworn to before me this 26 day of April, 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 April 26, 2001, authorizing the marriage of Mark L. Spencer and Steffany L. Smith.
I further certify that the following marriage certificate was filed in my office: I, Rev. Timothy B. Leach (name), certify that on May 5, 2001 (date), at Indianapolis in Marion County, Indiana, Mark L. Spencer of Hendricks County, Indiana (state), and Steffany 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 April 26, 2001. Signed by: Rev. Timothy B. Leach, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on May 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 186
4/26/01
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 4-30-01
Name of Physician Charles D. Trippler M.D.

MALE APPLICANT

Name: First Kevin Middle Dempsey Last Romine
Date of Birth: Month June Day 20 Year 1964
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1001 Honeysuckle Drive City Mooresville County Morgan State Indiana
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1992
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding 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 Kevin D. Romine Date 4-26-01

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 Kevin Romine
X 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 Kristi Middle Lee Last Rammel
Date of Birth: Month March Day 31 Year 1976
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 614 A Lakeside 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 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 male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Paul Rammel
6. (a) Full name of applicant's father Billy Lee Bascom
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Illinios
   (b) Full maiden name of applicant's mother Pauline Merle Craig
   (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).
X Signature of Applicant Kristi Lee Rammel Date 4-26-01

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 Kristi Rammel
X New Address 1001 Honeysuckle Dr. Mooresville, IN
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 April 26, 2001, authorizing the marriage of Kevin Dempsey Romine and Kristi Lee Rammel.
I further certify that the following marriage certificate was filed in my office: I, LeRoy Pickering (name), certify that on May 5, 2001 (date), at Plainfield in Hendricks County, Indiana, Kevin Dempsey Romine of Morgan County, Indiana (state), and Kristi Lee Rammel of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated April 26, 2001. Signed by: LeRoy Pickering, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on May 8, 2001 (date).

Signed Sharon Duzan 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 187
4-26-01
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 4/12/01
Name of Physician Richard Floyd M.D.

MALE APPLICANT

Name: First Michael Middle J. Last Green
Date of Birth: Month 10 Day 7 Year 63
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 100 Maplebrook Dr. City Greensburg County Hend. State In. 46112
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1999
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Carol Green, Taylor Elaine Green, Shelby Renea Green
6. (a) Full name of applicant's father Robert Lee Green
   (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 Barbara Carol Wyant
   (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 Michael J. Green Date 4/26/1

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 J. Green
✗ New Address Same as Above
Subscribed and sworn to before me this 26 day of April, 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 Robin Middle D. Last Hall
Date of Birth: Month 7 Day 15 Year 66
Place of Birth (State or foreign country) Kansas
Residence Address: Street or R.R. 4335 N. 575 E 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 2001
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Andrew Hall, Megan Katherine Hall
6. (a) Full name of applicant's father Robert D. Moore
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Michigan
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Wilma R. Willis
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Michigan
   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 Robin D. Hall Date 4/26/01

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 Robin D. Hall
✗ New Address 100 Maplebrook
Subscribed and sworn to before me this 26 day of April, 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 April 26, 2001, authorizing the marriage of Michael J. Green and Robin D. Hall.
I further certify that the following marriage certificate was filed in my office: I, Evan L. Lash (name), certify that on May 12, 2001 (date), at Lapel in Madison County, Indiana, Michael J. Green of Hendricks County, Indiana (state), and Robin D. Hall of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated April 26, 2001 Signed by: Evan L. Lash, Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on May 15, 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 188
4-27-01
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 4-18-01
Name of Physician Cathie Gupta, MD

MALE APPLICANT

Name: First Larry Middle Francis Last Doty
Date of Birth: Month 12 Day 27 Year 52
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 4381 Bridgefield E Dr. City Pfield County Hend State IN 46168
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 2000
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) drivers license

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 F. Doty Date 4/27/01

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 ☒ Larry F. Doty
New Address same
Subscribed and sworn to before me this 27 day of April, 2001
Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of 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 B Last Doty
Date of Birth: Month 3 Day 6 Year 61
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 4381 Bridgefield E D 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 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. Meghan Elaine Doty; Leah Renee Doty
6. (a) Full name of applicant's father William James Brankle
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Barbara Jean Konig
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 B Doty Date 4/27/01

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 ☒ Nancy B Doty
New Address same
Subscribed and sworn to before me this 27 day of April, 2001
Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated April 27, 2001, authorizing the marriage of Larry Francis Doty and Nancy B. Doty.
I further certify that the following marriage certificate was filed in my office: I, Janet Smith (name), certify that on April 27, 2001 (date), at Danville in Hendricks County, Indiana, Larry Francis Doty of Hendricks County, Indiana (state), and Nancy B. Doty of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated April 27, 2001. Signed by: Janet Smith, Hend Co. Deputy Clerk (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on April 27, 2001 (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 604
Page 189
4/27/01
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 4/27/01
Name of Physician Dr. Karen Beard

MALE APPLICANT

Name: First Nicholas Middle L. Last Myers
Date of Birth: Month 4 Day 17 Year 80
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1821 W. Royal Dr. apt 3A City Muncie County Delaware State In 47304
Previous Marital Status: 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 Steve Myers
   (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 Cynthia Kay Groshong
   (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 Nicholas L. Myers Date 4/27/01

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 Nicholas L. Myers
X New Address 101 S. Dicks Muncie IN 47304
Subscribed and sworn to before me this 27 day of April, 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 Brittany Middle A. Last Lauman
Date of Birth: Month 7 Day 28 Year 81
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 484 Midland Dr. City Danville County Hend. St. In. 46122
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding 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 Brittany A. Lauman Date 4/27/01

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 Brittany A. Lauman
X New Address 104 S. Dick St Muncie IN 47304
Subscribed and sworn to before me this 27 day of April, 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 April 27, 2001, authorizing the marriage of Nicholas L. Myers and Brittany A. Lauman.
I further certify that the following marriage certificate was filed in my office: I, Joshua H. Finklea (name), certify that on May 19, 2001 (date), at Danville in Hendricks County, Indiana, Nicholas L. Myers of Hendricks County, Indiana (state), and Brittany A. Lauman of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated April 27, 2001. Signed by: Joshua H. Finklea, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on May 23, 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 190
4/27/01
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 4-27-01
Name of Physician David Hadley MD

MALE APPLICANT

Name: First Holling Middle J Last Smith-Borne
Date of Birth: Month 1 Day 14 Year 66
Place of Birth (State or foreign country) Ohio
Residence Address: Street or R.R. 6169 S. County Rd 525 W. City Crawfordsville County Montgomery State IN 47933
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

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

X Signature of Applicant Holling J Smith-Borne Date 4/27/01

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 Holling J Smith-Borne
X New Address Same as above
Subscribed and sworn to before me this 27 day of April, 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 Joell Middle M. Last Smith
Date of Birth: Month 3 Day 18 Year 66
Place of Birth (State or foreign country) Iowa
Residence Address: Street or R.R. 6169 S. CR 525 W. City Crawfordsville County Montgomery State IN 47933
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

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

ACKNOWLEDGEMENT

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

X Signature of Applicant Joell M Smith Date 4/27/01

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 Joell M Smith
X New Address Same as above
Subscribed and sworn to before me this 27 day of April, 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 APRIL 27 2001, authorizing the marriage of HOLLING J SMITH and JOELL M SMITH.
I further certify that the following marriage certificate was filed in my office: I, BRUCE JOHNSON (name), certify that on MAY 20, 2001 (date), at WASATCH LAKE in OWEN County, Indiana, HOLLING J SMITH of HENDRICKS County, INDIANA (state), and JOELL M 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 MAY 20, 2001. Signed by: /s/ BRUCE JOHNSON, MINISTER (official designation) Filed and recorded in accordance with the laws of the State of Indiana on MAY 30, 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 191
4/30/01
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 4-24-01
Name of Physician Norman H. Liebschutz, M.D.

MALE APPLICANT

Name: First Michael Middle A. Last Daum
Date of Birth: Month 5 Day 10 Year 73
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 561 Northfield 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) 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 Robert S. Daum
   (If adopted, list adoptive parents only)
   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 Smock
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Daum Date 4-30-01

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 Michael Daum
✗ New Address SAME
Subscribed and sworn to before me this 30 day of April, 2001
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 Rhonda Middle K. Last Eagle
Date of Birth: Month 3 Day 2 Year 71
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1304 S. State Rd 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) 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 Edward L. Eagle
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Shirley Ann 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 Rhonda K. Eagle Date 4-30-01

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 Rhonda K. Eagle
✗ New Address 5161 Northfield Rd Plainfield In
Subscribed and sworn to before me this 30 day of April, 2001
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 April 30, 2001, authorizing the marriage of Michael Aaron Daum and Rhonda Kay Eagle.
I further certify that the following marriage certificate was filed in my office: I, Rev. Keith D. Robinson (name), certify that on May 5, 2001 (date), at Plainfield in Hendricks County, Indiana, Michael Aaron Daum of Hendricks County, Indiana (state), and Rhonda Kay Eagle of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated April 30, 2001 Signed by: Rev. Keith D. Robinson, Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on May 9, 2001 (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 192
5-1-01
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 Frederick Middle Cyril Last Novotny
Date of Birth: Month 3 Day 5 Year 39
Place of Birth (State or foreign country) Ohio
Residence Address: Street or R.R. 6234 E. CR 1000 N City Pittsboro County Hendricks State In. 46167
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date _____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. _____
6. (a) Full name of applicant's father Cyril Frederick Novotny
   (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 Mary Francis Hokut
   (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).
X Signature of Applicant Frederick O Novotny Date 5-1-01

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 Frederick O Novotny
New Address Same as Above
Subscribed and sworn to before me this _____ day of _____
Shaw Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of 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 Lorene Middle Mae Last Kathary
Date of Birth: Month 1 Day 23 Year 47
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 6334 E. CR 1000 N City Pittsboro County Hendricks State In. 46167
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date _____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. _____
6. (a) Full name of applicant's father Dora William Donaldson
   (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 Dora Lee Owen
   (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).
X Signature of Applicant Lorene M Kathary Date 5-1-01

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 Lorene M Kathary
New Address Same as Above
Subscribed and sworn to before me this _____ day of _____
Shaw Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 1, 2001, authorizing the marriage of Frederick Cyril Novotny and Lorene Mae Kathary.
I further certify that the following marriage certificate was filed in my office: I, Dr. Adrian Novotny (name), certify that on May 25, 2001 (date), at Pittsboro in Hendricks County, Indiana, Frederick Cyril Novotny of Hendricks County, Indiana (state), and Lorene Mae Kathary of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 1, 2001. Signed by: Dr. Adrian Novotny, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on June 6, 2001 (date).

Signed Shaw 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 193
5/2/11
Date of Application

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

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 4/30/01
Name of Physician Thomas Nicolas M.D.

MALE APPLICANT

Name: First Shane Middle E. Last Thacker
Date of Birth: Month 12 Day 14 Year 73
Place of Birth (State or foreign country) West Virginia
Residence Address: Street or R.R. 3322 W. 22nd St City Anderson County Madison State Ind. 46222
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 2000
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
✗ Signature of Applicant [signature] Date 5-2-01

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 918 Pinewood Dr. Apt D Plainfield In 46168
Subscribed and sworn to before me this 2 day of May, 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 Heather Middle K. Last Kiger
Date of Birth: Month 3 Day 31 Year 78
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 366 Concord Dr. E 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) Drivers License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
✗ Signature of Applicant [signature] Date 5-2-01

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 918 Pinewood Dr Apt D Plainfield, IN 46168
Subscribed and sworn to before me this 2 day of May 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 May 2, 2001, authorizing the marriage of Shane E. Thacker and Heather K. Kiger.
I further certify that the following marriage certificate was filed in my office: I, Darlene Newby (name), certify that on May 12, 2001 (date), at Bloomingdale in Parke County, Indiana, Shane E. Thacker of Hendricks County, Indiana (state), and Heather K. Kiger of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 2, 2001. Signed by: Darlene Newby, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on June 6, 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 194
5/2/01
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 4/27/01
Name of Physician H. P. Lovell M.D.

MALE APPLICANT

Name: First Brian Middle Lee Last Flowers
Date of Birth: Month 4 Day 14 Year 80
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 2063 Crown Plaza 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.
6. (a) Full name of applicant's father Danny Lee Flowers
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Seymour
   (b) Full maiden name of applicant's mother Sue Ann Wilkins
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [signature] Date 5-02-01

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
Subscribed and sworn to before me this 2 day of May, 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 Brandy Middle N. Last Hensley
Date of Birth: Month 4 Day 5 Year 79
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 2063 Crown Plaza City Blu. 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.
6. (a) Full name of applicant's father Robert Stephen Hensley
   (If adopted, list adoptive parents only)
   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 Sloan Zanetti
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Brandy N Hendley Date 5-201

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

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Brandy N Hensley
New Address SAME AS ABOVE
Subscribed and sworn to before me this 2 day of May, 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 May 2, 2001, authorizing the marriage of Brian Lee Flowers and Brandy Nicole Hensley.
I further certify that the following marriage certificate was filed in my office: I, Jerry R. Nash (name), certify that on May 12, 2001 (date), at Terre Haute in Vigo County, Indiana, Brian Lee Flowers of Hendricks County, Indiana (state), and Brandy Nicole 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 May 2, 2001. Signed by: Jerry R. Nash, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on May 17, 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 195
5-3-01
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 5-3-01
Name of Physician David Gaddy

MALE APPLICANT

Name: First Ronald Middle W. Last Daniels
Date of Birth: Month 12 Day 18 Year 77
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 2741 Westbrook Ave City Indianapolis County Marion State In. 46224
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 W. Daniels
   (If adopted, list adoptive parents only) ____
   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 J. Sutton
   (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 M. Last Knight
Date of Birth: Month 10 Day 12 Year 81
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 983 N. Mill Street 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 David L. Knight
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Washington
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Lisa A. 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 Ronald W. Daniels Date 5-3-01

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 Ronald W. Daniels
✗ New Address 2741 Westbrook Ave.
Subscribed and sworn to before me this 3 day of May, 2001
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 Amy M. Knight Date 5-3-01

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 Amy M. Knight
✗ New Address 2741 Westbrook Ave.
Subscribed and sworn to before me this 3 day of May, 2001
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 May 3, 2001, authorizing the marriage of Ronald W. Daniels and Amy M. Knight.
I further certify that the following marriage certificate was filed in my office: I, Frederick C. Heaviland (name), certify that on June 2, 2001 (date), at Indianapolis in Marion County, Indiana, Ronald W. Daniels of Marion County, Indiana (state), and Amy M. Knight of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 3, 2001. Signed by: Frederick C. Heaviland, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on June 6, 2001 (date).

Signed Horace Dugan Clerk
Hendricks Circuit Court

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

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

Please Do Not Publish

Book 64
Page 196
5-3-01
Date of Application

IC 31-11-11-1. Furnishing false inform
A person who knowingly furnishes fa
circuit court when the person applie
IC 31-11-4-4 commits a Class D felo

Applicant > 50 No ☑ Yes ☐
Medical Examination or Report Dated 5-1-01
Physician Dr. David Bain

MALE APPLICANT	FEMALE APPLICANT
Name: First Jerry, Middle W., Last Spurlock	Name: First Carrie, Middle Lynn, Last Doub
Date of Birth: Month 12, Day 01, Year 72	Date of Birth: Month 07, Day 13, Year 77
Place of Birth (State or foreign country): Indiana	Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 1702 E. CR 100 N, City Danville, County Hendricks, State Ind. 46122	Residence Address: Street or R.R. 1702 E. CR 100N, City Danville, County Hendricks, State Ind. 46122
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 1995	Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1995
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License	Date of Birth Verified By: ☐ Birth Certificate ☒ 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. Christian Spurlock	5. List the full names of any dependent children. Christian Spurlock
6. (a) Full name of applicant's father Jerry Spurlock	6. (a) Full name of applicant's father Joseph Doub
(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) Kentucky	Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Donna Spurlock	(b) Full maiden name of applicant's mother Marcia Doub
(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 Jerry W Spurlock Date 5-3-01

Signature of Applicant Carrie Lynn Doub Date 05-03-01

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 Jerry W Spurlock
New Address 3456 W CR100N DANville, IN46122
Subscribed and sworn to before me this 3 day of May 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

Signed Carrie Lynn Doub
New Address 3456 W CR 100N Danville IN46122
Subscribed and sworn to before me this 3 day of May, 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 May 3, 2001, authorizing the marriage of Jerry W. Spurlock and Carrie Lynn Doub.

I further certify that the following marriage certificate was filed in my office: I, Sharon Dugan (name), certify that on May 3, 2001 (date), at Danville in Hendricks County, Indiana, Jerry W. Spurlock of Hendricks County, Indiana (state), and Carrie Lynn Doub of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 3, 2001. Signed by: Sharon Dugan, Hendricks Co. Clerk (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on May 4, 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 _____
Page 197
5-3-01
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 5-3-01
Name of Physician Barbara Koewler

MALE APPLICANT

Name: First Ronald Middle Lee Last Moore
Date of Birth: Month 03 Day 11 Year 55
Place of Birth (State or foreign country) Michigan
Residence Address: Street or R.R. 110 N. Jefferson 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 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. Andrew Lance Moore
6. (a) Full name of applicant's father Albert Moore
   (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 Ruth Helga Sorensen
   (If adopted, list adoptive parents only) _____
   Residence of mother (if deceased, so state) Deceased
   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 Ronald Moore Date 5-3-01

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 Ronald Moore
New Address 110 N Jefferson Danville, In 46122
Subscribed and sworn to before me this _____ day of _____
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 Patricia Middle Annette Last Finney
Date of Birth: Month 03 Day 08 Year 59
Place of Birth (State or foreign country) Missouri
Residence Address: Street or R.R. 110 N. Jefferson 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 1999
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. Angela Finney
6. (a) Full name of applicant's father Clarence Samuel Eck
   (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 Louise Josephine Katzfey
   (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 Patricia Finney Date 5-3-01

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 Patricia Finney
New Address 110 N. Jefferson, Danville IN
Subscribed and sworn to before me this _____ day of _____
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 May 3, 2001, authorizing the marriage of Ronald Lee Moore and Patricia Annette Finney.
I further certify that the following marriage certificate was filed in my office: I, Loring B. Prosser (name), certify that on May 12, 2001 (date), at Danville in Hendricks County, Indiana, Ronald Lee Moore of Hendricks County, Indiana (state), and Patricia Annette Finney of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 3, 2001. Signed by: Rev. Loring B. Prosser, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on May 23, 2001 (date).

Signed Horace 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 198
5/3/01
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 4-27-01
Name of Physician Kathleen Spurlock

MALE APPLICANT	FEMALE APPLICANT
Name: First John Middle P. Last Campbell	Name: First Bethany Middle a. Last McMichael
Date of Birth: Month 10 Day 7 Year 78	Date of Birth: Month 10 Day 11 Year 79
Place of Birth (State or foreign country): Pennsylvania	Place of Birth (State or foreign country): Michigan
Residence Address: Street or R.R. 6693 Lakeshore Dr. City Avon County Hendricks State IN 46123	Residence Address: Street or R.R. 6588 Lake Trail Dr. City Plainfield County Hendricks State IN 46168
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____	Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____	Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ 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 George Kelly Campbell	6. (a) Full name of applicant's father Douglas Mc Michael
(If adopted, list adoptive parents only) ____	(If adopted, list adoptive parents only) ____
Residence of father (if deceased, so state) Penn	Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Penn	Birthplace of father (State or foreign country) Michigan
(b) Full maiden name of applicant's mother Lois Ann Hicks	(b) Full maiden name of applicant's mother Beverly K. Englbrecht
(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) 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).

X Signature of Applicant John P. Campbell Date 5/3/01

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 John P. Campbell
X New Address 6588 Lake Trail Dr. Avon, IN 46123

Subscribed and sworn to before me this 3 day of May, 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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding 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 Bethany a. McMichael Date 5-03-01

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.

X Signed Bethany a. McMichael
X New Address same as above

Subscribed and sworn to before me this 3 day of May, 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 May 3, 2001, authorizing the marriage of John Patrick Campbell and Bethany Ann McMichael.

I further certify that the following marriage certificate was filed in my office: I, Donald Moran (name), certify that on June 9, 2001 (date), at Brownsburg in Hendricks County, Indiana, John Patrick Campbell of Hendricks County, Indiana (state), and Bethany Ann McMichael of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 3, 2001. Signed by: Donald Moran, Reverend (official designation) Filed and recorded in accordance with the laws of the State of Indiana on June 21, 2001 (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 199
5-4-01
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 5-3-01
Name of Physician 8244 E US 36 ## 210 Avon, IN 46123

MALE APPLICANT

Name: First Stephen | Middle Ray | Last Bynum

Date of Birth: Month 5 | Day 9 | Year 75

Place of Birth (State or foreign country): Texas

Residence Address: Street or R.R. 155 72 N. Brentwood | City Harris | County | State Texas 77530

Previous Marital Status: Never Married ☒ 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. Dakota Bynum
6. (a) Full name of applicant's father Stephen Bynum
   (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 Debra Bruce
   (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).

X Signature of Applicant Stephen Bynum Date 5-4-01

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 Stephen Bynum
X New Address 207 S. East St Plainfield

Subscribed and sworn to before me this 4 day of May, 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 Jodi | Middle L. | Last Smith

Date of Birth: Month 9 | Day 28 | Year 75

Place of Birth (State or foreign country): Pennsylvania

Residence Address: Street or R.R. 207 S. East St. | City Plainfield | County Hendricks | State IN 46168

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

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

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

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding 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 Jodi Smith Date 5-4-01

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 Jodi Smith
X New Address Same as above

Subscribed and sworn to before me this 4 day of May 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 May 4, 2001, authorizing the marriage of Stephen Ray Bynum and Jodi Lynn Smith.

I further certify that the following marriage certificate was filed in my office: I, Mark A. Wingler (name), certify that on June 3, 2001 (date), at Plainfield in Hendricks County, Indiana, Stephen Ray Bynum of Hendricks County, Indiana (state), and Jodi Lynn Smith of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 4, 2001. Signed by: Mark A. Wingler, Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on June 19, 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 200
6/1/01
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 5-4-01
Name of Physician David Hadley MD

MALE APPLICANT

Name: First Scott Middle M. Last Geans
Date of Birth: Month 3 Day 11 Year 78
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 55931 Cardinal Lane City Mishawaka County St. Joe State IN 46545
Previous Marital Status: Never Married ☒ 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 Reggie Geans
   (If adopted, list adoptive parents only) ____
   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 Dyer
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name: First Andrea Middle N. Last Watson
Date of Birth: Month 1 Day 23 Year 80
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 258 Glenbrook Lane 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. ____
6. (a) Full name of applicant's father Donald Watson
   (If adopted, list adoptive parents only) ____
   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 Hess
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
X Signature of Applicant Scott M Geans Date 6-7-01

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 Scott M Geans
X New Address 5334 Longwoods Dr. Indpls. IN 46254
Subscribed and sworn to before me this 1 day of June, 2001
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).
X Signature of Applicant Andrea N. Watson Date 6-1-01

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 Andrea N. Watson
X New Address 5334 Longwoods Dr. Indpls. 46254
Subscribed and sworn to before me this 1 day of June 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

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 1, 2001, authorizing the marriage of Scott Michael Geans and Andrea Nicole Watson.
I further certify that the following marriage certificate was filed in my office: I, Rev. Royce T. Willerton (name), certify that on July 21, 2001 (date), at Avon in Hendricks County, Indiana, Scott Michael Geans of Hendricks County, Indiana (state), and Andrea Nicole 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 June 1, 2001. Signed by: Rev. Royce T. Willerton, Pastor (official designation) Filed and recorded in accordance with the laws of the State of Indiana on July 26, 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 201
5-4-01
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 5-4-1
Name of Physician L. Trammell M.D.

MALE APPLICANT

Name: First Mark Middle R. Last Chmielewski
Date of Birth: Month 9 Day 26 Year 68
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 298 Sweet Water Cr. 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 1998
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. _____
6. (a) Full name of applicant's father Ronald Edward Chmielewski
   (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 Arlene Hudak
   (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 M.R. Chmielewski Date 5.4.01

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 M.R. Chmielewski
New Address 156-B CAPITOL DR. AVON IN 46123
Subscribed and sworn to before me this 4 day of May, 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 Paige Middle A Last Dawson
Date of Birth: Month 11 Day 14 Year 73
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 156 Capitol Dr. Apt B 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. _____
6. (a) Full name of applicant's father Donald Ray 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 Le Donna Claire Landis
   (If adopted, list adoptive parents only) _____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Paige A. Dawson Date 5/4/01

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 Paige A. Dawson
New Address same as above
Subscribed and sworn to before me this 4 day of May, 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 May 4, 2001, authorizing the marriage of Mark Ronald Chmielewski and Paige Anne Dawson.
I further certify that the following marriage certificate was filed in my office: I, David L. Powell (name), certify that on June 1, 2001 (date), at Avon in Hendricks County, Indiana, Mark R. Chmielewski of Hendricks County, Indiana (state), and Paige 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 May 4, 2001. Signed by: David L. Powell, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on June 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 202
5-4-01
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 3-21-01
Name of Physician 201 Pennsylvania Pkwy Indpls IN 46280

MALE APPLICANT

Name: First Roderick Middle Scott Last Black
Date of Birth: Month 6 Day 14 Year 70
Place of Birth (State or foreign country) Pennsylvania
Residence Address: Street or R.R. 2250 N Triphammer Rd LID City Ithaca County Tompkins State NY 14850
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) NY 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 Paul Wilbur Black
   (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 Bonnie Lee Scott
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) deceased
   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 ☒ Roderick S Black Date 5/4/01

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 ☒ Roderick S Black
New Address same as above
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 Rebecca Middle Lynn Last Logue
Date of Birth: Month 7 Day 13 Year 72
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 337 Ferguson Rd 3 City Freeville County Tompkins State NY 13068
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) NY Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Charles David Logue
   (If adopted, list adoptive parents only) ____
   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 Marie Range
   (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 ☒ R Logue Date 5-4-01

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 ☒ R Logue
New Address Groom's Address
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 May 4, 2001, authorizing the marriage of Roderick Scott Black and Rebecca Lynn Logue.
I further certify that the following marriage certificate was filed in my office: I, Charles Elston (name), certify that on June 23, 2001 (date), at Plainfield in Hendricks County, Indiana, Roderick Scott Black of Tompkins County, New York (state), and Rebecca Lynn Logue of Tompkins County, New York (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 4, 2001. Signed by: Charles Elston, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on June 25, 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 203
5-7-01
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 5-4-01
Name of Physician Dr. Pizzato

MALE APPLICANT

Name: First Andrew Middle J Last Cunningham
Date of Birth: Month 6 Day 28 Year 1977
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1206 W Bethel Ave Apt 18 City Muncie County Delaware State IN 47303
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Drivers License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Andy Cunningham Date 5-7-01

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 Andy Cunningham
New Address Same as above
Subscribed and sworn to before me this 7 day of May, 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 Tara Middle M Last Allen
Date of Birth: Month 7 Day 25 Year 1977
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 5804 N. Raceway City Indpls County Hend State IN
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Drivers License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Tara M. Allen Date 5-7-01

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 Tara M. Allen
New Address 1206 W Bethel Ave Apt 18 Muncie 47303
Subscribed and sworn to before me this 7 day of May 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 May 7, 2001, authorizing the marriage of Andrew J. Cunningham and Tara Maureen Allen.
I further certify that the following marriage certificate was filed in my office: I, Charles E. Hostetter (name), certify that on June 16, 2001 (date), at Indianapolis in Marion County, Indiana, Andrew J. Cunningham of Delaware County, Indiana (state), and Tara Maureen Allen of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 7, 2001. Signed by: Charles E. Hostetter, Brownsburg Town Court Judge (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on June 19, 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 204
5/7/01
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 5/4/01
Name of Physician Barry Brumm

MALE APPLICANT

Name: First Emilio Middle T. Last Lucciola
Date of Birth: Month 1 Day 12 Year 65
Place of Birth (State or foreign country) New Jersey
Residence Address: Street or R.R. 3 W. Branch City Brownsburg County Hend. State In. 46112
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1998
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Thomas Lucciola, Antonio Emilio Lucciola
6. (a) Full name of applicant's father John Lucciola
   (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 Brudzitte Pasdus
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) New Jersey
   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 E T Lucciola Date May 3, 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 E T Lucciola
✗ New Address Same as above
Subscribed and sworn to before me this _____ day of May, 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 Kimberly Middle A. Last Lucciola
Date of Birth: Month 2 Day 1 Year 66
Place of Birth (State or foreign country) Illinois
Residence Address: Street or R.R. 3 W. Branch City Brownsburg County Hend. State In. 46112
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1998
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Thomas Lucciola, Antonio Emilio Lucciola
6. (a) Full name of applicant's father Ronald Payton
   (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 Helen Smith
   (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 Kimberly Lucciola Date May 7, 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 Kimberly Lucciola
✗ New Address Same as above
Subscribed and sworn to before me this 7 day of May, 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 May 7, 2001, authorizing the marriage of Emilio Thomas Lucciola and Kimberly Sue Lucciola.
I further certify that the following marriage certificate was filed in my office: I, Janet Smith (name), certify that on May 7, 2001 (date), at Danville in Hendricks County, Indiana, Emilio Thomas Lucciola of Hendricks County, Indiana (state), and Kimberly Sue Lucciola of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 7, 2001. Signed by: Janet Smith, Hend. Co. Deputy Clerk (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on May 8, 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 205
5/7/01
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 5/2/01
Name of Physician Dr. Moran

MALE APPLICANT

Name: First Ryan Middle Thomas Last O'Neal
Date of Birth: Month 6 Day 29 Year 1977
Place of Birth (State or foreign country) Indiana 46168
Residence Address: Street or R.R. 1007 Pinewood Ct. City S Plnfld. 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) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father John Thomas O'Neal
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Cherri Dennise Hubbard-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 R.T. O'Neal Date 5/7/01

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 R.T. O'Neal
New Address 1661 Captiva Pass. Plnfld 46168
Subscribed and sworn to before me this 7 day of May 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 Kathleen Middle A Last McCool
Date of Birth: Month 4 Day 16 Year 1971
Place of Birth (State or foreign country) Indiana 46168
Residence Address: Street or R.R. 1007 Pinewood Ct. City S Plnfld. 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) 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. Stacie Lynne Kammerling
6. (a) Full name of applicant's father Peter McCool
   (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 Margaret Lynne Melton
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 A. McCool Date 5-7-01

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 Kathleen A. McCool
New Address 1661 Captiva Pass. Plnfld 46168
Subscribed and sworn to before me this 7 day of May 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 May 7, 2001, authorizing the marriage of Ryan Thomas O'Neal and Kathleen Ann McCool.
I further certify that the following marriage certificate was filed in my office: I, Fr. Kevin Morris (name), certify that on May 12, 2001 (date), at Plainfield in Hendricks County, Indiana, Ryan Thomas O'Neal of Hendricks County, Indiana (state), and Kathleen Ann McCool of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 7, 2001. Signed by: Fr. Kevin Morris, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on May 15, 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 206
Date of Application 5-7-01

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

Female Applicant > 50 No ☐ Yes ☒
If No, Medical Examination or Report Dated 4-13-01
Name of Physician 112 Hospital Ln Danville, IN 46122

MALE APPLICANT

Name: First Justin Middle Ray Last Means
Date of Birth: Month 3 Day 10 Year 78
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 9892 Hines Dr. City B-burg County Hend State IN #62
Previous Marital Status: Never Married ☒ 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 Robert 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 Teresa Cornett
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Justin Means Date 05-07-01

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 Justin Means
New Address same
Subscribed and sworn to before me this 7 day of May, 2001
Shaon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of 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 Last McVay
Date of Birth: Month 7 Day 12 Year 78
Place of Birth (State or foreign country)
Residence Address: Street or R.R. 9892 Hines Dr. City B-burg County Hend State 46112 #62
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1997
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) drivers license

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 McVay Date 05-07-01

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 Jennifer McVay
New Address same
Subscribed and sworn to before me this 7 day of May, 2001
Shaon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 7, 2001, authorizing the marriage of Justin Ray Means and Jennifer Shon McVay.
I further certify that the following marriage certificate was filed in my office: I, Greg L. Ratliff (name), certify that on June 9, 2001 (date), at Danville in Hendricks County, Indiana, Justin Ray Means of Hendricks County, Indiana (state), and Jennifer Shon McVay of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 7, 2001. Signed by: Greg L. Ratliff, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on June 13, 2001 (date).

Signed Shaon 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 207
5/9/01
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 4-17-01
Name of Physician Susan Kindig

MALE APPLICANT

Name: First Damir Middle Last Zunic
Date of Birth: Month 11 Day 7 Year 59
Place of Birth (State or foreign country) Croatia
Residence Address: Street or R.R. 45 Carlton St. Ap 105 City Toronto County Ont State M5B 2H9
Previous Marital Status: Never Married ☒ 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 Dragan Zunic
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Croatia
   Birthplace of father (State or foreign country) Croatia
   (b) Full maiden name of applicant's mother Mira Gayda
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Croatia

FEMALE APPLICANT

Name: First Guna Middle Last Kirhnere
Date of Birth: Month 8 Day 10 Year 68
Place of Birth (State or foreign country) Latvia
Residence Address: Street or R.R. 81 Wyndham Ln City Brownsburg County Hend State In 46112
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1997
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding 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 Damir Zunic Date 5/9/2001

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.
X Signed Damir Zunic
Y New Address 81 WYNDHAM LN, BROWNSBURG, IN, 46112
Subscribed and sworn to before me this 9 day of May, 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).
X Signature of Applicant Guna Kirhnere Date 5/9/2001

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.
X Signed Guna Kirhnere
Y New Address same as above
Subscribed and sworn to before me this 9 day of May 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 May 9, 2001, authorizing the marriage of Damir Zunic and Guna Kirhnere.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on May 25, 2001 (date), at Danville in Hendricks County, Indiana, Damir Zunic of Hendricks County, Indiana (state), and Guna Kirhnere of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 9, 2001. Signed by: Janet S. Smith, Hend. Co. Deputy Clerk (official designation) Filed and recorded in accordance with the laws of the State of Indiana on May 25, 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 44
Page 208
5-9-01
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 4/23/01
Name of Physician Del Rosario

MALE APPLICANT

Name: First Joseph Middle D. Last Gibbs
Date of Birth: Month 7 Day 6 Year 78
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1046 N St. Rd 267 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) 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 Anthony Mitchell 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 Deborah Sue Jones
   (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).

X Signature of Applicant [signature] Date 5/9/01

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.
X Signed [signature]
X New Address "Same as above"
Subscribed and sworn to before me this 9 day of May 2001
Thaisa Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of 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 Janel Middle M Last Haley
Date of Birth: Month 5 Day 5 Year 75
Place of Birth (State or foreign country) Michigan
Residence Address: Street or R.R. 6615 E CR 1000 N City Brownsburg County Hendricks State IN 46112
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) 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 Barry L. Haley
   (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 Eloise F. Illeney
   (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).

X Signature of Applicant Janel M. Haley Date 5/9/01

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.
X Signed Janel M Haley
X New Address 1046 N. St. 267 Brownsburg, IN 46112
Subscribed and sworn to before me this 9 day of May, 2001
Thaisa Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 9, 2001, authorizing the marriage of Joseph Daniel Gibbs and Janel Marlene Haley.
I further certify that the following marriage certificate was filed in my office: I, Michael D. Abbott (name), certify that on May 19, 2001 (date), at Brownsburg in Hendricks County, Indiana, Joseph Daniel Gibbs of Hendricks County, Indiana (state), and Janel Marlene Haley of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 9, 2001. Signed by: Michael D. Abbott, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on June 6, 2001 (date).

Signed Thaisa 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 209
5/10/01
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 5/9/01
Name of Physician Dr. Bode

MALE APPLICANT

Name: First James Middle Dale Last Milish
Date of Birth: Month 7 Day 16 Year 64
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 7056 W CR 200 W City N. Salem County Hend State IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1998
Date of Birth Verified By: ☐ Birth Certificate ☐ Other (Specify) drivers license

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Milish Date 5-11-01

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 James D Milish
New Address _____
Subscribed and sworn to before me this 18 day of May, 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 S. Last McCoy
Date of Birth: Month 6 Day 30 Year 66
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 7056 W. CR 200 N City North Salem County Hend State IN 46165
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1996
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Brittney Nicole McCoy
6. (a) Full name of applicant's father Robert C McCoy
   (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 Ethel Pauline Hudson
   (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 Melissa S McCoy Date 5/10/01

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 S McCoy 5/10/01
New Address 541 E Main St. Jamestown, IN
Subscribed and sworn to before me this 10 day of May 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 May 10, 2001, authorizing the marriage of James D. Milish and Melissa Gaye McCoy.
I further certify that the following marriage certificate was filed in my office: I, Charles E. Hostetter (name), certify that on May 19, 2001 (date), at North Salem in Hendricks County, Indiana, James D. Milish of Hendricks County, Indiana (state), and Melissa Gaye McCoy of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 10, 2001. Signed by: Charles E. Hostetter, Judge (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on May 23, 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 210
5/10/01
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 5-1-01
Name of Physician John Deasto MD

MALE APPLICANT

Name First: Bradley Middle: A Last: Pierce
Date of Birth Month: 2 Day: 18 Year: 71
Place of Birth (State or foreign country): Indiana
Residence Address: 209 Park Place Ct Street or R.R. Avon City Hendricks County 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. ____
6. (a) Full name of applicant's father Terry L. Pierce
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Ohio
   (b) Full maiden name of applicant's mother Rose M. Spahn
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Pierce Date 5/10/01

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 Brad Pierce
✗ New Address Same as Above
Subscribed and sworn to before me this 10 day of May 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: Therese Middle: M. Last: Bracik
Date of Birth Month: 5 Day: 31 Year: 77
Place of Birth (State or foreign country): Illinois
Residence Address: 209 Park Place Ct Street or R.R. Avon City Hendricks County 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 Thomas Bracik
   (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 Marcia Potocki
   (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 Therese Bracik Date 5/10/01

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 Therese Bracik
✗ New Address same as above
Subscribed and sworn to before me this 10 day of May 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 May 10, 2001, authorizing the marriage of Bradley Allan Pierce and Therese Marie Bracik.
I further certify that the following marriage certificate was filed in my office: I, Fr. Kenneth Taylor (name), certify that on May 12, 2001 (date), at Indianapolis in Marion County, Indiana, Bradley Allan Pierce of Hendricks County, Indiana (state), and Therese Marie Bracik of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 10, 2001. Signed by: Fr. Kenneth Taylor, Catholic Priest (official designation) Filed and recorded in accordance with the laws of the State of Indiana on May 17, 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 211
5/10/01
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 5-1-01
Name of Physician M S King MD

MALE APPLICANT	FEMALE APPLICANT
Name: First Kyle, Middle M., Last Jackson	Name: First Tonya, Middle E., Last Frey
Date of Birth: Month 6, Day 25, Year 74	Date of Birth: Month 2, Day 14, Year 74
Place of Birth (State or foreign country): Indiana	Place of Birth (State or foreign country): Germany
Residence Address: Street or R.R. 5098 S CR 525W, City Coatesville, County Hend, State IN 46121	Residence Address: Street or R.R. 5098 S CR 525W, City Coatesville, County Hend, State IN 46121
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 Carl Matthew Jackson	6. (a) Full name of applicant's father Paul L Frey
(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 Maureen Yvonne Pugh	(b) Full maiden name of applicant's mother Rebecca S. Dogel
(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) Minnesota	Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

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

✗ Signature of Applicant Kyle M Jackson Date 5-10-01

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 Kyle M Jackson
✗ New Address SAME AS ABOVE

Subscribed and sworn to before me this 10 day of May 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 Tonya E Frey Date 5-10-01

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 Tonya E Frey
✗ New Address SAME AS ABOVE

Subscribed and sworn to before me this 10 day of May 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 May 10, 2001, authorizing the marriage of Kyle Matthew Jackson and Tonya Elizabeth Frey.

I further certify that the following marriage certificate was filed in my office: I, Rev. James C. Blessinger (name), certify that on May 19, 2001 (date), at St. Meinrad in Spencer County, Indiana, Kyle Matthew Jackson of Hendricks County, Indiana (state), and Tonya Elizabeth Frey of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 10, 2001. Signed by: Rev. James C. Blessinger, Priest (official designation) Filed and recorded in accordance with the laws of the State of Indiana on May 24, 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 212
5/10/01
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 5/10/01
Name of Physician Dr. Gaddy

MALE APPLICANT

Name: First Jonathan Middle D Last Smith
Date of Birth: Month 8 Day 30 Year 1979
Place of Birth (State or foreign country) Indiana 46123
Residence Address: Street or R.R. 1507 N 600 E City Avon County Hend. State IN
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Drivers License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Jonathan Smith Date 5/10/01

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 Jonathan Smith 5/10/01
New Address RCC Box 127 Grayson, KY 41143
Subscribed and sworn to before me this 10 day of May 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 Laura Middle Sue Last Lehman
Date of Birth: Month 10 Day 27 Year 1979
Place of Birth (State or foreign country) Illinois 46151
Residence Address: Street or R.R. 355 Hess Rd City Martinsville County Morgan State IN
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☐ Other (Specify) Drivers License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Lehman Date 5-10-01

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 Lehman
New Address RCC Box 127 Grayson, KY 41143
Subscribed and sworn to before me this 10 day of May 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 May 10, 2001, authorizing the marriage of Jonathan Dee Smith and Laura Sue Lehman.
I further certify that the following marriage certificate was filed in my office: I, Robert A. Ford (name), certify that on May 19, 2001 (date), at Avon in Hendricks County, Indiana, Jonathan Dee Smith of Hendricks County, Indiana (state), and Laura Sue Lehman 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 May 10, 2001. Signed by: Robert A. Ford, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on May 23, 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 213
5-10-01
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 5-7-01
Name of Physician Richard Lloyd MD

MALE APPLICANT

Name: First Sean Middle J. Last Aiello
Date of Birth: Month 6 Day 28 Year 78
Place of Birth (State or foreign country) Ohio
Residence Address: Street or R.R. 10130 Gosfield Lane City Avon County Hendricks 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) 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 Robert D. Aiello
   (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 Kathryn Marie Wells
   (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 Sean J. Aiello Date 5-10-01

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 Sean J Aiello
New Address same as above
Subscribed and sworn to before me this 10 day of May 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 Rachel Middle L. Last Bolton
Date of Birth: Month 7 Day 2 Year 78
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 10130 Gosfield Lane City Avon County Hendricks 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) 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. Ross Zachary Thomas Bolton
6. (a) Full name of applicant's father Glendon Bolton
   (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 June Lee Thomas
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 L Bolton Date 5-10-01

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 Rachel L Bolton
New Address same as Above
Subscribed and sworn to before me this 10 day of May, 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 May 10, 2001, authorizing the marriage of Sean Joseph Aiello and Rachel Lee Bolton.
I further certify that the following marriage certificate was filed in my office: I, Rev. Daniel J. Staublin (name), certify that on May 19, 2001 (date), at Brownsburg in Hendricks County, Indiana, Sean Joseph Aiello of Hendricks County, Indiana (state), and Rachel Lee Bolton of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 10, 2001. 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 May 25, 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 214
5-11-01
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 5-10-01
Name of Physician Parkside Family Physicians

MALE APPLICANT

Name: First Aaron Middle D Last Schwartz
Date of Birth: Month 8 Day 22 Year 81
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 2011 W. CR 1000N City Jamestown County Hend. St 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) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Schwartz
6. (a) Full name of applicant's father Fredrick Alan 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 Elaine R. Clemson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding 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 5-11-01

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]
X New Address 53 N. maple PO Box 350 Pittsboro Ind 46167
Subscribed and sworn to before me this 11 day of May, 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 Jessica Middle M. Last Hagan
Date of Birth: Month 1 Day 6 Year 83
Place of Birth (State or foreign country) California
Residence Address: Street or R.R. 53 N Maple City Pittsboro County Hend. St 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. Alexis Schwartz
6. (a) Full name of applicant's father Joseph Patrick Hagan
   (If adopted, list adoptive parents only)
   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 Renee Parish
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) NA

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding 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 Jessica Hagan Date 5-11-01

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 Jessica Hagan
X New Address PO Box 350 Pittsboro In 46167
Subscribed and sworn to before me this 11 day of May, 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 May 11, 2001, authorizing the marriage of Aaron Daniel Schwartz and Jessica Marie Hagan.
I further certify that the following marriage certificate was filed in my office: I, Rev. Donald G. Lambert (name), certify that on June 9, 2001 (date), at Pittsboro in Hendricks County, Indiana, Aaron Daniel Schwartz of Hendricks County, Indiana (state), and Jessica Marie Hagan of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 11, 2001. Signed by: Rev. Donald G. Lambert, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on June 15, 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 215
5-11-01
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 3-29-01
Name of Physician Holly Cooper MD

MALE APPLICANT

Name: First Michael Middle W Last Weslotsky Jr.
Date of Birth: Month 8 Day 14 Year 68
Place of Birth (State or foreign country) New Jersey
Residence Address: Street or R.R. 5785 E Co Rd 800N 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) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 W. Weslotsky Jr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Penn
   Birthplace of father (State or foreign country) Pennsylvania
   (b) Full maiden name of applicant's mother Joyce L Brown
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Penn
   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 Michael Weslotsky Jr Date 5-11-2001

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.
X Signed Michael Weslotsky Jr
X New Address 3481 Beluga Lane Indianapolis IN 46214
Subscribed and sworn to before me this 11 day of May, 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 Jennifer Middle M Last Defibaugh
Date of Birth: Month 10 Day 7 Year 75
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 5785 E Co Rd 800N 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) Drivers License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding 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 Jennifer M. Defibaugh Date 5/11/01

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 Jennifer M. Defibaugh
X New Address 3481 Beluga Lane Apt #2A Indpls, IN 46214
Subscribed and sworn to before me this 11 day of May 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 May 11, 2001, authorizing the marriage of Michael Walter Weslotsky Jr. and Jennifer Marie Defibaugh.
I further certify that the following marriage certificate was filed in my office: I, Ronald P. Kelly (name), certify that on June 3, 2001 (date), at Cicero in Hamilton County, Indiana, Michael W. Weslotsky Jr. of Marion County, Indiana (state), and Jennifer M. Defibaugh of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 11, 2001. Signed by: Ronald P. Kelly, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on June 7, 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 216
5-11-01
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 5-11-01
Name of Physician David Hadley, MD

MALE APPLICANT

Name: First Joseph Middle L Last Sluss
Date of Birth: Month 5 Day 20 Year 79
Place of Birth (State or foreign country) Mexico
Residence Address: Street or R.R. 2485 Wilson Lake Dr City Greenwood County Johnson State Ind 46143
Previous Marital Status: 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 Gerald Jude Sluss
   (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 Pamela K Sarber
   (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 Joseph L Sluss Date 5-11-01

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 Joseph L Sluss
✗New Address SAME AS ABOVE
Subscribed and sworn to before me this 11 day of May, 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 Glenda Middle M Last Neal
Date of Birth: Month 8 Day 30 Year 72
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 73 Cedar Run Dr Apt Greenwood City Greenwood County Johnson State Ind 46142
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. Curtis Neal & Ashley Neal
6. (a) Full name of applicant's father Jessie Wm Risen
   (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 Elsie May 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 Glenda M. Neal Date 5-11-01

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 Glenda M. Neal
✗New Address Same as Above
Subscribed and sworn to before me this 11 day of May, 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 May 11, 2001, authorizing the marriage of Joseph Leonard Sluss and Glenda May Neal.
I further certify that the following marriage certificate was filed in my office: I, Janet Smith (name), certify that on May 11, 2001 (date), at Danville in Hendricks County, Indiana, Joseph Leonard Sluss of Johnson County, Indiana (state), and Glenda May Neal of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 11, 2001. Signed by: Janet Smith, Hend. Co. Deputy Clerk (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on May 14, 2001 (date).

Signed Thora Dugan Clerk
Hendricks Circuit Court

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

497

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 217
5-11-01
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 ☒ 5-8-01
If No, Medical Examination or Report Dated
Name of Physician Karen Beard

MALE APPLICANT

Name: First William Middle Edward Last Phelps Jr.
Date of Birth: Month 1 Day 13 Year 68
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 7421 Grandview Dr. 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 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. Brittany Nichole Phelps
   Ashley Michelle Phelps
6. (a) Full name of applicant's father William Edward Phelps Sr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Kentucky
   (b) Full maiden name of applicant's mother Martha Jane Mann
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Phelps Date 5-11-01

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 5-11-01

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed ☒ William Phelps
New Address same
Subscribed and sworn to before me this 11 day of May, 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 Leah Middle Kay Last Phelps
Date of Birth: Month 5 Day 13 Year 68
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 7421 Grandview Dr. City Avon County Hend. State 46123
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1999
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) drivers license

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant ☒ Leah K. Phelps Date 5-11-01

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 ☒ Leah K. Phelps
New Address same
Subscribed and sworn to before me this 11 day of May, 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 May 11, 2001, authorizing the marriage of William Edward Phelps Jr. and Leah Kay Phelps.
I further certify that the following marriage certificate was filed in my office: I, Janet Smith (name), certify that on May 11, 2001 (date), at Danville in Hendricks County, Indiana, William E. Phelps Jr. of Hendricks County, Indiana (state), and Leah Kay Phelps of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 11, 2001. Signed by: Janet S. Smith, Hend. Co. Deputy Clerk (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on May 14, 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 218
5-11-01
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 5/9/01
Name of Physician Holly Cooper MD

MALE APPLICANT

Name: First Jeremy Middle P. Last Dewitt
Date of Birth: Month 3 Day 21 Year 80
Place of Birth (State or foreign country) Tennessee
Residence Address: Street or R.R. 7065 E 400 N. City Brownsburg County Hend. State IN 46112
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) 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 Dennis L. Dewitt
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Colleta Hamilton
   (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 C. Last Littleton
Date of Birth: Month 11 Day 24 Year 81
Place of Birth (State or foreign country) South Carolina
Residence Address: Street or R.R. 1137 D Windham Circle 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) 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 Steven D. Littleton
   (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 Cynthia E. Livingstone
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Maryland

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Dewitt Date 5-11-01

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 Jeremy Dewitt
✗ New Address Same as above
Subscribed and sworn to before me this 11 day of May, 2001
Honor 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 C. Littleton Date 5/11/01

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 Jennifer C. Littleton
✗ New Address 7065 E. 400 N. Brownsburg, IN 46112
Subscribed and sworn to before me this 11 day of May 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

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 11, 2001, authorizing the marriage of Jeremy Paul Dewitt and Jennifer Christine Littleton.
I further certify that the following marriage certificate was filed in my office: I, Rev. Dennis Dewitt (name), certify that on June 2, 2001 (date), at Brownsburg in Hendricks County, Indiana, Jeremy P. Dewitt of Hendricks County, Indiana (state), and Jennifer C. Littleton of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 11, 2001. Signed by: Rev. Dennis Dewitt, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on June 7, 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 219
5-11-01
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 5-3-01
Name of Physician Charles Christian MD

MALE APPLICANT

Name: First Thomas Middle A Last Blandford
Date of Birth: Month 5 Day 8 Year 75
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 22 W. Vermont 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. ____
6. (a) Full name of applicant's father Thomas A. Blandford II
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Kentucky
   Birthplace of father (State or foreign country) Kentucky
   (b) Full maiden name of applicant's mother Susan Latham
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 A. Blandford Date 5-11-01

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 Thomas A. Blandford
New Address Same as above
Subscribed and sworn to before me this 11 day of May 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 Melinda Middle M. Last Eldridge
Date of Birth: Month 10 Day 14 Year 74
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 22 W. Vermont St City Brownsburg County Hend State IN 46112
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 01/00
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. ____
6. (a) Full name of applicant's father Garland R. Eldridge
   (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 Valerie J. Wright
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Melinda Eldridge Date 5-11-01

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 Melinda Eldridge
New Address Same as above
Subscribed and sworn to before me this 11 day of May 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 May 11, 2001, authorizing the marriage of Thomas A. Blandford III and Melinda M. Eldridge.
I further certify that the following marriage certificate was filed in my office: I, John L. Ross (name), certify that on May 12, 2001 (date), at Plainfield in Hendricks County, Indiana, Thomas A. Blandford III of Hendricks County, Indiana (state), and Melinda M. Eldridge of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 11, 2001. Signed by: John L. Ross, Ordained Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on May 15, 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 220
5-14-01
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 5-2-01
Name of Physician Ind University Health Center

MALE APPLICANT

Name: First Aaron Middle B. Last Neblett
Date of Birth: Month 12 Day 11 Year 73
Place of Birth (State or foreign country) Tennessee
Residence Address: Street or R.R. 5 Hickory Court City Danville County Hendricks State Indiana 46122
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Chris Brown
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Kentucky
   Birthplace of father (State or foreign country) Tennessee
   (b) Full maiden name of applicant's mother Hallie M Neblett
   (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 Aaron Neblett Date 5-14-01

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 Aaron Neblett
✗ New Address 6434 Whitehaven Rd, Indianapolis, IN 46254
Subscribed and sworn to before me this 14 day of May, 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 Sarah Middle J Last Gliemmo
Date of Birth: Month 2 Day 9 Year 77
Place of Birth (State or foreign country) Ohio
Residence Address: Street or R.R. 6434 Whitehaven Rd #1051 City Indianapolis County Marion State Indiana 46254
Previous Marital Status: Never Married ☒ 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 Michael Gliemmo Jr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Alabama
   Birthplace of father (State or foreign country) Ohio
   (b) Full maiden name of applicant's mother Paula Jean Anderson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Alabama
   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 Sarah Gliemmo Date 5-14-01

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 Sarah Gliemmo
✗ New Address same as above
Subscribed and sworn to before me this 14 day of May, 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 May 14, 2001, authorizing the marriage of Aaron Bradley Neblett and Sarah Jean Gliemmo.
I further certify that the following marriage certificate was filed in my office: I, Robert D. Kolodner (name), certify that on June 30, 2001 (date), at Indianapolis in Marion County, Indiana, Aaron Bradley Neblett of Hendricks County, Indiana (state), and Sarah Jean Gliemmo of Marion County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 14, 2001. Signed by: Robert D. Kolodner, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 10, 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 221
5-11-01
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 4-30-01
Name of Physician Jason Cooper MD

MALE APPLICANT

Name: First Mark Middle A Last Vitz
Date of Birth: Month 4 Day 25 Year 74
Place of Birth (State or foreign country) Indiana
Residence Address: 1554 N Street or R.R. SR 59 City Center Point County Clay State IN 47840
Previous Marital Status: 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 Calvin C. Vitz
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Lita M. 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).
X Signature of Applicant Mark A. Vitz Date 5/11/01

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 Mark A. Vitz
X New Address 773 Country Walk Drive - Brownsburg IN 46112
Subscribed and sworn to before me this 11 day of May 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 Karen Middle M Last McGranahan
Date of Birth: Month 10 Day 3 Year 73
Place of Birth (State or foreign country) Indiana
Residence Address: 773 Countrywalk 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) 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 Donald Ray McGranahan
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Mary Louise Jarrett
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
X Signature of Applicant Karen M. McGranahan Date 5/11/01

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 Karen M. McGranahan
X New Address same as above
Subscribed and sworn to before me this 11 day of May 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 May 11, 2001, authorizing the marriage of Mark Allen Vitz and Karen Michelle McGranahan.
I further certify that the following marriage certificate was filed in my office: I, Greg Comp (name), certify that on June 30, 2001 (date), at Brazil in Clay County, Indiana, Mark A. Vitz of Clay County, Indiana (state), and Karen M. McGranahan of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 11, 2001. Signed by: Greg Comp, Senior Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 3, 2001 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

502

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 222
5-14-01
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 5-14-01
Name of Physician Dr. Gaddy

MALE APPLICANT

Name: First Mario Middle D Last Ward
Date of Birth: Month 1 Day 8 Year 72
Place of Birth (State or foreign country) Missouri
Residence Address: Street or R.R. 2297 Westmere Drive 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 female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Keiyana L. Ward, Indiya J. Ward
6. (a) Full name of applicant's father Robert Silvey
   (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 Hanna Ward
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Illinois
   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).
X Signature of Applicant Mario Ward Date 5/15/01

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 Mario Ward
X 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 Danita Middle L Last Haralson
Date of Birth: Month 3 Day 11 Year 1976
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 2297 Westmere Dr City Plfd. 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. Nadiya ~~Ja~~Mae Ward
6. (a) Full name of applicant's father Jesse James Haralson
   (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 Rachel Elaine Patterson
   (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).
X Signature of Applicant Danita Haralson Date _____

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
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 Danita Haralson
New Address Same As above
Subscribed and sworn to before me this 14 day of May 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 May 15, 2001, authorizing the marriage of Mario Dinelle Ward and Danita Lakessa Haralson.
I further certify that the following marriage certificate was filed in my office: I, Rev. R. T. Mitchell (name), certify that on June 9, 2001 (date), at Gary in Lake County, Indiana, Mario Dinelle Ward of Hendricks County, Indiana (state), and Danita Lakessa Haralson of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 15, 2001. Signed by: Rev. R.T. Mitchell, Reverend (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on June 13, 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 223
5-15-01
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 5-14-01
Name of Physician Thomas A Hawk MD

MALE APPLICANT	FEMALE APPLICANT
Name: First Thomas Middle A Last Hawk	Name: First Linda Middle Kay Last Davis
Date of Birth: Month 12 Day 25 Year 63	Date of Birth: Month 7 Day 24 Year 67
Place of Birth (State or foreign country) Kentucky	Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 5341 Carnoustie Circle City Avon County Hendricks State IN 46123	Residence Address: Street or R.R. 4699 Ruth Elizabeth Cir City Clayton County Hendricks State IN 46118
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 2000	Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 2000
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. Cayton Layne Hawk, Parish Wyatt Hawk	5. List the full names of any dependent children. Derek Scott Davis, Devon James Davis
6. (a) Full name of applicant's father Harold C Hawk	6. (a) Full name of applicant's father Francis Gerald Mason
(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) Ohio
(b) Full maiden name of applicant's mother Jo Ann Drow	(b) Full maiden name of applicant's mother Sandra Lou Scott
(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).

X Signature of Applicant Thomas A Hawk Date 5-15-01

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 Thomas A Hawk
X New Address 4699 Ruth Elizabeth Clayton IN 46118
Subscribed and sworn to before me this 15 day of May 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).

X Signature of Applicant Linda Kay Davis Date 5/15/01

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 Linda Kay Davis
X New Address Same as above
Subscribed and sworn to before me this 15 day of May 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 May 15, 2001, authorizing the marriage of Thomas Alan Hawk and Linda Kay Davis.
I further certify that the following marriage certificate was filed in my office: I, Stephen Hardin (name), certify that on June 3, 2001 (date), at Plainfield in Hendricks County, Indiana, Thomas Alan Hawk of Hendricks County, Indiana (state), and Linda Kay Davis of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 15, 2001. Signed by: Stephen Hardin, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on June 5, 2001 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

504

STATE OF 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 224
5-16-01
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 5-8-01
Name of Physician Dr. Rauch

MALE APPLICANT

Name: First Randy Middle Joe Last Moulding
Date of Birth: Month 8 Day 15 Year 60
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 2335 Dowling Court 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
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

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

FEMALE APPLICANT

Name: First Dawn Middle Marie Last Mariage
Date of Birth: Month 12 Day 3 Year 62
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 2335 Dowling Court 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
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
× Signature of Applicant Randy Joe Moulding Date 5/16/01

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)
× Signed Randy Joe Moulding
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 16 day of May 2001
Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of 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 Dawn Mariage Date 5-16-2001

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)
× Signed Dawn Mariage
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 16 day of May 2001
Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 16, 2001, authorizing the marriage of Randy Joe Moulding and Dawn Marie Mariage.
I further certify that the following marriage certificate was filed in my office: I, Rev. George P. Allen (name), certify that on May 19, 2001 (date), at Indianapolis in Hendricks County, Indiana, Randy Joe Moulding of Hendricks County, Indiana (state), and Dawn Marie Mariage of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 16, 2001. Signed by: Rev. Geroge P. Allen, Ordained Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on May 23, 2001 (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 225
5-16-01
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 5-8-01
Name of Physician Dr Hostetler MD

MALE APPLICANT

Name: First Joseph Middle — Last Shimrock
Date of Birth: Month 8 Day 15 Year 51
Place of Birth (State or foreign country) Pennsylvania
Residence Address: Street or R.R. 2 Robinwood 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 female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Shimrock
   (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 Rose Mary Klarich
   (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 M Last Doyle-Clsts
Date of Birth: Month 12 Day 8 Year 63
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 2 Robinwood Dr. City Brownsburg County Hend. State In 46112
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 2000
Date of Birth Verified By: ☐ Birth Certificate ☒ ~~Other~~ (Specify)
Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Zackary Thomas Doyle, Samuel Michael Clsts
6. (a) Full name of applicant's father Thomas Doyle
   (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 Oleta Davis
   (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).

X Signature of Applicant Joseph Shimrock Date 5-16-01

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.
X Signed Joseph Shimrock
X New Address SAME
Subscribed and sworn to before me this 16 day of May, 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).

X Signature of Applicant Lisa Maria Doyle Date 5-16-01

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.
X Signed Lisa Maria Doyle
X New Address Same
Subscribed and sworn to before me this 16 day of May, 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 May 16, 2001, authorizing the marriage of Joseph Shimrock and Lisa Maria Doyle.
I further certify that the following marriage certificate was filed in my office: I, Benjamin F. Keckler, III (name), certify that on May 26, 2001 (date), at Brownsburg in Hendricks County, Indiana, Joseph Shimrock of Hendricks County, Indiana (state), and Lisa Maria Doyle of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 16, 2001. Signed by: Benjamin F. Keckler III, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on May 31, 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 226
5-16-01
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 5-16-01
Name of Physician David Hadley MD

MALE APPLICANT

Name: First Richard Middle S. Last Smith
Date of Birth: Month 6 Day 11 Year 63
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 642 Port Drive 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 1997
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. Tyler Scott Smith
6. (a) Full name of applicant's father Glen R. 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 Donna M. Sandblom
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding 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 Richard Scott Smith Date 5-16-01

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.
X Signed Richard Scott Smith
X New Address SAME AS ABOVE
Subscribed and sworn to before me this 16 day of May, 2001
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 Denise Middle R. Last Ruhe
Date of Birth: Month 3 Day 30 Year 67
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 642 Port 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) 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 Edward J Ruhe
   (If adopted, list adoptive parents only)
   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 J Schmitt
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding 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 Denise R Ruhe Date 5-16-01

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.
X Signed Denise R Ruhe
X New Address SAME AS ABOVE
Subscribed and sworn to before me this 16 day of May, 2001
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 May 16, 2001, authorizing the marriage of Richard Scott Smith and Denise Renee Ruhe.
I further certify that the following marriage certificate was filed in my office: I, Father Kenneth J. Ciano (name), certify that on June 30, 2001 (date), at Brazil in Clay County, Indiana, Richard Scott Smith of Hendricks County, Indiana, (state), and Denise Renee Ruhe of Hendricks County, Indiana, (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 16, 2001. Signed by: Rev. Kenneth J. Ciano, Reverend (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 10, 2001 (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 227
5-17-01
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 5-15-01
Name of Physician Jacobs MD

MALE APPLICANT

Name: First Nathan Middle L Last Crisel
Date of Birth: Month 7 Day 23 Year 76
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 384 Great Lakes Circle W/H 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 female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father John James Crisel
   (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 Rae Marie Dodge
   (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).
X Signature of Applicant Nathan L. Crisel Date 5/17/01

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 Nathan L. Crisel
New Address 384 Great Lakes Cir W Apt H 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 Amanda Middle Mc Last Phearson
Date of Birth: Month 3 Day 12 Year 79
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 625 Pine Meadow Drive City Zionsville County Boone State IN 46077
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding 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 Amanda McPhearson Date 5-17-01

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 Amanda McPhearson
New Address 384 H Great Lakes Cir W 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 May 17, 2001, authorizing the marriage of Nathan Ray Crisel and Amanda McPhearson.
I further certify that the following marriage certificate was filed in my office: I, William Charles McGraw (name), certify that on June 2, 2001 (date), at Zionsville in Boone County, Indiana, Nathan Ray Crisel of Hendricks County, Indiana (state), and Amanda McPhearson 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 May 17, 2001. Signed by: William Charles McGraw, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on June 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 228
5-18-01
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 Kenneth Middle J. Last Sims
Date of Birth: Month 12 Day 20 Year 1943
Place of Birth (State or foreign country) Indiana 46122
Residence Address: Street or R.R. 12 Hilltop Dr. City Danville County Hend. State IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 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 Kellus Sims
   (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 Sims Alford
   (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 Bonnie Middle G Last Dunn
Date of Birth: Month 2 Day 11 Year 1945
Place of Birth (State or foreign country) Kentucky 46122
Residence Address: Street or R.R. 12 Hilltop Dr. City Danville County Hend. State IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 3
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date Apx. 2001
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify)
Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. _____
6. (a) Full name of applicant's father Isacc Shelton
   (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 Pansy Mae Bond
   (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 Kenneth Jerry Sims Date 5-18

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 Kenneth Jerry Sims
New Address 12 Hilltop Dr., Danville, IN 46122
Subscribed and sworn to before me this 18 day of May 2001
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 Bonnie Dunn Date _____

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

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Bonnie Dunn
New Address 12 Hilltop Dr. Danville, IN 46122
Subscribed and sworn to before me this 18 day of May 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

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 18, 2001, authorizing the marriage of Kenneth Jerry Sims and Bonnie Gail Dunn.
I further certify that the following marriage certificate was filed in my office: I, Myron Barnard (name), certify that on May 21, 2001 (date), at Indianapolis in Marion County, Indiana, Kenneth Jerry Sims of Hendricks County, Indiana (state), and Bonnie Gail Dunn of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 18, 2001. Signed by: Myron Barnard, Judge (official designation) Filed and recorded in accordance with the laws of the State of Indiana on May 25, 2001 (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 229
5-17-01
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 5-17-01
Name of Physician Dr. King

MALE APPLICANT	FEMALE APPLICANT
Name: First Dustin Middle Dale Last Siddons	Name: First Ellen Middle Mae Last Piersall
Date of Birth: Month 6 Day 27 Year 77	Date of Birth: Month 1 Day 15 Year 80
Place of Birth (State or foreign country): Indiana	Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 337½ Bridge St City Mooresville County Morg State IN 46158	Residence Address: Street or R.R. 4767 Reitzel Dr. City Stilesville County Hen State 46180
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. NA	5. List the full names of any dependent children. NA
6. (a) Full name of applicant's father James Siddons	6. (a) Full name of applicant's father Paul Gregory Piersall
(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 Betty Sue Mills	(b) Full maiden name of applicant's mother Kelly Ann Akins
(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) 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 (M) Dustin D Siddon Date 5-18-01

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 (M) Dustin D Siddon
New Address 337½ Bridge ST Mooresville IN 46158

Subscribed and sworn to before me this 18 day of May, 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 (F) Ellen M Piersall Date 5-18-01

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) Ellen M Piersall
New Address 337½ Bridge St. Mooresville, IN 46158

Subscribed and sworn to before me this 18 day of May, 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 May 18, 2001, authorizing the marriage of Dustin Dale Siddons and Ellen Mae Piersall.

I further certify that the following marriage certificate was filed in my office: I, Stevan W. Ranson (name), certify that on June 2, 2001 (date), at Clayton in Hendricks County, Indiana, Dustin Dale Siddons of Morgan County, Indiana (state), and Ellen Mae Piersall of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 18, 2001. Signed by: Stevan W. Ranson, Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on June 7, 2001 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

510

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 24
Page 230
5-18-01
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 5-17-01
Name of Physician Dr. Gentry

MALE APPLICANT

Name: First Timothy Middle Gerard Last Falk
Date of Birth: Month 03 Day 20 Year 63
Place of Birth (State or foreign country) New Jersey
Residence Address: Street or R.R. 2313 Bowling Grn 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) 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 Thomas John Falk
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) New Jersey
   Birthplace of father (State or foreign country) New York
   (b) Full maiden name of applicant's mother Adele Frances Hassemer
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) New Jersey
   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 Timothy G Falk Date 5/18/01

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 Timothy G. Falk
New Address P.O. Box 2089 Clifton, NJ. 07015
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 Lori Middle Lynn Last White
Date of Birth: Month 11 Day 03 Year 61
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 2313 Bowling Grn City Indpls. County Hendricks State IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 3
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 1991 1999 83-85
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 Richard Harry Sizemore
   (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 Shirley Ann Stout
   (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 Lori L. White Date 5-18-01

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 Lori L. White
New Address P.O. Box 2089 Clifton, N.J. 07015
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 May 18, 2001, authorizing the marriage of Timothy Gerard Falk and Lori Lynn White.
I further certify that the following marriage certificate was filed in my office: I, George A. Hillman (name), certify that on May 26, 2001 (date), at Indianapolis in Marion County, Indiana, Timothy Gerard Falk of Dona Ana County, New Mexico (state), and Lori Lynn White of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 18, 2001. Signed by: George A. Hillman, Judge Pro Tempore (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on June 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 231
5-18-01
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 2-27-01
Name of Physician Dr. Liddy

MALE APPLICANT

Name: First Robert Middle Alan Last Glover
Date of Birth: Month 1 Day 29 Year 76
Place of Birth (State or foreign country) Ohio
Residence Address: Street or R.R. 4500 Beau Monde Dr. City Lisle County DuPage State Ill. 60532
Previous Marital Status: Never Married ☒ 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 Paul Glover
   (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 Alicia Hazlett
   (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 Robt A. Glover Date 5/15/01

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 Robt A. Glover
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 April Middle Valentine Last Anderson
Date of Birth: Month 12 Day 13 Year 76
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 4500 Beau Monde Dr. City Lisle County DuPage State Ill. 60532
Previous Marital Status: Never Married ☒ 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 Walter Anderson
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Loretta Strahl
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 V. Anderson Date 5-18-01

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 April V. Anderson
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 May 18, 2001, authorizing the marriage of Robert Alan Glover and April Valentine Anderson.
I further certify that the following marriage certificate was filed in my office: I, P. Michael Thornburg (name), certify that on July 7, 2001 (date), at Danville in Hendricks County, Indiana, Robert A. Glover of DuPage County, Illinois (state), and April V. Anderson of DuPage 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 May 18, 2001. Signed by: P. Michael Thornburg, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 10, 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 232
5-18-01
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 5-16-01
Name of Physician Dr. Carrie Nordyke

MALE APPLICANT

Name: First Kent Middle Andrew Last Salla
Date of Birth: Month 6 Day 23 Year 76
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 5982 Glen Haven Blvd City Plainfield County Hendricks State IN 46168
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

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

6. (a) Full name of applicant's father Louis K. Salla
   (If adopted, list adoptive parents only)
   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 K. Lute
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Kent A Salla Date 5/18/01

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 Kent A Salla
New Address 5982 GLENHAVEN BLVD PLAINFIELD IN 46168
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 Brenda Middle Rae Last Burnett
Date of Birth: Month 4 Day 13 Year 75
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 5982 Glen Haven Blvd City Plainfield County Hendricks State IN 46168
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

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

6. (a) Full name of applicant's father Kenneth R. Burnett
   (If adopted, list adoptive parents only)
   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 Weekly
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 R. Burnett Date 5-18-01

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 Brenda R. Burnett
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 May 18, 2001, authorizing the marriage of Kent Andrew Salla and Brenda Rae Burnett.
I further certify that the following marriage certificate was filed in my office: I, Charles Elston (name), certify that on June 23, 2001 (date), at Plainfield in Hendricks County, Indiana, Kent Andrew Salla of Hendricks County, Indiana (state), and Brenda Rae Burnett of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 18, 2001. Signed by: Charles Elston, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on June 25, 2001 (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 233
5-18-01
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 2-16-01
Name of Physician Dr Hammell

MALE APPLICANT

Name: First Charles Middle Edson Last Fulton
Date of Birth: Month 01 Day 09 Year 73
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1530 Section 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. NO
6. (a) Full name of applicant's father Charles Fulton
   (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 Sharon Kay Bader
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [signature] Date 5-18-01

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 1530 Section St. Plainfield In 46168
Subscribed and sworn to before me this 18 day of May of 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 Jeanna Middle Marie Last Grider
Date of Birth: Month 11 Day 24 Year 76
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1530 Section 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 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 male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Jerry Grider
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Shirley Ann 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 Jeanna M Grider Date 5-18-01

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 Jeanna M. Grider
New Address 1530 Section St. Pfld, IN 46168
Subscribed and sworn to before me this 18 day of May 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 May 18, 2001, authorizing the marriage of Charles Edison Fulton and Jeanna Marie Grider.
I further certify that the following marriage certificate was filed in my office: I, Mark A. Tope (name), certify that on July 7, 2001 (date), at Plainfield in Hendricks County, Indiana, Charles Edison Fulton of Hendricks County, Indiana (state), and Jeanna Marie Grider of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 18, 2001. Signed by: Mark A. Tope, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 10, 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 234
5-18-01
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: Michael Middle: Raye Last: Stephenson
Date of Birth Month: 3 Day: 3 Year: 1944
Place of Birth (State or foreign country): Indiana
Residence Address Street or R.R.: 4101 South 700 West 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: 2/5/98
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. —

6. (a) Full name of applicant's father: Jack Stephenson
   (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 Fisher
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state): Indiana
   Birthplace of mother (State or foreign country): Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: Michael Raye Stephenson Date: 5-18-01

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: Michael Raye Stephenson
New Address: Same as above
Subscribed and sworn to before me this _____ day of _____
Sharon Bogan
_____ Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of 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: K Last: Knowling
Date of Birth Month: 7 Day: 5 Year: 1947
Place of Birth (State or foreign country): Indiana
Residence Address Street or R.R.: 4907 N. Milton City: Coatesville County: Hendricks State: IN 46121
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages: 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date: 9/2/99
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. —

6. (a) Full name of applicant's father: Norris 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: —
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state): Indiana
   Birthplace of mother (State or foreign country): Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 K. Knowling Date _____

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 K. Knowling
New Address: 4015 700 W Coatesville, In. 46121
Subscribed and sworn to before me this _____ day of _____
Sharon Bogan
_____ Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 18, 2001, authorizing the marriage of Michael R. Stephenson and Nancy K. Knowling.
I further certify that the following marriage certificate was filed in my office: I, Frank Bunn (name), certify that on June 2, 2001 (date), at Coatesville in Hendricks County, Indiana, Michael R. Stephenson of Hendricks County, Indiana (state), and Nancy K. Knowling of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 18, 2001. Signed by: Frank Bunn, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on June 8, 2001 (date).

Signed Sharon Bogan 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 104
Page 235
5-18-01
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 David Middle L Last Hunt
Date of Birth: Month 4 Day 15 Year 1952
Place of Birth (State or foreign country) Indiana 46241
Residence Address: Street or R.R. 1232 S Brandt Dr City Indpls County Marion State IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 4-89
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 Leon W Hunt
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) _____
   Birthplace of father (State or foreign country) Missouri
   (b) Full maiden name of applicant's mother Ethyl C. Bean
   (If adopted, list adoptive parents only) _____
   Residence of mother (if deceased, so state) _____
   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 David L Hunt Date 5-18-01

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court David L Hunt Date 5-18-01

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed _____
New Address 1734 S CR 1050 E Indpls, IN 46231
Subscribed and sworn to before me this 18 day of May 2001
Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of 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 Debra Middle L Last Bridges
Date of Birth: Month 2 Day 13 Year 1951
Place of Birth (State or foreign country) Indiana 46231
Residence Address: Street or R.R. 1734 S CR 1050 E City Indpls. County Hend State IN
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date _____
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) 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 Vernon L. Bridges
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Velma S. Snider
   (If adopted, list adoptive parents only) _____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Debra L Bridges Date 5-18-01

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 Debra L Bridges 5-18-01
New Address Same as above
Subscribed and sworn to before me this 18 day of May 2001
Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 18, 2001, authorizing the marriage of David Leon Hunt and Debra Lynn Bridges.
I further certify that the following marriage certificate was filed in my office: I, Don Burch (name), certify that on May 26, 2001 (date), at Indianapolis in Hendricks County, Indiana, David Leon Hunt of Marion County, Indiana (state), and Debra Lynn Bridges of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 18, 2001, Signed by: Don Burch, Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on May 31, 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 236
5-18-01
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 4-23-01
Name of Physician Dr. Cooper

MALE APPLICANT

Name: First Ryan Middle F. Last Miller
Date of Birth: Month 8 Day 6 Year 1977
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 10 E Tilden 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) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father William 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 Lois Kreeman
   (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 [signature] Date 5-18-01

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 18 day of May 2001
Sharon Bugar Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of 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 L. Last Cornett
Date of Birth: Month 12 Day 7 Year 1979
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 10 E Tilden 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) 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 Donald W. Cornett
   (If adopted, list adoptive parents only)
   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 V. Clingerman
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 L. Cornett Date 5-18-01

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 Sherry L. Cornett
New Address Same as above
Subscribed and sworn to before me this 18 day of May 2001
Sharon Bugar Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 18, 2001, authorizing the marriage of Ryan Frederick Miller and Sherry Lynn Cornett.
I further certify that the following marriage certificate was filed in my office: I, Rev. Charles W. Francis (name), certify that on June 23, 2001 (date), at Avon in Hendricks County, Indiana, Ryan Frederick Miller of Hendricks County, Indiana (state), and Sherry L. Cornett of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 18, 2001. Signed by: Rev. Charles W. Francis, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on June 28, 2001 (date).

Signed Sharon Bugar 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 237
5-21-01
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 5-14-01
Name of Physician Thomas Black MD

MALE APPLICANT

Name: First Gus Middle Alex Last Pearcy
Date of Birth: Month 8 Day 21 Year 62
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 39 Martin Dr. 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 1994
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Drivers License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding 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 Gus Pearcy Date 5/21/01

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 Gus A. Pearcy
X New Address SAME AS ABOVE
Subscribed and sworn to before me this 21 day of May, 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 Lesley Middle M. Last Williams
Date of Birth: Month 12 Day 4 Year 77
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 39 Martin Dr. 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 1998
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Drivers License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding 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 Lesley M. Williams Date 5/21/01

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 Lesley M. Williams
X New Address same as above
Subscribed and sworn to before me this 21 day of May 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 May 21, 2001, authorizing the marriage of Gus Alex Pearcy and Lesley Marie Williams.
I further certify that the following marriage certificate was filed in my office: I, Steven L. Newman (name), certify that on June 9, 2001 (date), at Danville in Indiana County, Indiana, Gus Alex Pearcy of Hendricks County, Indiana (state), and Lesley Marie Williams of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 21, 2001. Signed by: Steven L. Newman, Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on June 19, 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 238
5-21-01
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 5-2-01
Name of Physician K. Fuller

MALE APPLICANT

Name: First Nicholas Middle A. Last Kraeszig
Date of Birth: Month 11 Day 24 Year 60
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1748 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 1992
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Drivers License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding 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 5/21/01

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]
X New Address SAME AS ABOVE
Subscribed and sworn to before me this 21 day of May, 2001
[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 Bernadette Middle K. Last Shuler
Date of Birth: Month 4 Day 14 Year 62
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1748 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 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.
6. (a) Full name of applicant's father Thomas E. Caster
   (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 L. Earle
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding 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 Bernadette Kelly Shuler Date 5/21/01

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 Bernadette Kelly Shuler
X New Address SAME AS ABOVE
Subscribed and sworn to before me this 21 day of May, 2001
[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 May 21, 2001, authorizing the marriage of Nicholas Ives Kraeszig and Bernadette Kelly Shuler.
I further certify that the following marriage certificate was filed in my office: I, Anton R. Braun (name), certify that on June 16, 2001 (date), at Clermont in Hendricks County, Indiana, Nicholas Ives Kraeszig of Hendricks County, Indiana (state), and Bernadette Kelly Shuler of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 21, 2001. Signed by: Anton R. Braun, Priest (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on June 19, 2001 (date).

Signed [signature] Clerk
Hendricks Circuit Court

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

519

STATE OF 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 239
5-21-01
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 5-15-01
Name of Physician Dr. Nocon

MALE APPLICANT

Name First Michael Middle S. Last Curry
Date of Birth Month 4 Day 25 Year 1973
Place of Birth (State or foreign country) Indiana 46168
Residence Address Street or R.R. 2490 E Main Lot 46 City Plnfld 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) 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. Michael Curry II, Ragan Curry
6. (a) Full name of applicant's father Larry Curry
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Sharyn Trent
   (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 Dawn Middle E. Last Wilson
Date of Birth Month 10 Day 30 Year 1969
Place of Birth (State or foreign country) Indiana 46168
Residence Address Street or R.R. 2490 E Main Lot 46 City Plnfld County Hend State IN
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) 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. Tiffany Ridenour, Lacey Wilson, Haley Wilson
6. (a) Full name of applicant's father Danny Ridenour
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Darlene 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 Michael Curry Date 5-21-01

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 Michael Curry
New Address Same as above
Subscribed and sworn to before me this 21 day of May 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 Dawn Wilson Date 5-21-01

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 Dawn Wilson
New Address Same as above
Subscribed and sworn to before me this 21 day of May 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 May 21, 2001, authorizing the marriage of Michael Shane Curry and Dawn Elizabeth Wilson.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on May 21, 2001 (date), at Danville in Hendricks County, Indiana, Michael Shane Curry of Hendricks County, Indiana (state), and Dawn Elizabeth Wilson of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 21, 2001. Signed by: Janet S. Smith, Hend. Co. Deputy Clerk (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on May 23, 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 604
Page 240
5-21-01
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 5-21-01
Name of Physician Dr. Haven

MALE APPLICANT

Name: First Robert Middle N. Last Burton
Date of Birth: Month 5 Day 22 Year 1972
Place of Birth (State or foreign country) Indiana 46168
Residence Address: Street or R.R. 516 Linden Lane City Plnfld 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) 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 Robert H. Burton
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Mary Lou Lane
   (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).

X Signature of Applicant [signature] Date 5/21/01

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 21 day of May 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 Kristen Middle E. Last Cash
Date of Birth: Month 12 Day 21 Year 1973
Place of Birth (State or foreign country) Indiana 46135
Residence Address: Street or R.R. 846 Indpls Rd City Greencastle County Putnam State IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐ Date 5-15-01
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. Ronald Evan Oglesby, Olivia Diane Oglesby, Trey Brooke Oglesby
6. (a) Full name of applicant's father Ron Cash
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Sheryle Diane Flater
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding 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 Kristen Cash Date May 21 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 Kristen Cash
New Address 516 Linden Ln. Plnfld. IN
Subscribed and sworn to before me this 21 day of May 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 May 21, 2001, authorizing the marriage of Robert Noel Burton and Kristen Eva Cash.
I further certify that the following marriage certificate was filed in my office: I, James Flater (name), certify that on May 26, 2001 (date), at Fillmore in Putnam County, Indiana, Robert Noel Burton of Hendricks County, Indiana (state), and Kristen Eva Cash 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 May 21, 2001. Signed by: James Flater, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 20, 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 241
5-21-01
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 5-21-01
Name of Physician Middle MD

MALE APPLICANT

Name: First Paul Middle M Last Nix
Date of Birth: Month 3 Day 15 Year 78
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1873 Hadley Ld City Mooresville County Morgan State In 46158
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding 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 Paul Michael Nix Date 5-21-01

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 Paul Michael Nix
X New Address 517 Lindsey Ln Plainfield In
Subscribed and sworn to before me this 21 day of May 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 Brandy Middle N. Last Downard
Date of Birth: Month 3 Day 12 Year 79
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 517 Lindsey Lane 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.
6. (a) Full name of applicant's father Larry Downard
   (If adopted, list adoptive parents only)
   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 Lud
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding 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 Brandy Downard Date 5-21-01

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 Brandy Downard
X New Address same as above
Subscribed and sworn to before me this 21 day of May 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 May 21, 2001, authorizing the marriage of Paul Michael Nix and Brandy N. Downard.
I further certify that the following marriage certificate was filed in my office: I, Everett Barnard (name), certify that on June 16, 2001 (date), at Mooresville in Morgan County, Indiana, Paul Michael Nix of Hendricks County, Indiana (state), and Brandy N. Downard of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 21, 2001. Signed by: Everett Barnard, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on June 19, 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 242
5-22-01
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 5-22-01
Name of Physician David Hadley MD

MALE APPLICANT

Name: First John Middle D. Last Gabbard

Date of Birth: Month 4 Day 2 Year 74

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 1599 E CR 900 S City Clayton 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. Ava Jaylen Gabbard

6. (a) Full name of applicant's father David Lee Gabbard
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Texas
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Julia Kay Vaughn
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name: First Amanda Middle Jo Last McKinzie

Date of Birth: Month 10 Day 22 Year 77

Place of Birth (State or foreign country) Florida

Residence Address: Street or R.R. 7664 S. SR 39 City Clayton County Hen 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. Ava Jaylen Gabbard

6. (a) Full name of applicant's father James Kevin McKinzie
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Oregon
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Karen Joann Scott
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 D Gabbard Date 5-22-01

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 John D Gabbard
New Address SAME AS ABOVE

Subscribed and sworn to before me this 22 day of May, 2001

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 Amanda McKinzie Date 5-22-01

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 Amanda McKinzie
New Address 1599 E. Co. Rd. 900 S. Clayton IN 46118

Subscribed and sworn to before me this 22 day of May, 2001

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 May 22, 2001, authorizing the marriage of John David Gabbard and Amanda Jo McKinzie.

I further certify that the following marriage certificate was filed in my office: I, James Gabbard (name), certify that on June 2, 2001 (date), at Plainfield in Hendricks County, Indiana, John David Gabbard of Hendricks County, Indiana (state), and Amanda Jo McKinzie of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 22, 2001. Signed by: James Gabbard, Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on June 5, 2001 (date).

Signed Marcia 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 243
5-22-01
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 5-22-01
Name of Physician Daniel Hadley MD

MALE APPLICANT

Name: First Daniel Middle L. Last Wiles
Date of Birth: Month 5 Day 30 Year 70
Place of Birth (State or foreign country) Wisconsin
Residence Address: Street or R.R. 10241 Staple Chase Dr#1 City Avon County Hendricks State 46123
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Thomas Wiles
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Illinois
   (b) Full maiden name of applicant's mother Mary Ann Mayfield
   (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 Sarah Middle K. Last Weimer
Date of Birth: Month 10 Day 25 Year 78
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 10241 Staple Chase Dr#1 City Avon County Hendricks State 46123
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. ____
6. (a) Full name of applicant's father Bernie Weimer
   (If adopted, list adoptive parents only) ____
   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 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).
X Signature of Applicant Daniel Wiles Date May 22, 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.
X Signed Daniel Wiles
X New Address SAME AS ABOVE
Subscribed and sworn to before me this 22 day of May 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).
X Signature of Applicant Sarah Weimer Date 05-22-01

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 Sarah Weimer
X New Address same as above
Subscribed and sworn to before me this 22 day of May 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 May 22, 2001, authorizing the marriage of Daniel Robert Wiles and Sarah Kathleen Weimer.
I further certify that the following marriage certificate was filed in my office: I, William F. Stumpf (name), certify that on June 9, 2001 (date), at Nashville in Brown County, Indiana, Daniel Robert Wiles of Hendricks County, Indiana (state), and Sarah Kathleen Weimer of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 22, 2001. Signed by: William F. Stumpf, Priest (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on June 19, 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 244
5-23-01
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 5/11/01
Name of Physician Lisa Harris MD

MALE APPLICANT

Name: First Francis Middle — Last Alcos
Date of Birth: Month 3 Day 23 Year 76
Place of Birth (State or foreign country) Philippines
Residence Address: Street or R.R. 839 A Pinewood 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) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. ____
6. (a) Full name of applicant's father Rosalio Alcos
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Philippines
   (b) Full maiden name of applicant's mother Lulu Soliven
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   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 Francis Alcos Date 5/23/01

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 Francis Alcos
✗New Address same as above
Subscribed and sworn to before me this 23 day of May, 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 Kerry Middle J. Last Hopkins
Date of Birth: Month 9 Day 20 Year 69
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 839 A Pinewood 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) Drivers License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Hopkins Date 5/23/01

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 Kerry Hopkins
✗New Address same as above
Subscribed and sworn to before me this 23 day of May, 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 May 23, 2001, authorizing the marriage of Francis Soliven Alcos and Kerry Jo Hopkins.
I further certify that the following marriage certificate was filed in my office: I, Janet Smith (name), certify that on May 23, 2001 (date), at Danville in Hendricks County, Indiana, Francis Soliven Alcos of Hendricks County, Indiana (state), and Kerry Jo Hopkins of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 23, 2001. Signed by: Janet S. Smith, Hend. Co. Deputy Clerk (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on May 23, 2001 (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 245
5-23-01
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 5-18-01
Name of Physician Mark Salopek MD

MALE APPLICANT

Name: First Daniel Middle D Last Kiley

Date of Birth: Month 12 Day 1 Year 41

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 3 Spotted Owl Drive City Brownsburg County Hendricks State In 46112

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

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 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. Matthew Kiley
6. (a) Full name of applicant's father Leo D. Kiley
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Rosemary Resnick
   (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 Daniel D. Kiley Date 5/23/01

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 Daniel D. Kiley
X New Address SAME AS ABOVE
Subscribed and sworn to before me this 23 day of May, 2001
_____ Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

Sharon Dugan

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 M. Last Osborn

Date of Birth: Month 5 Day 10 Year 53

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 3 Spotted Owl Dr. City Brownsburg County Hendricks State In 46112

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

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 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. Caleb Osborn, Sara West, Daniel West, Laura West
6. (a) Full name of applicant's father Charles H. Osborn
   (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 Estella L. Hoffman
   (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 Linda M. Osborn Date 5/23/01

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 Linda M. Osborn
X New Address Same as above
Subscribed and sworn to before me this 23 day of May 2001
_____ Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

Sharon Dugan

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 23, 2001, authorizing the marriage of Daniel D. Kiley and Linda Mary Osborn.
I further certify that the following marriage certificate was filed in my office: I, Janet Smith (name), certify that on May 23, 2001 (date), at Danville in Hendricks County, Indiana, Daniel D. Kiley of Hendricks County, Indiana (state), and Linda Mary Osborn of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 23, 2001. Signed by: Janet S. Smith, Hend. Co. Deputy Clerk (official designation) Filed and recorded in accordance with the laws of the State of Indiana on May 23, 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 246
5-23-01
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 5-23-01
Name of Physician Mary Schmoll MD

MALE APPLICANT

Name: First Wayne Middle J. Last Rayl
Date of Birth: Month 5 Day 16 Year 77
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 413 Woodberry Dr. City Danville County Hendricks State IN 46122
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

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

FEMALE APPLICANT

Name: First Amanda Middle L. Last Terrell
Date of Birth: Month 4 Day 3 Year 81
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 2996 N. County Rd 250 E City Danville County Hendricks State IN 46122
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Wayne Rayl Date 5-23-01

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 Wayne Rayl
New Address Same as above
Subscribed and sworn to before me this 23 day of May 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 [signature] Date May 23, 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 [signature]
New Address 413 Woodberry Dr., Danville, IN 46122
Subscribed and sworn to before me this 23 day of May 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 May 23, 2001, authorizing the marriage of Wayne Jessie Rayl and Amanda Lynn Terrell.
I further certify that the following marriage certificate was filed in my office: I, Rev. Randy Wallace (name), certify that on May 26, 2001 (date), at Indianapolis in Marion County, Indiana, Wayne Jessie Rayl of Hendricks County, Indiana (state), and Amanda Lynn Terrell of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 23, 2001. Signed by: Rev. Randy Wallace, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on May 31, 2001 (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 247
5-24-01
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 5-3-01
Name of Physician Mark Inman MD

MALE APPLICANT

Name: First Matthew Middle S. Last Edens
Date of Birth: Month 1 Day 27 Year 80
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 7424 Co Rd 100 N 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. ____
6. (a) Full name of applicant's father Gayle Douglas Edens
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Darinda Denise Stager
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
✗ Signature of Applicant Matthew Edens Date 5-24-01

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 Matthew Edens
✗ New Address Same as above
Subscribed and sworn to before me this 24 day of May, 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 Leslie Middle A. Last Inmon
Date of Birth: Month 5 Day 28 Year 80
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1106 N CoRd 900 E City Avon 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) 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 Donald L. Inmon
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Missouri
   (b) Full maiden name of applicant's mother Carol Jean Haymond
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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. Inmon Date 5-24-01

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 Leslie A. Inmon
✗ New Address 1424 E 100N AVON, IN 46123
Subscribed and sworn to before me this 24 day of May, 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 May 24, 2001, authorizing the marriage of Matthew Scott Edens and Leslie Ann Inmon.
I further certify that the following marriage certificate was filed in my office: I, Joe Williams (name), certify that on June 3, 2001 (date), at Avon in Hendricks County, Indiana, Matthew Scott Edens of Hendricks County, Indiana (state), and Leslie Ann Inmon of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 24, 2001. Signed by: Joe Williams, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on June 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 248
5-24-01
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 5-24-01
Name of Physician David Hadley MD

MALE APPLICANT

Name: First David Middle W Last Judd
Date of Birth: Month 12 Day 30 Year 57
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 7256 Walnut Creek Crossing 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 1991
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Ryan David Judd, Brittney Ann Judd
6. (a) Full name of applicant's father Forrist Judd
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Eva Jan Phelps
   (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 Judd Date 5/24/01

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 David Judd
✗ New Address SAME AS ABOVE
Subscribed and sworn to before me this 24 day of May, 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 Sheree Middle K Last Stillwell
Date of Birth: Month 8 Day 24 Year 55
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 7256 Walnut Creek Crossing 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 1989
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Anthony Wayne Stillwell
6. (a) Full name of applicant's father Leland Harper
   (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 Hester Hise
   (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 Sheree K. Stillwell Date 5-24-01

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 Sheree K. Stillwell
✗ New Address SAME AS ABOVE
Subscribed and sworn to before me this 24 day of May, 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 May 24, 2001, authorizing the marriage of David Warren Judd and Sheree Kay Stillwell.
I further certify that the following marriage certificate was filed in my office: I, Ellwood K. Smith (name), certify that on June 9, 2001 (date), at Avon in Hendricks County, Indiana, David Warren Judd of Hendricks County, Indiana (state), and Sheree Kay Stillwell of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 24, 2001. Signed by: Ellwood K. Smith, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on June 13, 2001 (date).

Signed Sharon Dugan 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 249
5-24-01
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 5-23-01
Name of Physician Dan Voegele MD

MALE APPLICANT

Name: First Davey Middle E Last Moore II
Date of Birth: Month 1 Day 12 Year 78
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1106 A Windhaven Circle 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) 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 Davey Edward Moore
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Rhonda Allison
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
✗ Signature of Applicant Davey Moore Date 5-24-01

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 Davey Moore
✗ New Address SAME AS ABOVE
Subscribed and sworn to before me this 24 day of May, 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 Jennifer Middle L. Last Niedert
Date of Birth: Month 2 Day 17 Year 79
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1106 A Windhaven Circle 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) 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 Steven Niedert
   (If adopted, list adoptive parents only)
   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 Babbitt
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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. Niedert Date 5/24/01

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 Jennifer L. Niedert
✗ New Address SAME AS ABOVE
Subscribed and sworn to before me this 24 day of May, 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 May 24, 2001, authorizing the marriage of Davey Edward Moore II and Jennifer Lynn Niedert.
I further certify that the following marriage certificate was filed in my office: I, Susan Poynter (name), certify that on June 30, 2001 (date), at Lowell in Lake County, Indiana, Davey Edward Moore II of Hendricks County, Indiana (state), and Jennifer Lynn Niedert of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 24, 2001. Signed by: Susan Poynter, Associate Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 2, 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 250
5-24-01
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 5-2-01
Name of Physician Dr. Allen

MALE APPLICANT

Name: First Robert Middle Leo Last McDowell
Date of Birth: Month 12 Day 29 Year 47
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 211 W. Stop 11 Rd City Indpls County Marion State In 46217
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 2000
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) 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. Kaelen M. McDowell, Mary K McDowell
6. (a) Full name of applicant's father Charles R. McDowell
   (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 A. Sheehan
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant R. L. McDowell Date 5/24/01

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 R. L. McDowell
New Address same
Subscribed and sworn to before me this 24 day of May, 2001
Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of 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 Lee Last Reynolds
Date of Birth: Month 11 Day 10 Year 60
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 670 Blossom Dr. 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 1990
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Macus Alan Reynolds, Madison Lee Reynolds
6. (a) Full name of applicant's father Horace C. Pierson
   (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 Jane Tull
   (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 Paula L. Reynolds Date 5/24/01

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 Paula L. Reynolds
New Address same
Subscribed and sworn to before me this 24 day of May, 2001
Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 24, 2001, authorizing the marriage of Robert Leo McDowell and Paula Lee Reynolds.
I further certify that the following marriage certificate was filed in my office: I, Amy B. Lamborn (name), certify that on June 16, 2001 (date), at Plainfield in Hendricks County, Indiana, Robert Leo McDowell of Marion County, Indiana (state), and Paula Lee Reynolds of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 24, 2001. Signed by: Amy B. Lamborn, Reverend (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 10, 2001 (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 251
5/24/01
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 4-16-01
Name of Physician Dr. M. Sullivan

MALE APPLICANT

Name: First Jonathan Middle Luke Last Kanuchok
Date of Birth: Month 4 Day 29 Year 1979
Place of Birth (State or foreign country) Connecticutt
Residence Address: Street or R.R. 5501 Old Camp Graham Rd. City Madison County Collinsville 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) Driver's License

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

6. (a) Full name of applicant's father John Michael Kanuchok
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Illinois
   Birthplace of father (State or foreign country) Pennsylvania
   (b) Full maiden name of applicant's mother Candyce Mae Hall
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Illinois
   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 J. Luke Kanuchok Date 5/24/01

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 J. Luke Kanuchok
New Address 4007 N. Everett Rd Apt B Muncie, IN 47304
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 Amelia Middle Rose Last Barnett
Date of Birth: Month 7 Day 9 Year 1977
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 6678 E. C.R. 100 S. City Hendricks County Avon 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 Jeffrey Scott Barnett
   (If adopted, list adoptive parents only)
   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 Marie Jane
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Amelia Rose Barnett Date 5-24-01

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 Amelia Rose Barnett
New Address 4007 N. Everett Rd Apt B Muncie IN 47304
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 May 24, 2001, authorizing the marriage of Jonathan Luke Kanuchok and Amelia Rose Barnett.
I further certify that the following marriage certificate was filed in my office: I, Rev. Larry R. Baker (name), certify that on June 9, 2001 (date), at South Bend in St. Joseph County, Indiana, Jonathan Luke Kanuchok of Madison County, Illinois (state), and Amelia Rose Barnett of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 24, 2001. Signed by: Rev. Larry R. Baker, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on June 13, 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 252
5-25-01
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 5-23-01
Name of Physician Lausch MD

MALE APPLICANT

Name: First Dominic Middle J. Last Cottingham
Date of Birth: Month 3 Day 8 Year 44
Place of Birth (State or foreign country) Illinois
Residence Address: Street or R.R. 911 Walton Dr. 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 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 female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Harvey Eugene DeJaynes
   (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 Joan Dellouise York
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Illinois
   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 Dominic Cottingham Date 5/25/01

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 Dominic Cottingham
✓ New Address SAME AS ABOVE
Subscribed and sworn to before me this 25 day of May 2001
Mason Dugan
Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of 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 Kimberlee Middle S. Last Haley
Date of Birth: Month 2 Day 9 Year 59
Place of Birth (State or foreign country) Illinois
Residence Address: Street or R.R. 911 Walton Dr. 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 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. Amanda Lynn Haley, Jacob Lee Haley
6. (a) Full name of applicant's father Gerald W. 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 Ruthanne Powell
   (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 Kimberlee Haley Date 5/25/01

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 Kimberlee Haley
✓ New Address SAME AS ABOVE
Subscribed and sworn to before me this 25 day of May 2001
Mason Dugan
Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 25, 2001, authorizing the marriage of Dominic Cottingham and Kimberlee Sue Haley.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on May 25, 2001 (date), at Danville in Hendricks County, Indiana, Dominic Cottingham of Hendricks County, Indiana (state), and Kimberlee Sue Haley of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 25, 2001. Signed by: Janet S. Smith, Hend. Co. Deputy Clerk (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on May 25, 2001 (date).

Signed Mason 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 253
5-24-01
Date of Application

Pd.

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

Female Applicant > 50 No ☑ Yes ☐
If No, Medical Examination or Report Dated 5-23-01
Name of Physician Dr. Lewis

MALE APPLICANT

Name: First Lyn Middle Miles Last Mayer
Date of Birth: Month 02 Day 13 Year 59
Place of Birth (State or foreign country) Missouri
Residence Address: Street or R.R. 5898 W. Beechwood City Fresno County Fresno State CA
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 3
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. Sacha Mayer
6. (a) Full name of applicant's father Billy F. Mayer
   (If adopted, list adoptive parents only) yes
   Residence of father (if deceased, so state) Kansas.
   Birthplace of father (State or foreign country) ~~Kas~~ Missouri
   (b) Full maiden name of applicant's mother Beverly Braeckbuldt
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Kansas
   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 [signature] Date 6/1/01

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 5898 W. Beechwood Ave, Fresno CA 93722
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 Sharon Middle Lou Last Jackson
Date of Birth: Month 11 Day 06 Year 65
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 7022 Mallard 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 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. NO
6. (a) Full name of applicant's father Arthur Pogosoff
   (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 Louise Heilashaw
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Jackson Date 5-24-01

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 Sharon Jackson
New Address 5898 Beechwood, Fresno CA 93722
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 June 1, 2001, authorizing the marriage of Lyn Miles Mayer and Sharon Lou Jackson.
I further certify that the following marriage certificate was filed in my office: I, Right Rev. Wayna L. Scovell (name), certify that on June 3, 2001 (date), at Indianapolis in Marion County, Indiana, Lyn Miles Mayer of Fresno County, California (state), and Sharon Lou Jackson of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 1, 2001. Signed by: Right Rev. Wayna L. Scovell, Senior Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on June 6, 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 254
5-29-01
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 5-29-01
Name of Physician Cheryl Kuck MD.

MALE APPLICANT

Name First: Benjamin Middle: Carl Last: North

Date of Birth Month: 4 Day: 5 Year: 1979

Place of Birth (State or foreign country): Maryland 60548

Residence Address: 4880 Stahl Blvd Street or R.R. Sandwich City DeKalb County IL 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.

6. (a) Full name of applicant's father Michael North
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Illinois
   Birthplace of father (State or foreign country) New York
   (b) Full maiden name of applicant's mother Barbara Veller
   (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 Benjamin C. North Date 5/29/01

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 Benjamin C. North
New Address 7701 Andrew Pass Plnfld IN
Subscribed and sworn to before me this 29 day of May 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: Julie Middle: E Last: Mansfield

Date of Birth Month: 2 Day: 19 Year: 1979

Place of Birth (State or foreign country): Indiana 46168

Residence Address: 7701 Andrew Pass Street or R.R. Plnfld. City Hend. County IN State

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

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

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

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 Mansfield
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Beth Liby
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 E. Mansfield Date 5-29-01

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 Julie E. Mansfield
New Address SAME AS above
Subscribed and sworn to before me this 29 day of May 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 May 29, 2001, authorizing the marriage of Benjamin Carl North and Julie Erin Mansfield.
I further certify that the following marriage certificate was filed in my office: I, Rev. Barbara J. Hunter (name), certify that on July 21, 2001 (date), at Valparaiso in Porter County, Indiana, Benjamin Carl North of Dekalb County, Illinois (state), and Julie Erin Mansfield of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 29, 2001. Signed by: Rev. Barbara J. Hunter, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 24, 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 255
5-25-01
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 5-24-01
Name of Physician Dr. C Harsha

MALE APPLICANT

Name: First Gary Middle a Last Leach
Date of Birth: Month 11 Day 20 Year 67
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1770 E. Fork Dr. City Bronsburg County Hend. State In 46112
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 female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Leach, Dustin Leach, MacKenzie Leach
6. (a) Full name of applicant's father Bill Leach
   (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 Terri Troda
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Leach Date 5-23-01

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 Gary Leach
✗New Address SAME AS ABOVE

Subscribed and sworn to before me this 25 day of May 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 Lisa Middle D. Last Wilkinson
Date of Birth: Month 6 Day 29 Year 74
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1770 E Fork Dr. City Bronsburg County Hend. State In 46112
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 2000
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 D. Wilkinson Date 5-23-01

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 Lisa D. Wilkinson
✗New Address SAME AS ABOVE

Subscribed and sworn to before me this 25 day of May 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 May 25, 2001, authorizing the marriage of Gary Leach and Lisa Dianne Wilkinson.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on May 25, 2001 (date), at Danville in Hendricks County, Indiana, Gary Leach of Hendricks County, Indiana (state), and Lisa Dianne Wilkinson of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 25, 2001. Signed by: Janet S. Smith, Hend. Co. Deputy Clerk (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on May 25, 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 256
5-29-01
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: Terrance Middle: William Last: Standiford
Date of Birth Month: 1 Day: 10 Year: 48
Place of Birth (State or foreign country): Indiana
Residence Address Street or R.R.: 412 W Branch Dr. City: Newport County: Carteret State: NC
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)
North Carolina Drivers Licence

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. _____
6. (a) Full name of applicant's father Robert Harold Standiford
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) North Carolina
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Roberta Jane Harris
   (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 Terrance W Standiford Date 05 29 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 Terrance W Standiford
New Address Same As Above
Subscribed and sworn to before me this 29 day of May 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: Joyce Middle: Annette Last: Sterns
Date of Birth Month: 8 Day: 24 Year: 48
Place of Birth (State or foreign country): Tennessee
Residence Address Street or R.R.: 4370 Windsor Rd. 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 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. _____
6. (a) Full name of applicant's father Willie Clay Fisher
   (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 Englebert
   (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 Joyce A Sterns Date 5-29-01

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 Joyce A. Sterns
New Address 412 W. Branch Dr. Newport NC
Subscribed and sworn to before me this 29 day of May 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 May 29, 2001, authorizing the marriage of Terrance William Standiford and Joyce Annette Sterns.
I further certify that the following marriage certificate was filed in my office: I, Harold L. Leininger II (name), certify that on June 16, 2001 (date), at Brownsburg in Hendricks County, Indiana, Terrance W. Standiford of Carterette County, North Carolina (state), and Joyce A. Sterns of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 29, 2001. Signed by: Harold L. Leininger II, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on June 18, 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 257
5-25-01
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 5-23-01
Name of Physician Dr. Barton

MALE APPLICANT	FEMALE APPLICANT
Name: First Robert Middle Andrew Last Hoffman	Name: First Julia Middle — Last Mainusch
Date of Birth: Month 7 Day 9 Year 1969	Date of Birth: Month 1 Day 17 Year 1974
Place of Birth (State or foreign country) Indiana 46123	Place of Birth (State or foreign country) Germany 46123
Residence Address: Street or R.R. 5620 Ridge Hill Way City Avon County Hend State IN	Residence Address: Street or R.R. Holzheimer Str 10 City 41540 DORMAGEN County — State Germany
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) Passport
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 Thomas Filler	6. (a) Full name of applicant's father Klaus Mainusch
(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) Germany
Birthplace of father (State or foreign country) Indiana	Birthplace of father (State or foreign country) Germany
(b) Full maiden name of applicant's mother Judith Hoffman	(b) Full maiden name of applicant's mother Christa Krüger
(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) Germany
Birthplace of mother (State or foreign country) Indiana	Birthplace of mother (State or foreign country) Germany

ACKNOWLEDGEMENT

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

Signature of Applicant Robert A Hoffman Date 05/25/01

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 A. Hoffman
New Address same as above
Subscribed and sworn to before me this 25 day of May 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 Julia Mainusch Date 5/25/01

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 Julia Mainusch
New Address same as above
Subscribed and sworn to before me this 25 day of May 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 June 4, 2001, authorizing the marriage of Robert Andrew Hoffman and Julia Mainusch.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on June 4, 2001 (date), at Danville in Hendricks County, Indiana, Robert Andrew Hoffman of Hendricks County, Indiana (state), and Julia Mainusch of Neuss County, Germany (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 4, 2001. Signed by: Janet S. Smith, Hend. Co. Deputy Clerk (official designation) Filed and recorded in accordance with the laws of the State of Indiana on June 4, 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 258
5-25-01
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 5/11/01
Name of Physician Dr. Trzgate, Michael

MALE APPLICANT

Name: First David Middle J. Last Steimann
Date of Birth: Month 12 Day 27 Year 52
Place of Birth (State or foreign country) Illinois
Residence Address: Street or R.R. 136 Foxwood Dr City Brownsburg County Hend State In 46112
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 3
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 2000
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) 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 Donald J. Stiemann
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Illinois
   (b) Full maiden name of applicant's mother Phyllis K. Woodsey
   (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 David J. Stiemann Date 5/25/01

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 David J. Stiemann
✗New Address SAME AS ABOVE
Subscribed and sworn to before me this 25 day of May 2001
Shaver Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of 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 Rita Middle K Last Denson
Date of Birth: Month 4 Day 8 Year 52
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 136 Foxwood Dr. City Brownsburg County Hend State In 46112
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) 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 Richard Willis Wolfington
   (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 Ada Bell Belcher
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
✗Signature of Applicant Rita Denson Date 5-25-01

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 5-25-01

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
✗Signed Rita Denson
✗New Address 136 Foxwood Dr Brownsburg In 46112
Subscribed and sworn to before me this 25 day of May 2001
Shaver Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 25, 2001, authorizing the marriage of Daniel F. Stiemann and Rita K. Denson.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on May 25, 2001 (date), at Danville in Hendricks County, Indiana, Daniel F. Stiemann of Hendricks County, Indiana (state), and Rita K. Denson of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 25, 2001. Signed by: Janet S. Smith, Hend. Co. Deputy Clerk (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on May 25, 2001 (date).

Signed Shaver 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 C4
Page 259
5/25/01
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 5/23/01
Name of Physician Dr. James A. Myers

MALE APPLICANT

Name: First Joey Middle Dean Last Roe
Date of Birth: Month 1 Day 1 Year 1967
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 3945 S. Indianapolis Rd. 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 1987
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding 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 Joey D Roe Date 5/25/01

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 Joey D Roe
New Address 677 Woodfield Circle 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 Deborah Middle Sue Last Leffler
Date of Birth: Month 8 Day 13 Year 1970
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 677 Woodfield Cir. City Avon County Hendricks State Indiana 46123
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. _____
6. (a) Full name of applicant's father Lloyd Dale Quick
   (If adopted, list adoptive parents only)
   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 May Dalton
   (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 Deborah S Leffler Date 5/25/01

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 Deborah S Leffler
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 June 4, 2001, authorizing the marriage of Joey Dean Roe and Deborah Sue Leffler.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on June 4, 2001 (date), at Danville in Hendricks County, Indiana, Joey Dean Roe of Hendricks County, Indiana (state), and Deborah Sue Leffler of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 4, 2001. Signed by: Janet S. Smith, Hend. Co. Deputy Clerk (official designation) Filed and recorded in accordance with the laws of the State of Indiana on June 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 260
5-29-01
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 5-2-01
Name of Physician Mary Schmoll MD

MALE APPLICANT

Name: First Mark Middle E. Last Garland
Date of Birth: Month 2 Day 27 Year 72
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 2920 S. SR 39 City Danville County Hend. State In 46122
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

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

FEMALE APPLICANT

Name: First Erin Middle C Last O'Brien
Date of Birth: Month 10 Day 11 Year 71
Place of Birth (State or foreign country) Iowa
Residence Address: Street or R.R. 2920 South SR 39 City Danville County Hend. State In 46122
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Pat O'Brien
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Iowa
   (b) Full maiden name of applicant's mother Rita Talga
   (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 Mark E. Garland Date 5-29-01

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 Mark E. Garland
✓ New Address SAME
Subscribed and sworn to before me this 29 day of May, 2001
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 Erin C. O'Brien Date 5-29-01

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 Erin C. O'Brien
✓ New Address Same as above
Subscribed and sworn to before me this 29 day of May 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

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 29, 2001, authorizing the marriage of Mark E. Garland and Erin Claire O'Brien.
I further certify that the following marriage certificate was filed in my office: I, Howard Cupp (name), certify that on June 2, 2001 (date), at Danville in Hendricks County, Indiana, Mark E. Garland of Hendricks County, Indiana (state), and Erin Claire O'Brien of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 29, 2001. Signed by: Howard Cupp, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on June 7, 2001 (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 261
5-29-01
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 Marion Middle J Last Smith
Date of Birth: Month 12 Day 22 Year 37
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 110 Andrews Blvd 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 1995
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. _____
6. (a) Full name of applicant's father Lawrence Noble 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 Anna Kathleen Lillpop
   (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 Marion J. Smith Date 5-29-01

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 Marion J. Smith
✗ New Address 902 E. Trafzer St, Pekin, IN 47165

Subscribed and sworn to before me this 29 day of May, 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 Antoinette Middle J. Last Hobson
Date of Birth: Month 3 Day 13 Year 37
Place of Birth (State or foreign country) Michigan
Residence Address: Street or R.R. 1702 Sycamore Dr. 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 1979
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. _____
6. (a) Full name of applicant's father Vernon Merritt
   (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 Verda St Rand
   (If adopted, list adoptive parents only) _____
   Residence of mother (if deceased, so state) Deceased
   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 Antoinette Joy Hobson Date 5-29-01

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 Antoinette Joy Hobson
✗ New Address 902 Trafzer St Pekin In 47165

Subscribed and sworn to before me this 29 day of May, 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 May 29, 2001, authorizing the marriage of Marion Joseph Smith and Antoinette Joy Hobson.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on May 29, 2001 (date), at Danville in Hendricks County, Indiana, Marion Joseph Smith of Hendricks County, Indiana (state), and Antoinette Joy 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 May 29, 2001. Signed by: Janet S. Smith, Hend. Co. Deputy Clerk (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on May 29, 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 262
5-29-01
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 5-24-01
Name of Physician Dr. Jurk

MALE APPLICANT

Name: First Steven Middle D. Last Hiland
Date of Birth: Month 6 Day 3 Year 72
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 5840 N CRd 375 E City Pittsboro County Hendricks 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) 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 Mickey Wayne Hiland
   (If adopted, list adoptive parents only)
   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 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 Steven D Hiland Date 5/29/01

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 Steven D. Hiland
✗ New Address SAME AS ABOVE
Subscribed and sworn to before me this 29 day of May 2001
[illegible] Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of 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 Gwendolyn Middle C Last Quearry
Date of Birth: Month 1 Day 15 Year 74
Place of Birth (State or foreign country) Michigan
Residence Address: Street or R.R. 5840 N. CRd 375 E City Pittsboro County Hendricks 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) 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 Marshall James Quearry 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 Julia Olmstead
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
✗ Signature of Applicant Gwendolyn Quearry Date 5/29/01

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 Gwendolyn Quearry
✗ New Address same as above
Subscribed and sworn to before me this 29 day of May 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 May 29, 2001, authorizing the marriage of Steven Douglas Hiland and Gwendolyn Clare Quearry.
I further certify that the following marriage certificate was filed in my office: I, Bryan Carter (name), certify that on June 2, 2001 (date), at Avon in Hendricks County, Indiana, Steven Douglas Hiland of Hendricks County, Indiana (state), and Gwendolyn Clare Quearry of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 29, 2001. Signed by: Bryan Carter, Executive Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on June 5, 2001 (date).

Signed Honor 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 263
5-29-01
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 5-29-01
Name of Physician David Hadley MD

MALE APPLICANT

Name: First William Middle M. Last Albers
Date of Birth: Month 11 Day 18 Year 78
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 226 Avon Ave 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.
6. (a) Full name of applicant's father William Julius Albers
   (If adopted, list adoptive parents only)
   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 Jane Dale
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Matthew Albers Date 5-29-01

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 William Matthew Albers
New Address Same as above
Subscribed and sworn to before me this 29 day of May 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 Elizabeth Middle Last Lattarulo
Date of Birth: Month 9 Day 11 Year 81
Place of Birth (State or foreign country) Ohio
Residence Address: Street or R.R. 240 Cypress Dr. #190 City Harrison County Hamilton State Ohio 45030
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: Birth Certificate ☒ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father William Edward Lattarulo
   (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 Teresa Claire Beck
   (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 Elizabeth Lattarulo Date 5-29-01

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 Elizabeth Lattarulo
New Address 226 Avon Ave Plainfield 46168
Subscribed and sworn to before me this 29 day of May 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 May 29, 2001, authorizing the marriage of William Matthew Albers and Elizabeth Lattarulo.
I further certify that the following marriage certificate was filed in my office: I, Ernie Bowling (name), certify that on June 9, 2001 (date), at West Harrison in Dearborn County, Indiana, William Matthew Albers of Hendricks County, Indiana (state), and Elizabeth Lattarulo of Hamilton County, Ohio (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 29, 2001. Signed by: Ernie Bowling, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on June 13, 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 604
Page 264
5-29-01
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 5-29-01
Name of Physician Dr. Gaddy

MALE APPLICANT

Name: First Matthew Middle G. Last Bastin
Date of Birth: Month 9 Day 30 Year 1976
Place of Birth (State or foreign country) Indiana 46168
Residence Address: Street or R.R. 282 N Vine St City Pnfld. 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) 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. Ashley Rose Bastin
6. (a) Full name of applicant's father Byron Michael Bastin
   (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 Phyllis Jean Williams
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Ohio
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
X Signature of Applicant Matthew Bastin Date 5/29/01

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 Matthew Bastin
New Address Same as above
Subscribed and sworn to before me this 29 day of May 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 Tamica Middle Marie Last Kenworthy
Date of Birth: Month 12 Day 28 Year 1978
Place of Birth (State or foreign country) Indiana 46168
Residence Address: Street or R.R. 282 N Vine St. City Pnfld. 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) 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 Charles W. Kenworthy, 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 Tina M. 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).
X Signature of Applicant Tamica Kenworthy Date 5/29/01

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 Tamica M. Kenworthy
New Address Same as above
Subscribed and sworn to before me this 29 day of May 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 May 29, 2001, authorizing the marriage of Matthew Gregory Bastin and Tamica Marie Kenworthy.
I further certify that the following marriage certificate was filed in my office: I, B. Michael Bastin (name), certify that on June 9, 2001 (date), at Monrovia in Morgan County, Indiana, Matthew Gregory Bastin of Hendricks County, Indiana (state), and Tamica Marie Kenworthy of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 29, 2001. Signed by: B. Michael Bastin, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on June 19, 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 265
5-29-01
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 Patrick Middle J. Last Harrison

Date of Birth: Month 7 Day 25 Year 58

Place of Birth (State or foreign country) Illinois

Residence Address: Street or R.R. 4343 Allen Drive City Brownsburg County Hendricks State 46112

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

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 2000

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 P. Harrison, David A. Harrison, Emily N. Harrison, Brian A. Howe
6. (a) Full name of applicant's father Curtis Harrison
   (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 Anna Geist
   (If adopted, list adoptive parents only) _____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Germany

FEMALE APPLICANT

Name: First _____ Middle _____ Last _____

Date of Birth: Month _____ Day _____ Year _____

Place of Birth (State or foreign country) _____

Residence Address: Street or R.R. _____ City _____ County _____ State _____

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

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

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

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

ACKNOWLEDGEMENT

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

Signature of Applicant [signature] Date 5/29/01

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 29 day of May, 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 _____ Date _____

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

Clerk 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 _____

Sharon Dugan
Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of Hendricks)

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____

_____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 1-800-382-8329

545

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 265
5-29-01
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 _____

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. 265

HENDRICKS COUNTY
INSERT NAME OF COUNTY

GROOM

Name of groom (*Print in full*) (*last, first, middle*): HARRISON PATRICK J

Residence address (*number and street*): 4343 ALLEN DRIVE

County: HENDRICKS

City or town, state, ZIP code: BROWNSBURG, IN 46112

Is residence inside city limits? ☐ Yes ☑ No

Social Security number *: 313-72-6815

Usual occupation: TRUCK DRIVER

Education (*specify highest grade completed*): COLLEGE

Name of father: CURTIS HARRISON — Birthplace: PENNSYLVANIA

Name of mother (*full maiden*): EMMA ORLST — Birthplace: GERMANY

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

Age of groom: 40 — Place of birth (*State or Foreign Country*): CHICAGO, ILL

PREVIOUS MARITAL STATUS
☐ Never Married
LAST MARRIAGE ENDED BY:
☐ Death ☐ Annulment ☑ Divorce

Total number of previous marriages: 1

Date last marriage ended: 8-1-2000

BRIDE

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

Residence address (*number and street*): — County:

City or town, state, ZIP code:

Is residence inside city limits? ☐ Yes ☐ No — Social Security number *:

Usual occupation:

Education (*specify highest grade completed*):

Name of father: — Birthplace:

Name of mother (*full maiden*): — Birthplace:

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

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

PREVIOUS MARITAL STATUS
☐ Never Married
LAST MARRIAGE ENDED BY:
☐ Death ☐ Annulment ☐ Divorce

Total number of previous marriages:

Date last marriage ended:

THIS APPLICATION FOR LICENSE EXPIRES ON: 7-27-01

PLACE OF MARRIAGE

City o…

Signa…

Signa…

Date…

AIDS…

Cl… He…

Da…

Si…

OFFICIANT

Name

Title

Address (*number and street*)

City or town, state, ZIP code

Telephone number

forward same at close of each calendar month to Indiana State Department of Indianapolis, Indiana 46204

_____ Book 64 Page 545

_____ Clerk of HENDRICKS Circuit Court
Insert Name of County

Pd in full
gave info

Bride Filled out
Form answer (1)
questions Sign & (2)
give Book & (3)
License to her

I kept this name

needs to do all
of his part. Bride
Pd. gave her info
Sue him Form,
Multiple & Book

COM…

and fi…

IC 31-11-4-18

Indiana State Department of Health

…ICENSE AND MARRIAGE CERTIFICATE

I certify that the… the Clerk of the Circuit Court of Hendricks County, Indiana, dated _____ and _____.

I further certify… office: I, _____ (name), certify that on _____ in _____ County, Indiana… _____ County, _____ (state), and _____ were married… was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated _____, _____ (official designation)

Filed and recorded in acco… …a on _____ (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8100

546

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 266
6-5-01
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 5-24-01
Name of Physician Terry Henderson M.D.

MALE APPLICANT

Name: First Jeremy Middle R. Last Baugh
Date of Birth: Month 9 Day 6 Year 77
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 930 Highlander Dr. City Plfd 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.
6. (a) Full name of applicant's father Richard Allen Baugh
   (If adopted, list adoptive parents only)
   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 Carmel 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 [signature] Date 6/5/01

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 930 Highlander Dr. Plainfield, IN 46168
Subscribed and sworn to before me this 5 day of June, 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 Tamara Middle J. Last Irwin
Date of Birth: Month 4 Day 10 Year 77
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1300 Brownsward 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) 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 Gary Telford Irwin
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Penn
   (b) Full maiden name of applicant's mother Debbie Ann Hoffman
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

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

✗ Signature of Applicant [signature] Date 6/5/01

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 930 Highlander Dr. Plainfield, IN 46168
Subscribed and sworn to before me this 5 day of June, 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 June 5, 2001, authorizing the marriage of Jeremy Richard Baugh and Tamara Joy Irwin.
I further certify that the following marriage certificate was filed in my office: I, Harold L. Leininger II (name), certify that on June 16, 2001 (date), at Brownsburg in Hendricks County, Indiana, Jeremy Richard Baugh of Hendricks County, Indiana (state), and Tamara Joy Irwin of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 5, 2001. Signed by: Harold L. Leininger II, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on June 21, 2001 (date).

Signed Honor 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 267
5-30-01
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 5-17-01
Name of Physician Marvin V. Hetzler MD

MALE APPLICANT

Name: First Koven Middle James Last Smith
Date of Birth: Month 6 Day 17 Year 75
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 544 S. Lincoln St. #1 City Bloomington County Monroe State 47401
Previous Marital Status: Never Married ☒ 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 Koven Wesley Smith
   (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 Virginia Lee Cotner
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Florida
   Birthplace of mother (State or foreign country) Illinois

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
✗Signature of Applicant [signature] Date 5/30/01

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 8079 FLORENCE DR. BROWNSBURG, IN 46112
Subscribed and sworn to before me this 30 day of May, 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 Catherine Middle M. Last Peterson
Date of Birth: Month 4 Day 13 Year 79
Place of Birth (State or foreign country) Ohio
Residence Address: Street or R.R. 8079 Florence Dr. City Brownsburg County Hendricks State 46112
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
✗Signature of Applicant [signature] Date 5-30-01

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 30 day of May, 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 May 30, 2001, authorizing the marriage of Koven James Smith and Catherine Mary Peterson.
I further certify that the following marriage certificate was filed in my office: I, Rev. Daniel J. Staublin (name), certify that on June 9, 2001 (date), at Brownsburg in Hendricks County, Indiana, Koven James Smith of Monroe County, Indiana, (state), and Catherine Mary 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 May 30, 2001. Signed by: Rev. Daniel J. Staublin, Priest (official designation) Filed and recorded in accordance with the laws of the State of Indiana on June 13, 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 604
Page 268
5-30-01
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 2-23-01
Name of Physician Dr. Johns

MALE APPLICANT

Name: First Jeffrey Middle A. Last Wilkins
Date of Birth: Month 4 Day 20 Year 1979
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1010 W Parkway City Muncie County Delaware State IN 47304
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Driver's License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Jeffrey A Wilkins Date 5/30/01

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 Jeffrey A Wilkins
New Address 5309 N Poplar Dr, Muncie IN 47304
Subscribed and sworn to before me this 30 day of May 2001
Thasor Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of 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 Lindsey Middle M. Last Follas
Date of Birth: Month 7 Day 29 Year 1978
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 9310 N CR 800 E 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) 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 Evan Follas
   (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 Debra Stoop
   (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 Lindsey M Follas Date 5/30/01

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 Lindsey M Follas
New Address 5309 N Poplar Dr. Muncie, IN 47304
Subscribed and sworn to before me this 30 day of May 2001
Thasor Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 30, 2001, authorizing the marriage of Jeffrey Alford Wilkins and Lindsey Marie Follas.
I further certify that the following marriage certificate was filed in my office: I, Stephen A. Yeaton (name), certify that on June 9, 2001 (date), at Brownsburg in Hendricks County, Indiana, Jeffrey Alford Wilkins of Delaware County, Indiana (state), and Lindsey Marie Follas of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 30, 2001. Signed by: Stephen A. Yeaton, Preacher (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on June 12, 2001 (date).

Signed Thasor 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 269
5-30-01
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 5-30-01
Name of Physician Heath Hacks

MALE APPLICANT

Name: First Timothy Middle D. Last McRoberts
Date of Birth: Month 4 Day 2 Year 65
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1228 Meadowood Dr. City Danville County Hendricks State IN 46122
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 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 Dale Leon McRoberts
   (If adopted, list adoptive parents only)
   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 McPeters
   (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 Keri Middle D. Last Linton
Date of Birth: Month 11 Day 2 Year 78
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1228 Meadowood Dr. City Danville County Hendricks State IN 46122
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) 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 Chris Linton
   (If adopted, list adoptive parents only)
   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 Lange
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Arizona
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

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

✗ Signature of Applicant Tim McRoberts Date 5/30/01

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 Tim McRoberts
✗ New Address Same as above.

Subscribed and sworn to before me this 30 day of May 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 Keri Linton Date 5/30/01

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 Keri Linton
✗ New Address Same as above

Subscribed and sworn to before me this 30 day of May, 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 May 30, 2001, authorizing the marriage of Timothy Dale McRoberts and Keri Dianne Linton.

I further certify that the following marriage certificate was filed in my office: I, Roger L. Stroup (name), certify that on June 2, 2001 (date), at Danville in Hendricks County, Indiana, Timothy Dale McRoberts of Hendricks County, Indiana (state), and Keri Dianne Linton of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 30, 2001. Signed by: Roger L. Stroup, Pastor (official designation) Filed and recorded in accordance with the laws of the State of Indiana on June 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 604
Page 270
5-30-01
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 5-24-01
Name of Physician Dr. King

MALE APPLICANT

Name: First Scott Middle R. Last Burke
Date of Birth: Month 1 Day 3 Year 1979
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 505 Spruce St City Plainfield County Hend State IN 46168
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) 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 Scott Allen Burke
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother René Marie 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 Scott R Burke Date 5/30/01

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 Scott R Burke
New Address same as above
Subscribed and sworn to before me this 30 day of May 2001
Mason Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of 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 S. Last Thomas
Date of Birth: Month 9 Day 15 Year 1981
Place of Birth (State or foreign country) Illinois
Residence Address: Street or R.R. 505 Spruce St City Plainfield County Hend State IN 46168
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) 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 Thad Raymond Thomas
   (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 Katherine Louise Bielawski
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) ?
   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 Angela S Thomas Date 5/30/01

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 Angela S Thomas
New Address same as above
Subscribed and sworn to before me this 30 day of May 2001
Mason Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 30, 2001, authorizing the marriage of Scott Ryan Burke and Angela Susan Thomas.
I further certify that the following marriage certificate was filed in my office: I, Darwin R. Whited (name), certify that on June 23, 2001 (date), at DeMotte in Jasper County, Indiana, Scott Ryan Burke of Hendricks County, Indiana (state), and Angela Susan 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 May 30, 2001. Signed by: Darwin R. Whited, Wheatfield Town Clerk (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on June 27, 2001 (date).

Signed Mason 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 271
5-31-01
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 5-23-01
Name of Physician James Rea MD

MALE APPLICANT

Name: First Mark Middle R. Last Wilkinson
Date of Birth: Month 4 Day 29 Year 78
Place of Birth (State or foreign country) Illinois
Residence Address: Street or R.R. 25 Redwood Ct. 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) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Michael Wilkinson
   (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 Janet K Blasy
   (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 Kristin Middle N. Last Pearcy
Date of Birth: Month 10 Day 4 Year 78
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 4105 N Co Rd 900 E 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) 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 Dec Martin Pearcy
   (If adopted, list adoptive parents only)
   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 Lynn Bradley
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

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

✗Signature of Applicant Mark Wilkinson Date 5-31-01

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 Mark Wilkinson
✗New Address 4105 N. Co Rd. 900 E Brownsburg, IN 46112
Subscribed and sworn to before me this 31 day of May 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 Kristin N. Pearcy Date 5-31-01

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 Kristin N. Pearcy
✗New Address 4105 N. Co. Rd. 900 E. Brownsburg, IN 46112
Subscribed and sworn to before me this 31 day of May 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 May 31, 2001, authorizing the marriage of Mark Richard Wilkinson and Kristin Nicole Pearcy.
I further certify that the following marriage certificate was filed in my office: I, Rev. Andrew P. Crowley (name), certify that on June 16, 2001 (date), at Speedway in Marion County, Indiana, Mark Richard Wilkinson of Hendricks County, Indiana (state), and Kristin Nicole Pearcy of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 31, 2001. Signed by: Rev. Andrew P. Crowley, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on June 26, 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 272
5-31-01
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 5-30-01
Name of Physician Karen L. Beard MD

MALE APPLICANT

Name: First Richard Middle Andrew Last Roberts
Date of Birth: Month 12 Day 30 Year 78
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 380 S. Green Street 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) 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 Richard D. 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 Judith K. Rogers
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding 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 Richard Andrew Roberts Date 5/31/01

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 Richard Andrew Roberts
X New Address same as above
Subscribed and sworn to before me this 31 day of May, 2001
Sharon Sugar Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of 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 Julie Middle N. Last McColgin
Date of Birth: Month 7 Day 16 Year 78
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1064 Richmond 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) Driver's License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding 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 Julie Nicole McColgin Date 5/31/01

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 Julie Nicole McColgin
X New Address 380 S. Green Brownsburg, IN 46112
Subscribed and sworn to before me this 31 day of May, 2001
Sharon Sugar Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 31, 2001, authorizing the marriage of Richard Andrew Roberts and Julie Nicole McColgin.
I further certify that the following marriage certificate was filed in my office: I, Kenneth W. Weliever, Sr. (name), certify that on June 8, 2001 (date), at Westfield in Hamilton County, Indiana, Richard Andrew Roberts of Hendricks County, Indiana (state), and Julie Nicole McColgin of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 31, 2001. Signed by: Kenneth W. Weliever, Sr., Preacher (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on June 13, 2001 (date).

Signed Sharon Sugar 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 273
5-31-01
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 4-12-01
Name of Physician Dr. Correll

MALE APPLICANT

Name: First Robert Middle E. Last Estridge
Date of Birth: Month 10 Day 18 Year 1960
Place of Birth (State or foreign country) Indiana 46123
Residence Address: Street or R.R. 2488 N SR 267 City Avon 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) 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 Thomas Estridge
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Florida
   Birthplace of father (State or foreign country) Ohio
   (b) Full maiden name of applicant's mother Barbara Lanham
   (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 Robert E Estridge Date 5-31-01

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 Robert E Estridge
New Address same as above
Subscribed and sworn to before me this 31 day of May 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 Ronda Middle L. Last Foster
Date of Birth: Month 7 Day 23 Year 1960
Place of Birth (State or foreign country) Indiana 46123
Residence Address: Street or R.R. 2488 N SR 267 City Avon County Hend State IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 8-99
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Driver's License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding 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 Ronda Foster Date 5-31-01

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 Ronda Foster
New Address same as above
Subscribed and sworn to before me this 31 day of May 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 May 31, 2001, authorizing the marriage of Robert Everette Estridge and Ronda Lynn Foster.
I further certify that the following marriage certificate was filed in my office: I, Richard A. Lanham (name), certify that on June 16, 2001 (date), at Avon in Hendricks County, Indiana, Robert Everette Estridge of Marion County, Indiana (state), and Ronda Lynn Foster of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 31, 2001. Signed by: Richard A. Lanham, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on June 25, 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 44
Page 274
5-31-01
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 5-31-01
Name of Physician Karen Johns MD

MALE APPLICANT

Name: First Geoffrey Middle A. Last Morris
Date of Birth: Month 8 Day 26 Year 77
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 7146 Flounder Dr. City Nineveh County Brown State IN 46164
Previous Marital Status: 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 Alan Morris
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Ohio
   (b) Full maiden name of applicant's mother Darlene Boswell
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
✗ Signature of Applicant Geoffrey Alan Morris Date 5-31-01

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 Geoffrey Alan Morris
✗ New Address SAME As Above
Subscribed and sworn to before me this 31 day of May, 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 Sacha Middle L. Last Wilson
Date of Birth: Month 4 Day 9 Year 80
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 6046 E. CR 800 N City Brownsburg County Hendricks State IN 46112
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) 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 Duane Wilson
   (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 Vicki Ann Ward
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
✗ Signature of Applicant Sacha Lynn Wil Date 5-31-01

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 Sacha Lynn Wil
✗ New Address 7146 Flounder DR. Nineveh (Brown Cty.) IN. 46164
Subscribed and sworn to before me this 31 day of May, 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 May 31, 2001, authorizing the marriage of Geoffrey Alan Morris and Sacha Lynn Wilson.
I further certify that the following marriage certificate was filed in my office: I, Rev. Leonard Maynard (name), certify that on June 16, 2001 (date), at Brownsburg in Hendricks County, Indiana, Geoffrey Alan Morris of Brown County, Indiana (state), and Sacha Lynn Wilson of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 31, 2001. Signed by: Rev. Leonard Maynard, Asst. Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on June 21, 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 275
6-1-01
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 5-29-01
Name of Physician Jill Stanton M.D.

MALE APPLICANT

Name: First Abraham Middle T Last Baber
Date of Birth: Month 4 Day 15 Year 76
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 21 Twin 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. ____
6. (a) Full name of applicant's father Ronald Lee Baber
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Alabama
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Linda Kay Ford
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

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

✗Signature of Applicant Abraham Baber Date 6/01/01

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 Abraham Baber
✗New Address 21 Twin St Brownsburg IN 46112
Subscribed and sworn to before me this 1 day of June, 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 Julia Middle J. Last Stone
Date of Birth: Month 2 Day 10 Year 76
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 3005 Danbury Ct City Angels Marion State In 46222
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

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

ACKNOWLEDGEMENT

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

✗Signature of Applicant Julia Stone Date 6/1/01

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 Julia Stone
✗New Address 21 Twin St. Brownsburg, IN 46112
Subscribed and sworn to before me this 1 day of June, 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 June 1, 2001, authorizing the marriage of Abraham Travis Baber and Julia Jay Stone.
I further certify that the following marriage certificate was filed in my office: I, Charles E. Linton (name), certify that on June 2, 2001 (date), at Indianapolis in Marion County, Indiana, Abraham Travis Baber of Hendricks County, Indiana (state), and Julia Jay Stone of Marion County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 1, 2001. Signed by: Charles E. Linton, Elder (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on June 7, 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 276
6-1-01
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 5-16-01
Name of Physician Maurice Davis MD

MALE APPLICANT

Name: First Michael Middle S. Last Spielman
Date of Birth: Month 3 Day 28 Year 67
Place of Birth (State or foreign country) Ohio
Residence Address: Street or R.R. 9973 Ellsworth Lane 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.
6. (a) Full name of applicant's father Thomas Dale Spielman
   (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 Laura Jean Dezrick
   (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 Michael S Spielman Date 6/1/01

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 Michael S Spielman
✓New Address Same as above
Subscribed and sworn to before me this 1st day of June, 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 Kristy Middle L. Last Robbins
Date of Birth: Month 4 Day 28 Year 74
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 9973 Ellsworth Lane 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 male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Arnold Robbins
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Linda Kay Addison
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

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

✓Signature of Applicant Kristy L Robbins Date 6-1-01

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 Kristy L Robbins
✓New Address Same as above
Subscribed and sworn to before me this 1st day of June, 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 June 1, 2001, authorizing the marriage of Michael Scott Speelman and Kristy Lee Robbins.
I further certify that the following marriage certificate was filed in my office: I, Rev. Joe Ridenour (name), certify that on June 23, 2001 (date), at Speedway in Marion County, Indiana, Michael Scott Speelman of Hendricks County, Indiana (state), and Kristy Lee Robbins of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 1, 2001. Signed by: Rev. Joe Ridenour, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on June 26, 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 277
6-1-01
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 5-23-01
Name of Physician Dr. Birtley

MALE APPLICANT	FEMALE APPLICANT
Name: First William Middle Joseph Last Simmons	Name: First Iryna Middle K Last Khyzhnyak
Date of Birth: Month 2 Day 6 Year 56	Date of Birth: Month 8 Day 1 Year 75
Place of Birth (State or foreign country) Massachusetts	Place of Birth (State or foreign country) Ukraine
Residence Address: Street or R.R. 955 C Pinewood Ct N City Plainfield County Hendricks State In. 46168	Residence Address: Street or R.R. 955 C Pinewood Ct N City Plainfield County Hendricks State In. 46168
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 1994	Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 1996
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Drivers License	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 ☐	1. Are you now 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 William Arthur Simmons	6. (a) Full name of applicant's father Alexander K Khyzhnyak
(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) Ukraine
Birthplace of father (State or foreign country) Massachusetts	Birthplace of father (State or foreign country) Ukraine
(b) Full maiden name of applicant's mother Eunice Elizabeth Boardman	(b) Full maiden name of applicant's mother Galyna Jakovlevna
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Massachusetts	Residence of mother (if deceased, so state) Ukraine
Birthplace of mother (State or foreign country) Massachusetts	Birthplace of mother (State or foreign country) Russia

ACKNOWLEDGEMENT

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

✗ Signature of Applicant Wm J Simmons Date 6-1-01

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 Wm J Simmons
✗ New Address Same as above
Subscribed and sworn to before me this 1 day of June 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

ACKNOWLEDGEMENT

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

✗ Signature of Applicant Khyzhnyak Date 6-1-01

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 Khyzhnyak
✗ New Address Same as above
Subscribed and sworn to before me this 1 day of June 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 June, 1 2001, authorizing the marriage of William Joseph Simmons and Iryna Khyzhnyak.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on June 1, 2001 (date), at Danville in Hendricks County, Indiana, William Joseph Simmons of Hendricks County, Indiana (state), and Iryna Khyzhnyak of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 1, 2001. Signed by: Janet S. Smith, Hend. Co. Deputy Clerk (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on June 1, 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 278
6-1-01
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 4-19-01
Name of Physician Mid America Clinical Lab

MALE APPLICANT

Name: First William, Middle C., Last Gregory
Date of Birth: Month 4, Day 17, Year 69
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 1118 Liberty Dr., City Indpls, County Hend, State In 46234
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1996
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Kaylie Marie Gregory
6. (a) Full name of applicant's father Henry Clay Gregory 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 Judy Carol Kerr
   (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 Wm Clay Gregory Date 06/01/01

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 Wm Clay Gregory
✗ New Address SAme AS Above
Subscribed and sworn to before me this 1 day of June, 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 Annette, Middle E., Last Woodard
Date of Birth: Month 8, Day 12, Year 69
Place of Birth (State or foreign country): Massachusetts
Residence Address: Street or R.R. 1118 Liberty Dr., City Indpls, County Hend, 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) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Lee Dearen, Bryanne Christine Woodard
6. (a) Full name of applicant's father Cornilus Patrick Dearin Jr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Mass
   (b) Full maiden name of applicant's mother Olivia Esther Hennebury
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Mass

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 E Woodard Date 06.01.01

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 Annette E Woodard
✗ New Address Same as above
Subscribed and sworn to before me this 1 day of June, 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 June 1, 2001, authorizing the marriage of William Clay Gregory and Annette Emily Woodard.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on June 1, 2001 (date), at Danville in Hendricks County, Indiana, William Clay Gregory of Hendricks County, Indiana (state), and Annette Emily Woodard of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 1, 2001. Signed by: Janet S. Smith, Hend. Co. Deputy Clerk (official designation) Filed and recorded in accordance with the laws of the State of Indiana on June 5, 2001 (date).

Signed Sharon Dugan 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 279
6-1-01
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 4-6-01
Name of Physician Dr. Trippie

MALE APPLICANT

Name: First Jesse Middle R Last Knoll
Date of Birth: Month 6 Day 7 Year 1978
Place of Birth (State or foreign country) Indiana 46168
Residence Address: Street or R.R. 1729 Rachel Dr City Plainfield County Hend State IN
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) 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 Allan Knoll
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Patty Loden
   (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).
X Signature of Applicant Jesse Knoll Date 6/1/01

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 Jesse Knoll
New Address 250 N. East St Apt 208, Plnfld, IN
Subscribed and sworn to before me this 1 day of June 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 Heather Middle M Last Still
Date of Birth: Month 6 Day 1 Year 1978
Place of Birth (State or foreign country) Ohio 46121
Residence Address: Street or R.R. 5395 W CR 600 S City Coatesville County Hend State IN
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) 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 Gregory B. Still
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Michigan
   Birthplace of father (State or foreign country) Ohio
   (b) Full maiden name of applicant's mother Tracie L. Cox
   (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).
X Signature of Applicant Heather Still Date 6-1-01

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 Heather Still
New Address 250 N East St Apt 208 Plnfld, IN
Subscribed and sworn to before me this 1 day of June 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 June 1, 2001, authorizing the marriage of Jesse Richard Knoll and Heather Marie Still.
I further certify that the following marriage certificate was filed in my office: I, Tim Gephart (name), certify that on July 14, 2001 (date), at Plainfield in Hendricks County, Indiana, Jesse Richard Knoll of Hendricks County, Indiana (state), and Heather Marie Still of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 1, 2001. Signed by: Tim Gephart, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 18, 2001 (date).

Signed Honor 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 280
6-1-01
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 5-10-01
Name of Physician Health Tracks

MALE APPLICANT

Name: First Scott Middle B. Last Miller
Date of Birth: Month 8 Day 9 Year 74
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 910 Pinewood Dr. D 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. ____
6. (a) Full name of applicant's father Roger R. 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 Charlotte M. Chastain
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Miller Date 6/1/01

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 Scott B Miller
✗ New Address SAME AS Above
Subscribed and sworn to before me this 1 day of June, 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 Lynn Middle D. Last Morris
Date of Birth: Month 5 Day 11 Year 75
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 910 Pinewood Dr. D 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. ____
6. (a) Full name of applicant's father Stephen Morris
   (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 Roberta Shelton
   (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 Lynn D Morris Date 6/1/01

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 Lynn D Morris
✗ New Address same as above
Subscribed and sworn to before me this 1 day of June, 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 June 1, 2001, authorizing the marriage of Scott Berlin Miller and Lynn Dianne Morris.
I further certify that the following marriage certificate was filed in my office: I, William G. Enright (name), certify that on June 23, 2001 (date), at Indianapolis in Marion County, Indiana, Scott Berlin Miller of Hendricks County, Indiana (state), and Lynn Dianne Morris of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 1, 2001. Signed by: William G. Enright, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on June 29, 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 281
6/1/01
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 6-5-1
Name of Physician Arnold Brom M.D.

MALE APPLICANT

Name: First Terry Middle Lee Last Wolfe
Date of Birth: Month 3 Day 19 Year 1956
Place of Birth (State or foreign country) Ohio
Residence Address: Street or R.R. 443 Hickory Lane 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 1995
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Jacquelyn Grace Wolfe, Hannah Joyce Wolfe
6. (a) Full name of applicant's father Charles Richard Wolfe
   (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 Georgia Eva Williams
   (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 Terry L Wolfe Date 6-1-01

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 Terry L Wolfe
New Address Same as above
Subscribed and sworn to before me this 1 day of June 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 Donna Middle J. Last Dych
Date of Birth: Month 4 Day 30 Year 60
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 459 N. Bolmar City Mooresville County Marion State In. 46159
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) Drivers License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Donna J Dych Date 6/7/01

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 Donna J Dych
New Address 443 N Hickory Ln
Subscribed and sworn to before me this 7 day of June 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 June 1, 2001, authorizing the marriage of Terry Lee Wolfe and Donna Jean Dych.
I further certify that the following marriage certificate was filed in my office: I, Mark Layton (name), certify that on June 15, 2001 (date), at Plainfield in Hendricks County, Indiana, Terry Lee Wolfe of Hendricks County, Indiana (state), and Donna Jean Dych of Marion County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 1, 2001. Signed by: Mark Layton, Associate Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on June 19, 2001 (date).

Signed Honor Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-9202 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 282
Date of Application

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

Female Applicant > 50 No ☐ Yes ☐
If No, Medical Examination or Report Dated 6-1-01
Name of Physician Dr. Donald Johnson

MALE APPLICANT

Name: First Garry Middle Miles Last Fathauer
Date of Birth: Month 2 Day 21 Year 1953
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1197 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 2001
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers license

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Garry M. Fathauer Date 6/1/01

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 Garry M. Fathauer
New Address Same
Subscribed and sworn to before me this _____ day of _____
Shaor Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of 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 Marie Last May
Date of Birth: Month 1 Day 5 Year 1956
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 109 Wix Ave. City Portland County Sumner State Tennessee 37148
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 2001
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers license

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Karen Marie May Date 6-1-01

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 Karen Marie May
New Address 197 Ridgeview Ct Avon IN 46123
Subscribed and sworn to before me this _____ day of _____
Shaor Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 1, 2001, authorizing the marriage of Garry Miles Fathauer and Karen Marie May.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on June 1, 2001 (date), at Danville in Hendricks County, Indiana, Garry Miles Fathauer of Hendricks County, Indiana (state), and Karen Marie May of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 1, 2001. Signed by: Janet S. Smith, Hend. Co. Deputy Clerk (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on June 5, 2001 (date).

Signed Shaor 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 283
6-1-01
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 5-30-01
Name of Physician Health Tracks

MALE APPLICANT

Name: First Grant Middle J. Last McCurdy
Date of Birth: Month 7 Day 13 Year 75
Place of Birth (State or foreign country) Iowa
Residence Address: Street or R.R. 1130 A Pinewood Dr. City Plainfield County Hend. St IN 46168
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Phillip Joe McCurdy
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Iowa
   Birthplace of father (State or foreign country) Iowa
   (b) Full maiden name of applicant's mother Barbara Ann Kohl
   (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 F J McCurdy Date 6-1-01

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 J McCurdy
New Address SAME AS ABOVE
Subscribed and sworn to before me this 1 day of June, 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 Kelly Middle D. Last Kropf
Date of Birth: Month 3 Day 4 Year 77
Place of Birth (State or foreign country) Iowa
Residence Address: Street or R.R. 1130 A Pinewood Dr. City Plainfield County Hend. St 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. Andriana Leigh Kropf
6. (a) Full name of applicant's father Collin Ray Kropf
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Iowa
   (b) Full maiden name of applicant's mother Janine Helen Miller
   (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 Kelly Kropf Date 6-1-01

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 Kelly Kropf
New Address Same as above
Subscribed and sworn to before me this 1st day of June, 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 June 1, 2001, authorizing the marriage of Frank Joseph McCurdy and Kelly Denise Kropf.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on June 1, 2001 (date), at Danville in Hendricks County, Indiana, Frank Joseph McCurdy of Hendricks County, Indiana (state), and Kelly Denise Kropf of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 1, 2001. Signed by: Janet S. Smith, Hend. Co. Deputy Clerk (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on June 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 284
6-1-01
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 5-21-01
Name of Physician John Kirstoff M.D.

MALE APPLICANT

Name: First William Middle C. Last Smith
Date of Birth: Month 11 Day 30 Year 67
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 4047 Lakewood Ct. City Clayton County Hendricks State 46118
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 female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Brantley Smith, Alexandra Morgan Smith, Christian Daniel Smith
6. (a) Full name of applicant's father Floyd A. 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 Geraldine Jones
   (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 [signature] Date 6-1-01

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 7394 S. C.R. 350 W
Subscribed and sworn to before me this 1 day of June, 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 Lisa Middle Last Kolodzieg
Date of Birth: Month 7 Day 10 Year 69
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 7394 S. County Rd 350 W City Clayton County Hendricks State 46118
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. Nathan Henry Kolodzieg, Nicholas Gregory Kolodzieg
6. (a) Full name of applicant's father Henry Tyszkiewicz
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Poland
   (b) Full maiden name of applicant's mother Waclawa Nosda
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Poland

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
✗ Signature of Applicant [signature] Date 6-1-2001

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 [signature]
✗ New Address SAME AS ABOVE
Subscribed and sworn to before me this 1 day of June, 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 June 1, 2001, authorizing the marriage of William Edward Smith and Lisa Kolodzieg.
I further certify that the following marriage certificate was filed in my office: I, Stevan W. Ranson (name), certify that on June 9, 2001 (date), at Indianapolis in Marion County, Indiana, William Edward Smith of Hendricks County, Indiana (state), and Lisa Kolodzieg of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 1, 2001. Signed by: Stevan W. Ranson, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 2, 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 285
6-1-01
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 6-1-01
Name of Physician Eric Clark, MD

MALE APPLICANT

Name: First Scott Middle Allen Last Mercer
Date of Birth: Month 3 Day 3 Year 72
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 234 Melody Ave City Greenwood County Johnson State IN 46142
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) driver's license

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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. Mercer Date 6-1-01

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 Scott A. Mercer
New Address
Subscribed and sworn to before me this 1st day of June, 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 Jennifer Middle Lynn Last Smith
Date of Birth: Month 2 Day 3 Year 80
Place of Birth (State or foreign country) Michigan
Residence Address: Street or R.R. 4483 N CR 575 E 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. Scott Michael Forehan
6. (a) Full name of applicant's father David Arthur Smith
   (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 Penny Renee Schnieder
   (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 Jennifer L. Smith Date 6-1-01

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 Jennifer L. Smith
New Address same
Subscribed and sworn to before me this 1st day of June, 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 June 1, 2001, authorizing the marriage of Scott Allen Mercer and Jennifer Lynn Smith.
I further certify that the following marriage certificate was filed in my office: I, James Gazaway (name), certify that on June 9, 2001 (date), at Greenwood in Johnson County, Indiana, Scott Allen Mercer of Johnson County, Indiana (state), and Jennifer Lynn Smith of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 1, 2001. Signed by: James Gazaway, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on August 24, 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 286
6-1-01
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 6-1-01
Name of Physician L. Hammill MD

MALE APPLICANT

Name: First Michael Middle B. Last Pociask
Date of Birth: Month 12 Day 05 Year 54
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1150 A. Pinewood Dr. 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 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 female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Calida Pociask, Jason David Pociask
6. (a) Full name of applicant's father Michael Leroy Pociask
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Illinois
   (b) Full maiden name of applicant's mother Nancy Ann Brewer
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 B. Pociask Date 6/1/01

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 Michael B. Pociask
New Address 1820 BEECHWOOD DR. PLAINFIELD IN 46168
Subscribed and sworn to before me this 1 day of June, 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 Phyllis Middle J. Last Blake
Date of Birth: Month 2 Day 18 Year 54
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1820 Beechwood Dr. 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 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 male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. _____
6. (a) Full name of applicant's father James Edward Pinkerton
   (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 Wilma Bryant
   (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 Phyllis J. Blake Date 6-1-01

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 Phyllis J. Blake
New Address AS ABOVE
Subscribed and sworn to before me this 1 day of June, 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 June 1, 2001, authorizing the marriage of Michael Brewer Pociask and Phyllis Jean Blake.

I further certify that the following marriage certificate was filed in my office: I, Arlen Earl Pope (name), certify that on June 9, 2001 (date), at Bloomfield in Greene County, Indiana, Michael Brewer Pociask of Hendricks County, Indiana (state), and Phyllis Jean Blake of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 1, 2001. Signed by: Arlen Earl Pope, Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on June 12, 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 287
6-4-01
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 5-29-01
Name of Physician Lorna Lee MD

MALE APPLICANT

Name: First Gregory Middle D. Last Spano
Date of Birth: Month 7 Day 15 Year 63
Place of Birth (State or foreign country) Ohio
Residence Address: Street or R.R. 5975 Redcliff S. Lane City Plfd County Hend State In 46168
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1998
Date of Birth Verified By: ☐ Birth Certificate ☒ ~~Other~~ (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 A. Spano Sr.
   (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 Barbara A. Rickmon
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Ohio
   Birthplace of mother (State or foreign country) North Carolina

ACKNOWLEDGEMENT

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

✗Signature of Applicant Gregory D Spano Date 6-4-01

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 Gregory D Spano
✗New Address SAME AS ABOVE
Subscribed and sworn to before me this 4th day of June, 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 Marsha Middle S. Last Whitaker
Date of Birth: Month 11 Day 12 Year 46
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 5975 Redcliff S. Lane City Plfd 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. Julian James Eckman
6. (a) Full name of applicant's father William James Whitaker
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Carolyn Roberta Stone
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Whitaker Date 6-4-01

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 Marsha Whitaker
✗New Address Same as above
Subscribed and sworn to before me this 4 day of June, 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 June 4, 2001, authorizing the marriage of Gregory David Spano and Marsha Sue Whitaker.
I further certify that the following marriage certificate was filed in my office: I, LeRoy Pickering (name), certify that on June 23, 2001 (date), at Plainfield in Hendricks County, Indiana, Gregory David Spano of Hendricks County, Indiana (state), and Marsha Sue Whitaker of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 4, 2001. Signed by: LeRoy Pickering, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 2, 2001 (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 288
6-4-01
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 5-12-01
Name of Physician Health Tracks. Avon

MALE APPLICANT

Name: First Terry Middle D. Last Smith II
Date of Birth: Month 11 Day 3 Year 77
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 2450 Meadowlark Way Apt D City Plfd County Hendricks State Indiana 46168
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Terry D. 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 Ruthann 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 Terry D. Smith Date 6/4/01

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 Terry D. Smith
New Address SAME AS ABOVE
Subscribed and sworn to before me this 4 day of June, 2001
Marion Dugan, Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Melissa Middle A. Last Carlisle
Date of Birth: Month 11 Day 12 Year 77
Place of Birth (State or foreign country) Pennsylvania
Residence Address: Street or R.R. 2450 Meadowlark Way Apt D City Plfd County Hendricks State Indiana 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.
6. (a) Full name of applicant's father Ralph Carlisle
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Pennsylvania
   (b) Full maiden name of applicant's mother Mary Jo Moeller
   (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 Melissa A. Carlisle Date 6/4/01

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. Carlisle
New Address same as above
Subscribed and sworn to before me this 4 day of June, 2001
Marion Dugan, Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 4, 2001, authorizing the marriage of Terry D. Smith II and Melissa Ann Carlisle.
I further certify that the following marriage certificate was filed in my office: I, Douglas A. Litsey (name), certify that on June 9, 2001 (date), at Avon in Hendricks County, Indiana, Terry D. Smith II of Hendricks County, Indiana (state), and Melissa Ann Carlisle of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 4, 2001. Signed by: Douglas A. Litsey, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 5, 2001 (date).

Signed Marion 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 289
6-4-01
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 6-4-01
Name of Physician David Holley

MALE APPLICANT

Name: First David Middle A. Last Carpenter
Date of Birth: Month 4 Day 24 Year 79
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 5679 Station Hill Dr. City Avon County Hend. St. Ind. 46123
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
✗Signature of Applicant [signature] Date 6/4/01

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 1420 Sierra Pass Danville, In. 46122
Subscribed and sworn to before me this 4 day of June, 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 Allison Middle L. Last Stanley
Date of Birth: Month 2 Day 23 Year 78
Place of Birth (State or foreign country) Kentucky
Residence Address: Street or R.R. 1420 Sierra Pass City Danville County Hend. St. 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 Doug Stanley
   (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 Josephine 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 [signature] Date 6/4/01

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 4 day of June, 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 June 4, 2001, authorizing the marriage of Dave Abraham Carpenter and Allison Inza Stanley.
I further certify that the following marriage certificate was filed in my office: I, Paul A. Carpenter (name), certify that on June 16, 2001 (date), at Bloomington in Monroe County, Indiana, Dave Abraham Carpenter of Hendricks County, Indiana (state), and Allison Inza Stanley of Hopkins 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 June 4, 2001. Signed by: Paul A. Carpenter, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on June 26, 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 290
6-4-01
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 5-31-01
Name of Physician 1411 S Green St #210

MALE APPLICANT

Name: First Roger Middle Lee Last Smith II
Date of Birth: Month 3 Day 15 Year 67
Place of Birth (State or foreign country) Georgia
Residence Address: Street or R.R. 2430 Amberleigh 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 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. Shelbie Reyce Smith; Sydney Carlisle Smith
6. (a) Full name of applicant's father Roger Lee Smith I
   (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 Betty Ruth Hale
   (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 Roger Lee Smith II Date 6-4-01

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 Roger Lee Smith II
New Address same
Subscribed and sworn to before me this 4th day of June, 2001
Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of 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 Dana Middle Joy Last Piatt
Date of Birth: Month 4 Day 9 Year 74
Place of Birth (State or foreign country) Ohio
Residence Address: Street or R.R. 2420 Amberleish 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 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. Shelbie Reyce Smith
6. (a) Full name of applicant's father Daniel Wayne Piatt
   (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 Joyce Mae Kirkpatrick
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Ohio
   Birthplace of mother (State or foreign country) ~~Ohio~~ 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 Dana Joy Piatt Date 6/4/01

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 Dana Joy Piatt
New Address same
Subscribed and sworn to before me this 4th day of June, 2001
Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 4, 2001, authorizing the marriage of Roger Lee Smith II and Dana Joy Piatt.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on June 4, 2001 (date), at Danville in Hendricks County, Indiana, Roger Lee Smith II of Hendricks County, Indiana (state), and Dana Joy Piatt of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 4, 2001. Signed by: Janet S. Smith, Hend. Co. Deputy Clerk (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on June 4, 2001 (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 291
6-4-01
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 6-5-01
Name of Physician Dr. Johnson

MALE APPLICANT

Name: First Brian Middle David Last Young
Date of Birth: Month 04 Day 05 Year 79
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1829 Hayside Dr. City Fort Wayne County Allen State In
Previous Marital Status: 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 David Bruce Young
   (If adopted, list adoptive parents only)
   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 Smith
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Ohio

FEMALE APPLICANT

Name: First Joy Middle Ellen Last Sharbaugh
Date of Birth: Month 03 Day 18 Year 80
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 10316 N. State Rd 267 City Brownsburg County In Hendricks State
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Driver's License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant B. D. Young Date 06-04-01

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 B. D. Young
New Address 10316 N. State Rd. 267 Brownsburg, IN
Subscribed and sworn to before me this _____ day of _____
Honor 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 Joy Sharbaugh Date _____

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

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Joy Sharbaugh
New Address 10316 N State Rd 267 Brownsburg, IN
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

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 4, 2001, authorizing the marriage of Brian David Young and Joy Ellen Sharbaugh.
I further certify that the following marriage certificate was filed in my office: I, Rev. James F. Burt (name), certify that on July 7, 2001 (date), at Indianapolis in Marion County, Indiana, Brian David Young of Allen County, Indiana (state), and Joy Ellen Sharbaugh of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 4, 2001. Signed by: Rev. James F. Burt, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 24, 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 292
6-4-01
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 5-1-01
Name of Physician Thomas Pascoli M.D.

MALE APPLICANT

Name: First Eric Middle J. Last Mc Kay
Date of Birth: Month 10 Day 11 Year 72
Place of Birth (State or foreign country) Missouri
Residence Address: Street or R.R. 399 Yorktown Lane 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. ____
6. (a) Full name of applicant's father Alden Ray McKay
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Texas
   Birthplace of father (State or foreign country) Missouri
   (b) Full maiden name of applicant's mother Connie Lou Wells
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Texas
   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 Eric Mc=Kay Date 6-4-01

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 Eric Mc=Kay
✗ New Address same as above
Subscribed and sworn to before me this 4 day of June, 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 Rochelle Middle L. Last Manek
Date of Birth: Month 11 Day 16 Year 69
Place of Birth (State or foreign country) North Dakota
Residence Address: Street or R.R. 399 Yorktown Lane 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 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. Ashton Mac Kenzie Manek
6. (a) Full name of applicant's father Dale Rankin
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Eileen Kay Stephenson
   (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 Rochelle Manek Date 6/4/01

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 Rochelle Manek
✗ New Address same as above
Subscribed and sworn to before me this 4 day of June, 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 June 4, 2001, authorizing the marriage of Eric Scott McKay and Rochelle Lynn Manek.
I further certify that the following marriage certificate was filed in my office: I, Michelle Lynne Knight (name), certify that on June 16, 2001 (date), at Plainfield in Hendricks County, Indiana, Eric Scott McKay of Hendricks County, Indiana (state), and Rochelle Lynn Manek of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 4, 2001. Signed by: Michelle L. Knight, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on June 19, 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 293
6-4-01
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 5-8-01
Name of Physician Dr. Durell

MALE APPLICANT

Name: First Matthew Middle Mark Last Edwards
Date of Birth: Month 12 Day 29 Year 74
Place of Birth (State or foreign country) England
Residence Address: Street or R.R. 1211 Keller 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) Indiana I.D.

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

X Signature of Applicant M. Edwards Date 6/4/01

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 6/4/01

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed M. Edwards
New Address 5849 Beech Hollow Dr. Apt B Indpls
Subscribed and sworn to before me this 4 day of June 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 Mary Middle Frieda Last Taylor
Date of Birth: Month 10 Day 8 Year 76
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1211 Keller 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 male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Mahlon 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 Judy Kay Bettinghouse
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding 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 Mary Taylor Date 6/4/01

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 Mary Taylor
New Address 5849 Beech Hollow Dr. Apt B Indpls 46254
Subscribed and sworn to before me this 4 day of June 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 June 4, 2001, authorizing the marriage of Matthew Mark Edwards and Mary Frieda Taylor.
I further certify that the following marriage certificate was filed in my office: I, Rev. John C. Parsley (name), certify that on June 23, 2001 (date), at Plainfield in Hendricks County, Indiana, Matthew Mark Edwards of Hendricks County, Indiana (state), and Mary Frieda 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 June 4, 2001. Signed by: Rev. John C. Parsley, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on June 27, 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 294
6-5-01
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 5-26-01
Name of Physician C. Clark M.D.

MALE APPLICANT

Name: First Kevin Middle W. Last Keller
Date of Birth: Month 12 Day 31 Year 63
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 6841 Apt D Capitol Lane 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 2001
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
✓ Signature of Applicant K W Keller Date 6-5-01

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 K W Keller
✓ New Address SAME AS ABOVE
Subscribed and sworn to before me this 5 day of June, 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 Kelly Middle L. Last Powell
Date of Birth: Month 1 Day 19 Year 70
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 6841 Apt D Capitol Lane 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 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.
6. (a) Full name of applicant's father John B. Connell
   (If adopted, list adoptive parents only)
   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 A. 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 Kelly L. Powell Date 6/5/2001

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 Kelly L. Powell
✓ New Address SAME AS ABOVE
Subscribed and sworn to before me this 5 day of June, 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 June 5, 2001, authorizing the marriage of Kevin Wayne Keller and Kelly Lynn Powell.
I further certify that the following marriage certificate was filed in my office: I, Bernie W. Keller (name), certify that on June 9, 2001 (date), at Brownsburg in Hendricks County, Indiana, Kevin Wayne Keller of Hendricks County, Indiana (state), and Kelly Lynn Powell of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 5, 2001. Signed by: Bernie W. Keller, Judge Pro Tempore (official designation) Filed and recorded in accordance with the laws of the State of Indiana on June 12, 2001 (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 295
6-5-01
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 5-25-01
Name of Physician Angela Stevens MD

MALE APPLICANT

Name: First Michael Middle A. Last Edick
Date of Birth: Month 8 Day 13 Year 67
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 534 Alpha Avenue 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)
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 Jerry Harve Edick
   (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 Zora Jeannine Turner
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding 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 A. Edick Date 6-5-01

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 Michael A. Edick
X New Address Same As Above
Subscribed and sworn to before me this 5 day of June, 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 Traci Middle E. Last Walker
Date of Birth: Month 2 Day 10 Year 67
Place of Birth (State or foreign country) Kentucky
Residence Address: Street or R.R. 534 Alpha Avenue City Brownsburg County Hend State IN 46112
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1997
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify)
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. Chelsea Lexi Walker, Lucas Michael Walker, Rebecca Claire Walker, Erin Suzanne Walker
6. (a) Full name of applicant's father Bernard Coy Payne
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Florida
   Birthplace of father (State or foreign country) Kentucky
   (b) Full maiden name of applicant's mother Sharon Lorr Brasher
   (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).
X Signature of Applicant Traci E Walker Date 6-5-01

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 Traci E Walker
X New Address Same As Above
Subscribed and sworn to before me this 5 day of June, 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 June 5, 2001, authorizing the marriage of Michael Alan Edick and Traci Elaine Walker.
I further certify that the following marriage certificate was filed in my office: I, Douglas S. Swetnam (name), certify that on June 10, 2001 (date), at Indianapolis in Marion County, Indiana, Michael Alan Edick of Hendricks County, Indiana (state), and Traci Elaine Walker of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 5, 2001. Signed by: Douglas S. Swetnam, Judge Pro Tempore (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on June 28, 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 296
6-5-01
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 5-31-01
Name of Physician IU Medical Group - EH

MALE APPLICANT

Name: First Edward Middle J. Last Whyel
Date of Birth: Month 8 Day 13 Year 69
Place of Birth (State or foreign country) Pennsylvania
Residence Address: Street or R.R. 1855 N CR 1050 E City Avon 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) 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 W Whyel Jr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Pa
   Birthplace of father (State or foreign country) Pennsylvania
   (b) Full maiden name of applicant's mother Theresa M. Baker
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Pa
   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 Edward J. Whyel Date 6-5-01

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 Edward J. Whyel
X New Address Same
Subscribed and sworn to before me this 5 day of June, 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 Brandi Middle L. Last Presley
Date of Birth: Month 9 Day 20 Year 76
Place of Birth (State or foreign country) Pennsylvania
Residence Address: Street or R.R. 1855 N CR 1050 E City Avon 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) 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 Lewis D. Presley
   (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 Bonnie L. Stephens
   (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).
X Signature of Applicant Brandi J Presley Date 6/5/01

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 Brandi J Presley
X New Address Same as above
Subscribed and sworn to before me this 5 day of June, 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 June 5, 2001, authorizing the marriage of Edward John Whyel and Brandi Lynn Presley.
I further certify that the following marriage certificate was filed in my office: I, Larry P. Crawford (name), certify that on June 23, 2001 (date), at Indianapolis in Marion County, Indiana, Edward John Whyel of Hendricks County, Indiana (state), and Brandi Lynn Presley of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 5, 2001. Signed by: Larry P. Crawford, R C Priest (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on June 27, 2001 (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 297
6-5-01
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 5-26-01
Name of Physician Dr. Williams

MALE APPLICANT	FEMALE APPLICANT
Name: First Geoffrey Middle Robert Last Buxton	Name: First Terrie Middle Michelle Last Hutton
Date of Birth: Month 2 Day 1 Year 68	Date of Birth: Month 2 Day 2 Year 71
Place of Birth (State or foreign country) Australia	Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 10 Ormond Avenue City Mascill County 5072 State	Residence Address: Street or R.R. 506 Enderly Ave Apt 4 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 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date	Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 8/00
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Australia Drivers 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.	5. List the full names of any dependent children. Tomisue Neola Sizemore
6. (a) Full name of applicant's father Robert Harold Buxton	6. (a) Full name of applicant's father George Hutton
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Australia	Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Australia	Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Gloria Fay Griffiths	(b) Full maiden name of applicant's mother Donna Fields
(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) Indiana
Birthplace of mother (State or foreign country) Australia	Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

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

Signature of Applicant G.R Buxton Date 6/5/01

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 G.R Buxton
New Address 506 Enderly Ave Apt 4 Brownsburg IN

Subscribed and sworn to before me this 5 day of June 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 Terrie Hutton Date 6/5/01

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 Terrie Hutton
New Address Same as above

Subscribed and sworn to before me this 5 day of June 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 June 5, 2001, authorizing the marriage of Geoffrey Robert Buxton and Terrie Michelle Hutton.

I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on June 6, 2001 (date), at Danville in Hendricks County, Indiana, Geoffrey Robert Buxton of _____ County, Australia (state), and Terrie Michelle Hutton of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 5, 2001. Signed by: Janet S. Smith, Hend. Co. Deputy Clerk (official designation) Filed and recorded in accordance with the laws of the State of Indiana on June 6, 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 298
6-6-01
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 4-23-01
Name of Physician Thomas D. Jones M.D.

MALE APPLICANT

Name: First Frank Middle B. Last Bassett Jr
Date of Birth: Month 6 Day 6 Year 60
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 428 Simmons St. City Plainfield County Hend. St. Ind. 46168
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 2000
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) 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 Grand B. Bassett Sr.
   (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 Marguerite L. 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 Frank B. Bassett, Jr. Date 6/6/01

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 Frank B. Bassett, Jr.
✗New Address same
Subscribed and sworn to before me this 6 day of June, 2001
Shaver Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of 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 Marcella Middle M. Last O'Brien
Date of Birth: Month 12 Day 24 Year 58
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 428 Simmons St. City Plfd County Hend. St. Ind. 46168
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1998
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) 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 Chester Glen Smith 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 Helen Ruth 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 Marcella M. O'Brien Date 6/6/01

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 Marcella M. O'Brien
✗New Address above
Subscribed and sworn to before me this 6 day of June, 2001
Shaver Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 6, 2001, authorizing the marriage of Frank B. Bassett Jr. and Marcella Marie O'Brien.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on June 8, 2001 (date), at Danville in Hendricks County, Indiana, Frank B. Bassett Jr. of Hendricks County, Indiana (state), and Marcella Marie O'Brien of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 6, 2001. Signed by: Janet S. Smith, Hend. Co. Deputy Clerk (official designation) Filed and recorded in accordance with the laws of the State of Indiana on June 8, 2001 (date).

Signed Shaver 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 299
6-6-01
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 6-6-01
Name of Physician David Hadley MD

MALE APPLICANT

Name: First Blair Middle R. Last Wolfe
Date of Birth: Month 7 Day 1 Year 81
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 3978 Willington Way City Ofld 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 female applicant closer than second cousin? No ☐ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you now under the 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 Lester Wolfe
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Francis Margaret Hellyer
   (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).
X Signature of Applicant B C Date 6/6/01

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 B C
X New Address 9115 W 10th St Apt B Indpls IN 46234
Subscribed and sworn to before me this 6 day of June, 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 Kimberly Middle D. Last Scott
Date of Birth: Month 5 Day 6 Year 80
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 9115 W 10th St apt B 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) Drivers License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
X Signature of Applicant Kimberly Scott Date 6/6/01

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 Kimberly Scott
X New Address same as above
Subscribed and sworn to before me this 6 day of June, 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 June 6, 2001, authorizing the marriage of Blair Robertson Wolfe and Kimberly Dawn Scott.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on July 20, 2001 (date), at Danville in Hendricks County, Indiana, Blair Robertson Wolfe of Hendricks County, Indiana (state), and Kimberly Dawn Scott of Marion County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 6, 2001. Signed by: Janet S. Smith, Hend. Co. Deputy Clerk (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 20, 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 300
6-6-01
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 6-6-01
Name of Physician David Hadley M.D.

MALE APPLICANT

Name: First Stephen Middle M. Last Lair Jr.
Date of Birth: Month 10 Day 16 Year 77
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 340 Great Lakes Cir W apt H City Avon County Hendricks 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) 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 Stephen M. Lair Sr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Lynn Willoughby
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
✗ Signature of Applicant Stephen M. Lair Jr. Date 6-6-01

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 Stephen M. Lair Jr.
✗ New Address Same as above
Subscribed and sworn to before me this 6 day of June, 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 Erin Middle A. Last Wittman
Date of Birth: Month 12 Day 15 Year 79
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 340 Great Lakes Circle W apt H City Avon County Hendricks 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) 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 Jeffrey L. Wittman
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) NA
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Debra Wilkes
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
✗ Signature of Applicant Erin Wittman Date 6-6-01

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 Erin Wittman
✗ New Address same as above
Subscribed and sworn to before me this 6 day of June, 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 June 6, 2001, authorizing the marriage of Stephen Marion Lair Jr. and Erin Amber Wittman.
I further certify that the following marriage certificate was filed in my office: I, Gary L. Felton (name), certify that on July 14, 2001 (date), at Indianapolis in Marion County, Indiana, Stephen Marion Lair Jr. of Hendricks County, Indiana (state), and Erin Amber Wittman of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 6, 2001. Signed by: Gary L. Felton, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 18, 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 301
6-6-1
Date of Application

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

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 5-21-01
Name of Physician Maria Gletcher M. D.

MALE APPLICANT

Name: First Paul Middle D Last Buening
Date of Birth: Month 6 Day 9 Year 78
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 4506 Connaught West Dr. City Sfld County Hendricks State IN 46168
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

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

ACKNOWLEDGEMENT

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

✗ Signature of Applicant Paul D Buening Date 6/6/01

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 Paul D Buening
✗ New Address 6551 Reed Road, Pittsboro IN 46167
Subscribed and sworn to before me this 6 day of June, 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 Susan Middle R Last Buerger
Date of Birth: Month 11 Day 8 Year 78
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 6551 Reed Road 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) Driver's License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 R Buerger Date 6/6/01

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 Susan R Buerger
✗ New Address 6551 Reed Road Pittsboro IN 46167
Subscribed and sworn to before me this 6 day of June, 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 June 6, 2001, authorizing the marriage of Paul Douglas Buening and Susan Rene'e Buerger.
I further certify that the following marriage certificate was filed in my office: I, Richard Alan Haynes (name), certify that on July 28, 2001 (date), at Pittsboro in Hendricks County, Indiana, Paul Douglas Buening of Hendricks County, Indiana (state), and Susan Rene'e Buerger of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 6, 2001. Signed by: Richard Alan Haynes, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 31, 2001 (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 302
6-6-01
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 6-6-01
Name of Physician Dr. Hughes

MALE APPLICANT

Name: First Ray Middle Earl Last Sevier Jr.
Date of Birth: Month 2 Day 13 Year 53
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 6555 W CR 600 S. City Coatesville 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 Ray E. Sevier Sr.
   (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 Melba Tarlton
   (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).
X Signature of Applicant Ray E. Sevier Jr. Date 6-6-01

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 Ray E. Sevier Jr.
New Address Same as Above
Subscribed and sworn to before me this 6 day of June 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 Sharon Middle Marlene Last Park
Date of Birth: Month 11 Day 28 Year 57
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 6555 W CR 600 S City Coatesville 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. Brittany Park
6. (a) Full name of applicant's father Earl Starr
   (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 Unknown
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Unknown
   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).
X Signature of Applicant Sharon M. Park Date 6/6/01

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 Sharon Park
New Address Same as above
Subscribed and sworn to before me this 6 day of June 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 June 6, 2001, authorizing the marriage of Ray Earl Sevier Jr. and Sharon Marlene Park.
I further certify that the following marriage certificate was filed in my office: I, Richard Jones (name), certify that on July 7, 2001 (date), at Coatesville in Hendricks County, Indiana, Ray Earl Sevier Jr. of Hendricks County, Indiana (state), and Sharon Marlene Park of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 6, 2001. Signed by: Richard Jones, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 20, 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 303
6-7-01
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 5-1-01
Name of Physician IU Medical Group - EH

MALE APPLICANT

Name: First Bradley Middle B. Last Cunningham
Date of Birth: Month 1 Day 2 Year 59
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 9652 S. CR. 350W City Clayton County Hend. St. IN 46118
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) 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. Cooper Aaron Cunningham
6. (a) Full name of applicant's father Charles Bruce Cunningham
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Imogene Burden
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

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

✗ Signature of Applicant Bradley Bruce Cunningham Date 6-7-01

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 Bradley Bruce Cunningham
✗ New Address Same as above
Subscribed and sworn to before me this 7 day of June, 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 Lori Middle J. Last Johnson
Date of Birth: Month 9 Day 29 Year 61
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 9652 S. CR 350W City Clayton County Hend. St. IN 46118
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) 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. William Taylor Johnson
6. (a) Full name of applicant's father Harry 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 Diana L. Hill
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

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

✗ Signature of Applicant Lori Jene Johnson Date 6/7/01

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 Lori Jene Johnson
✗ New Address SAME AS ABOVE
Subscribed and sworn to before me this 7 day of June, 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 June 7, 2001, authorizing the marriage of Bradley Bruce Cunningham and Lori Jene Johnson.
I further certify that the following marriage certificate was filed in my office: I, Allan C. Johnson (name), certify that on June 16, 2001 (date), at Stilesville in Hendricks County, Indiana, Bradley Bruce Cunningham of Hendricks County, Indiana (state), and Lori Jene Johnson of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 7, 2001. Signed by: Allan C. Johnson, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on June 27, 2001 (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 304
6-7-01
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 1-22-01
Name of Physician Fran Burton

MALE APPLICANT

Name: First David Middle L. Last Bandy
Date of Birth: Month 9 Day 16 Year 71
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 378 Hunter 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.
6. (a) Full name of applicant's father Gerald C. Bandy
   (If adopted, list adoptive parents only)
   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 Ellen McDaniel
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
✗ Signature of Applicant D. L. B. Date 6-7-01

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 D. L. B.
✗ New Address SAME as above
Subscribed and sworn to before me this 7 day of June, 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 Olivia Middle Jan Last Huls
Date of Birth: Month 8 Day 4 Year 78
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 10465 Watkins 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) 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 Alan Huls
   (If adopted, list adoptive parents only)
   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 Wilson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Penn

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
✗ Signature of Applicant Olivia J. Huls Date 6-7-01

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 Olivia J. Huls
✗ New Address 378 Hunter Dr. Plainfield IN 46168
Subscribed and sworn to before me this 7 day of June, 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 June 7, 2001, authorizing the marriage of David L. Bandy and Olivia J. Huls.
I further certify that the following marriage certificate was filed in my office: I, Andy Schroeder (name), certify that on June 30, 2001 (date), at Avon in Hendricks County, Indiana, David L. Bandy of Hendricks County, Indiana (state), and Olivia J. Huls of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 7, 2001. Signed by: Andy Schroeder, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 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 305
6-7-01
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 5-7-01
Name of Physician Garnet Harris

MALE APPLICANT

Name: First Paul Middle S. Last Fruits
Date of Birth: Month 9 Day 25 Year 77
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 935 W. CRD 600S 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 female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Richard Fruits
   (If adopted, list adoptive parents only) ____
   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 Brook
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding 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 Paul Fruits Date 6/7/2001

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.
X Signed Paul Fruits
X New Address 3727 W. CORD 100S Danville IN 46122
Subscribed and sworn to before me this 7 day of June, 2001
Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of 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 Dana Middle E. Last Duke
Date of Birth: Month 5 Day 11 Year 78
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 3727 W. CRD 100S 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 male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. ____
6. (a) Full name of applicant's father Bill Duke
   (If adopted, list adoptive parents only) ____
   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 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).
X Signature of Applicant Dana Duke Date 6/7/2001

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.
X Signed Dana Duke
X New Address same as above
Subscribed and sworn to before me this 7 day of June, 2001
Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 7, 2001, authorizing the marriage of Paul Glen Fruits and Dana Elizabeth Duke.
I further certify that the following marriage certificate was filed in my office: I, Robert E. Garris (name), certify that on June 9, 2001 (date), at Plainfield in Hendricks County, Indiana, Paul Glen Fruits of Hendricks County, Indiana (state), and Dana Elizabeth 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 June 7, 2001. Signed by: Robert E. Garris, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on June 13, 2001 (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 306
6/8/01
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 5-14-01
Name of Physician Dr. Bain

MALE APPLICANT

Name: First James Middle Michael Last Clester
Date of Birth: Month 2 Day 28 Year 1969
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 951 Christina Court City Plainfield County Hendricks State Indiana
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. Cody James Clester; Brittany Marie Clesters
6. (a) Full name of applicant's father Roscoe Charles Clester
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Carmelita Paulette Marine
   (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 James M Clester Date 6-08-01

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 James M Clester
New Address 3248 W. CR 900 S. Clayton
Subscribed and sworn to before me this 8th day of June
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 Jennifer Middle Marie Last Barton
Date of Birth: Month 3 Day 28 Year 1964
Place of Birth (State or foreign country) Germany
Residence Address: Street or R.R. 951 Christina Ct. City Plainfield County Hendricks State Indiana
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1992
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Jesse Allen Barton; William Joseph Barton
6. (a) Full name of applicant's father Harry W. Sowell
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Chicago
   Birthplace of father (State or foreign country) Tennessee
   (b) Full maiden name of applicant's mother Janice E. Radde
   (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 Jennifer Barton Date 06/08/01

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 Jennifer Barton
New Address 3248 W CR 900 S Clayton In 46118
Subscribed and sworn to before me this 8th day of June
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 June 8, 2001, authorizing the marriage of James Michael Clester and Jennifer Marie Barton.
I further certify that the following marriage certificate was filed in my office: I, Rev. John C. Parsley (name), certify that on June 16, 2001 (date), at Plainfield in Hendricks County, Indiana, James Michael Clester of Hendricks County, Indiana (state), and Jennifer Marie Barton of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 8, 2001. Signed by: Rev. John C. Parsley, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on June 19, 2001 (date).

Signed Sharon Degase 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
6-8-1
Date of Application

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

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 3-1-1
Name of Physician John Kesteff

MALE APPLICANT

Name: First David Middle R. Last Clark
Date of Birth: Month 4 Day 21 Year 66
Place of Birth (State or foreign country) Georgia
Residence Address: Street or R.R. P.O. Box 334 City Pittsboro County Hend State Ind 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) 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 Myron Robert 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 Madonna Joyce Mowry
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 R. Clark Date 6-8-01

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.
✗ Signed David R. Clark
✗ New Address 3264 BRIDLEWOOD TRAIL DANVILLE IN 46122
Subscribed and sworn to before me this 8 day of June, 2001
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 Sheri Middle L. Last Isley
Date of Birth: Month 4 Day 14 Year 54
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 3264 Bridlewood Trail City Danville County Hendricks State Ind 46122
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. ____
6. (a) Full name of applicant's father Edwin P. Hill Jr.
   (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 Phyllis J. Coleman
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
✗ Signature of Applicant Sheri L. Isley Date 6-8-01

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.
✗ Signed Sheri L. Isley
✗ New Address SAME AS ABOVE
Subscribed and sworn to before me this 8 day of June, 2001
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 June 8, 2001, authorizing the marriage of David R. Clark and Sheri L. Isley.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on June 8, 2001 (date), at Danville in Hendricks County, Indiana, David R. Clark of Hendricks County, Indiana (state), and Sheri L. Isley of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 8, 2001. Signed by: Janet S. Smith, Hend. Co. Deputy Clerk (official designation) Filed and recorded in accordance with the laws of the State of Indiana on June 8, 2001 (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 64
Page 308
6-8-01
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 6-6-1
Name of Physician Barry Truman MD

MALE APPLICANT

Name: First Daniel | Middle P. | Last Sanders
Date of Birth: Month 8 | Day 30 | Year 68
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 972 Pine Ridge Way | 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 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 female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Sanders,
6. (a) Full name of applicant's father Vincent L. Sanders
   (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 Donna M. McCaffry
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
✗ Signature of Applicant [signature] Date 6-8-2001

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 [signature]
✗ New Address SAME
Subscribed and sworn to before me this 8 day of June, 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 Renee | Middle A. | Last Smead
Date of Birth: Month 10 | Day 12 | Year 68
Place of Birth (State or foreign country) Connecticut
Residence Address: Street or R.R. 972 Pine Ridge Way | 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 1993
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
✗ Signature of Applicant Renee Smead Date 6-8-2001

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 Renee Smead
✗ New Address Same As Above
Subscribed and sworn to before me this 8 day of June, 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 June 8, 2001, authorizing the marriage of Daniel P. Sanders and Renee Ann Smead.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on June 8, 2001 (date), at Danville in Hendricks County, Indiana, Daniel P. Sanders of Hendricks County, Indiana (state), and Renee Ann Smead of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 8, 2001. Signed by: Janet S. Smith, Hend. Co. Deputy Clerk (official designation) Filed and recorded in accordance with the laws of the State of Indiana on June 8, 2001 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

589

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Book 64
Page 309
6-8-01
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 6-7-01
Name of Physician J. Lumsdaine

MALE APPLICANT

Name: First Michael Middle A. Last Strotman
Date of Birth: Month 2 Day 8 Year 56
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 217 N. Washington City Cambridge County Putnam State In. 46105
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1991
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify)
Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Herbert Anthony Strotman
   (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 Mae Brummett
   (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 Michael A. Strotman Date 6/8/01

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.
✗Signed Michael A. Strotman
✗New Address P.O. Box 136
Subscribed and sworn to before me this 8 day of June, 2001
Thaler Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of 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 A. Last Byers
Date of Birth: Month 2 Day 7 Year 65
Place of Birth (State or foreign country) Kansas
Residence Address: Street or R.R. 6020 E. 91 N Lot 26 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.
6. (a) Full name of applicant's father Ricky Neil Byers
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Mildred Annette Lambert
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Kansas

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Byers Date 6/8/01

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.
✗Signed Crystal Byers
✗New Address 217 N. WASHINGTON * PO 1361 *
Subscribed and sworn to before me this 8 day of June, 2001
Thaler Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 8, 2001, authorizing the marriage of Micheal Anthony Strotman and Crystal Annette Byers.
I further certify that the following marriage certificate was filed in my office: I, Dr. Billy Strother (name), certify that on July 8, 2001 (date), at Avon in Hendricks County, Indiana, Micheal A. Strotman of Putnam County, Indiana (state), and Crystal A. Byers of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 8, 2001. Signed by: Dr. Billy Strother, Preacher (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 13, 2001 (date).

Signed Thaler 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 310
6-8-01
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 6-5-1
Name of Physician Kirtley MD

MALE APPLICANT

Name: First Scott Middle M. Last Taillon
Date of Birth: Month 6 Day 2 Year 75
Place of Birth (State or foreign country) New York
Residence Address: Street or R.R. 933 Port Circle 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. ____
6. (a) Full name of applicant's father Harry J. Taillon
   (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 Marsha J. Beaulieu
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) New York

FEMALE APPLICANT

Name: First Heather Middle ____ Last Abbott
Date of Birth: Month 5 Day 18 Year 75
Place of Birth (State or foreign country) Florida
Residence Address: Street or R.R. 933 Port Circle 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. ____
6. (a) Full name of applicant's father Malcolm Abbott
   (If adopted, list adoptive parents only) ____
   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 Scank
   (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 Scott Taillon Date 6-8-01

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.
✗ Signed Scott Taillon
✗ New Address same as above
Subscribed and sworn to before me this 8 day of June, 2001
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 Heather Abbott Date 6-8-01

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.
✗ Signed Heather Abbott
✗ New Address same as above
Subscribed and sworn to before me this 8 day of June, 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

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 8, 2001, authorizing the marriage of Scott Michael Taillon and Heather Dawn Abbott.
I further certify that the following marriage certificate was filed in my office: I, Rev. Daniel B. Dondroo (name), certify that on June 30, 2001 (date), at Bloomington in Monroe County, Indiana, Scott Michael Taillon of Hendricks County, Indiana (state), and Heather Dawn Abbott of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 8, 2001. Signed by: Rev. Daniel B. Dondroo, Catholic Priest (official designation) Filed and recorded in accordance with the laws of the State of Indiana on July 3, 2001 (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 311
6-11-01
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 6-8-01
Name of Physician M. Kerstetter

MALE APPLICANT

Name: First Jimmy Middle E. Last Jones
Date of Birth: Month 10 Day 18 Year 1965
Place of Birth (State or foreign country) Indiana 46168
Residence Address: Street or R.R. 3603 S Clarks Cr. Rd City Plnfld County Hend State IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 9-01
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. Madison Charles Jones, Amanda Nicole Jones
6. (a) Full name of applicant's father Jimmy Eugene 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 Barbara Jan Crisp
   (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 Jimmy E. Jones Date 6-11-01

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 Jimmy E Jones
✗New Address 407 G HARVEST WAY Plainfield IN. 46168
Subscribed and sworn to before me this 11 day of June 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 Felicia Middle L. Last Smith
Date of Birth: Month 6 Day 17 Year 1966
Place of Birth (State or foreign country) 46168
Residence Address: Street or R.R. 407 G Harvest Way City Plnfld County Hend State IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 1998
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Shamya Faye Smith, Evan Wayne Smith, Jala Stuart Thomas Dawson, Andrew Ray Dawson, Rachel May Dawson
6. (a) Full name of applicant's father Kenneth Lee Smith
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Tennessee
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Victoria Jan Hayes
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Mississippi
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

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

✗Signature of Applicant Felicia L Smith Date 6-11-01

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 Felicia L Smith
✗New Address SAME AS ABOVE
Subscribed and sworn to before me this 11 day of June 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 June 11, 2001, authorizing the marriage of Jimmy E. Jones and Felicia L. Smith.
I further certify that the following marriage certificate was filed in my office: I, Norris E. Collier (name), certify that on June 17, 2001 (date), at Plainfield in Hendricks County, Indiana, Jimmy E. Jones of Hendricks County, Indiana (state), and Felicia 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 June 11, 2001. Signed by: Norris E. Collier, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on June 21, 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 312
6-11-01
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 4-11-01
Name of Physician Kenneth Young MD

MALE APPLICANT

Name: First Daniel Middle J. Last Smith
Date of Birth: Month 11 Day 30 Year 62
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 10941 Clear Spring Dr. City Camby County Hend State In 46113
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☑ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Wayne Thomas 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 Jessie J Gentry
   (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 Daniel J. Smith Date 6-11-01

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 Daniel J. Smith
X New Address SAME AS ABOVE.
Subscribed and sworn to before me this 11 day of June, 2001
Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of 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 Ina Middle Louise Last Heinen
Date of Birth: Month 5 Day 16 Year 64
Place of Birth (State or foreign country) Hawaii
Residence Address: Street or R.R. 10941 Clear Spring Dr. City Camby County Hend State In 46113
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☑ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father James A. Heinen
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Iowa
   Birthplace of father (State or foreign country) South Dakota
   (b) Full maiden name of applicant's mother Catherine M. McCarthy
   (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).
X Signature of Applicant Tina L. Heinen Date 6/11/01

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 Tina L. Heinen
X New Address same as above
Subscribed and sworn to before me this 11 day of June, 2001
Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 11, 2001, authorizing the marriage of Daniel Jay Smith and Tina Louise Heinen.
I further certify that the following marriage certificate was filed in my office: I, James D. Hughes (name), certify that on July 14, 2001 (date), at Mooresville in Morgan County, Indiana, Daniel Jay Smith of Hendricks County, Indiana (state), and Tina Louise Heinen of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 11, 2001. Signed by: James D. Hughes, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 18, 2001 (date).

Signed _____ Clerk
Hendricks Circuit Court

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Book 64
Page 313
6-11-01
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 6-7-01
Name of Physician Dr. Oakerson

MALE APPLICANT

Name First Shaun Middle L. Last Kriskovich
Date of Birth Month 8 Day 6 Year 1977
Place of Birth (State or foreign country) Minnesota 46112
Residence Address Street or R.R. 178 Kingston Cir. 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) 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 Dean Kriskovich
   (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 Judy Pufall
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Minnesota
   Birthplace of mother (State or foreign country) Wisconsin

FEMALE APPLICANT

Name First Kristine Middle A. Last McLaughlin
Date of Birth Month 5 Day 13 Year 1976
Place of Birth (State or foreign country) Indiana 46112
Residence Address Street or R.R. 618 Locust Ln. City Brownsburg County Hend. State IN
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Drivers License

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

6. (a) Full name of applicant's father James McLaughlin
   (If adopted, list adoptive parents only)
   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 Koch
   (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 Shaun L Kriskovich Date 6/11/01

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 Shaun L Kriskovich
New Address Same as above
Subscribed and sworn to before me this 11 day of June 2001
Honor 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 Kristine A. McLaugh Date 6/11/01

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 Kristine A. McLaugh
New Address 178 Kingston Cir. Brownsburg, IN
Subscribed and sworn to before me this 11 day of June 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

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 11, 2001, authorizing the marriage of Shaun Lawrence Kriskovich and Kristine Andrea McLaughlin
I further certify that the following marriage certificate was filed in my office: I, Rev. Thomas K. Stepanski (name), certify that on July 21, 2001 (date), at Danville in Hendricks County, Indiana, Shaun L. Kriskovich of Hendricks County, Indiana (state), and Kristine A. McLaughlin of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 11, 2001. Signed by: Rev. Thomas K. Stepanski, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 27, 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 314
6-11-01
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 6-11-01
Name of Physician Charles Tripplett MD

MALE APPLICANT

Name: First Brett Middle C. Last Hesson

Date of Birth: Month 2 Day 28 Year 75

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 620 Lawndale 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. ____

6. (a) Full name of applicant's father Larry Ray Hesson
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Madalyn Girvan
   (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 Ashley Middle P. Last Plagman

Date of Birth: Month 10 Day 10 Year 77

Place of Birth (State or foreign country) Nebraska

Residence Address: Street or R.R. 500 W. Main St. City Plainfield County Hend. State In 46168

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

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

Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) 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 Mark James Plagman
   (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 Maureen Anne Lupis
   (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).

X Signature of Applicant Brett Hesson Date 6-11-01

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 Brett Hesson
X New Address 262 N. East St. PLAINFIELD, IN 46168

Subscribed and sworn to before me this 11 day of June, 2001

Thora Trigg 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).

X Signature of Applicant Ashley Plagman Date 6-11-01

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 Ashley Plagman
X New Address 262 N. East Street Plainfield, IN 46168

Subscribed and sworn to before me this 11 day of June, 2001

Thora Trigg Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of Hendricks)

Father ____ ID # ____
Mother ____ ID # ____

Subscribed and sworn to before me this ____ day of ____

____ Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of Hendricks)

Father ____ ID # ____
Mother ____ ID # ____

Subscribed and sworn to before me this ____ day of ____

____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 11, 2001, authorizing the marriage of Brett Hesson and Ashley Peiper Plagman.

I further certify that the following marriage certificate was filed in my office: I, Fr. Kevin Morris (name), certify that on June 16, 2001 (date), at Plainfield in Hendricks County, Indiana, Brett Hesson of Hendricks County, Indiana (state), and Ashley Peiper Plagman of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 11, 2001. Signed by: Fr. Kevin Morris, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on June 21, 2001 (date).

Signed Thora Trigg 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 315
6-11-01
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 6-11-01
Name of Physician Donald Johnson

MALE APPLICANT

Name: First Gary Middle J Last Massingale
Date of Birth: Month 12 Day 14 Year 79
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 612 Lakeside Dr. Apt B 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) 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. Haley Ann Massingale
6. (a) Full name of applicant's father Gary Lee Massingale
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Ann Marie Blanton
   (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 Gary J. Massingale Date 6-11-01

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 Gary J. Massingale
X New Address 612 B. Lakeside Dr.
Subscribed and sworn to before me this 11 day of June, 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 Katrina Middle M. Last Balog
Date of Birth: Month 1 Day 23 Year 80
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 612 B. Lakeside Dr 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) 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. Haley Ann Massingale
6. (a) Full name of applicant's father Timothy Ryan Balog
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Mississippi
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Patricia Ann Scott
   (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 Katrina Balog Date 6-11-01

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 Katrina Balog
X New Address same as above
Subscribed and sworn to before me this 11 day of June, 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 June 11, 2001, authorizing the marriage of Gary Joseph Massingale and Katrina Marie Balog.
I further certify that the following marriage certificate was filed in my office: I, Rev. Dwight A. Herin (name), certify that on June 23, 2001 (date), at Stilesville in Hendricks County, Indiana, Gary Joseph Massingale of Hendricks County, Indiana (state), and Katrina Marie Balog of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 11, 2001. Signed by: Rev. Dwight A. Herin, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on June 27, 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 316
6-11-01
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 6-3-01
Name of Physician Dr. Armstrong

MALE APPLICANT

Name: First Donald Middle Rex Last Landreth Jr.
Date of Birth: Month 7 Day 23 Year 73
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 256 North Odell St. City Brownsburg County Hendricks State IN 46112
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☒ Birth Certificate ☐ Other (Specify)

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 R Landreth Jr. Date 6-11-01

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 Donald R Landreth 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 Brooke Middle Erin Last Stewart
Date of Birth: Month 12 Day 29 Year 77
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 144 Timber 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)

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 E Stewart Date 6-11-01

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 Brooke E Stewart
New Address 256 N Odell St 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 June 11, 2001, authorizing the marriage of Donald Rex Landreth Jr. and Brooke Erin Stewart.
I further certify that the following marriage certificate was filed in my office: I, Shannon Shaffer (name), certify that on June 30, 2001 (date), at Indianapolis in Marion County, Indiana, Donald Rex Landreth Jr. of Hendricks County, Indiana (state), and Brooke Erin 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 June 11, 2001. Signed by: Shannon Shaffer, Evangelist (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 13, 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 317
6-11-01
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 5-29-01
Name of Physician Karen Johns MD

MALE APPLICANT

Name: First Joshua Middle Porter Last Young
Date of Birth: Month 7 Day 6 Year 80
Place of Birth (State or foreign country) California
Residence Address: Street or R.R. P.O. Box 394 City Poway County San Diego State Ca 92074
Previous Marital Status: 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 Edward L. Young
   (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 Suzanne V. Frye
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) California
   Birthplace of mother (State or foreign country) California

FEMALE APPLICANT

Name: First Emily Middle E. Last Evans
Date of Birth: Month 1 Day 31 Year 80
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1 Noyes Street 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) 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 James R. Evans
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Reba McAbee
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding 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 Joshua Young Date 6-11-01

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 Joshua Young
X New Address 5768 Speedway Dr 46224
Subscribed and sworn to before me this 11 day of June, 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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding 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 Emily Evans Date 6-11-01

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 Emily Evans
X New Address 5768 Speedway Dr 46224
Subscribed and sworn to before me this 11 day of June, 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 June 11, 2001, authorizing the marriage of Joshua Porter Young and Emily Ellen Evans.
I further certify that the following marriage certificate was filed in my office: I, Donald Moran (name), certify that on June 16, 2001 (date), at Lebanon in Boone County, Indiana, Joshua Porter Young of Marion County, Indiana (state), and Emily Ellen Evans of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 11, 2001. Signed by: Donald Moran, Reverend (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on June 21, 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 318
6-12-01
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 _____
Name of Physician _____

MALE APPLICANT

Name: First David Middle a Last Adams
Date of Birth: Month 9 Day 9 Year 52
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 9701A Pinewood Dr. City Plfd County Hend State In 46168
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 1997
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) 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 Forrest L. Adams
   (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 Dortha Hollyross
   (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).
X Signature of Applicant David A. Adams Date 6-12-01

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.
X Signed David A. Adams
X New Address 416 Hickory Lane
Subscribed and sworn to before me this 12 day of June, 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 Janet Middle C. Last Hughes
Date of Birth: Month 7 Day 8 Year 49
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 416 Hickory Lane City Plfd County Hend State In 46168
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 1975
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 Kenneth Boger
   (If adopted, list adoptive parents only) _____
   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 Jane Harbin
   (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 Janet Elaine Hughes Date 6-12-01

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.
X Signed Janet Elaine Hughes
X New Address same as above
Subscribed and sworn to before me this 12 day of June, 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 June 12, 2001, authorizing the marriage of David Allen Adams and Janet Elaine Hughes.
I further certify that the following marriage certificate was filed in my office: I, David L. Hummer (name), certify that on June 14, 2001 (date), at Plainfield in Hendricks County, Indiana, David Allen Adams of Hendricks County, Indiana (state), and Janet Elaine Hughes of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 12, 2001. Signed by: David L. Hummer, Chaplain (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on June 19, 2001 (date).

Thora 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 319
6-12-01
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 5-11-01
Name of Physician Jeremy Allen MD

MALE APPLICANT

Name: First Jonathan Middle a Last Myers
Date of Birth: Month 10 Day 22 Year 84
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1207 Sheffield 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) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Sam Allen Myers
6. (a) Full name of applicant's father Jack Allen Myers
   (If adopted, list adoptive parents only)
   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 Diane 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 Jonathan Allen Myers Date 6-12-01

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 Jonathan Allen Myers
✗ New Address same as above
Subscribed and sworn to before me this 12 day of June, 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 Jack Allen Myers ID # 312-46-5980
✗ Mother Brenda Diane Myers ID # 306-58-2306
Subscribed and sworn to before me this 12 day of June, 2001
Sharon Dugan Clerk

FEMALE APPLICANT

Name: First Lindsay Middle R. Last Colyer
Date of Birth: Month 3 Day 11 Year 83
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 244 Brixton Woods W 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) Drivers License

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

ACKNOWLEDGEMENT

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

✗ Signature of Applicant Lindsay R. Colyer Date 6-12-01

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 Lindsay R Colyer
✗ New Address 1207 Sheffield Dr. Avon, IN 46123
Subscribed and sworn to before me this 12 day of June, 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 Hendricks County Circuit Court, by written order issued June 11, 2001 and filed in Hend. Co. Clerk's Office, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 12, 2001, authorizing the marriage of Jonathan Allen Myers and Lindsay Renae Colyer.

I further certify that the following marriage certificate was filed in my office: I, Sharon Dugan (name), certify that on June 20, 2001 (date), at Danville in Hendricks County, Indiana, Jonathan Allen Myers of Hendricks County, Indiana (state), and Lindsay Renae Colyer of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 12, 2001. Signed by: Sharon Dugan, Hend. Co. Clerk (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on June 21, 2001 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

STATE OF INDIANA)
) SS:
COUNTY OF HENDRICKS)

IN THE HENDRICKS CIRCUIT COURT

IN RE: THE MATTER OF

JONATHAN ALLEN MYERS
DOB 10-22-84
SS #325-06-0334

And

LINDSAY RENAE COLYER
DOB 3-11-83
SS #312-04-0638

CAUSE NO. 32C01-0105-MI-68

ORDER GRANTING REQUEST TO MARRY

Petitioners, Jonathan Allen Myers and Lindsay Renae Colyer, and Brenda Diane Myers, appear in person for purposes of hearing on the request to marry. The Court grants the request for the petitioners to marry.

SO ORDERED THIS 11TH DAY OF JUNE, 2001.

J. V. Boles, Judge
Hendricks Circuit Court

FILED
JUN 12 2001
JUDGE HENDRICKS CIRCUIT COURT

(Serve copies to parties pro se. Enter in RJO)

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Jonathan Allen Myers
New Address same as above
Subscribed and sworn to before me this 12 day of June, 2001
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 Lindsay R Colyer
New Address 1207 Sheffield Dr. Avon IN 46123
Subscribed and sworn to before me this 12 day of June, 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 Jack Allen Myers ID # 312-46-5980
Mother Brenda Diane Myers ID # 306-58-3306
Subscribed and sworn to before me this 12 day of June, 2001
Sharon Dugan Clerk

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

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Hendricks County Circuit Court, by written order issued June 11, 2001 and filed in Hend. Co. Clerk's Office, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 12, 2001, authorizing the marriage of Jonathan Allen Myers and Lindsay Renae Colyer.

I further certify that the following marriage certificate was filed in my office: I, Sharon Dugan (name), certify that on June 20, 2001 (date), at Danville in Hendricks County, Indiana, Jonathan Allen Myers of Hendricks County, Indiana (state), and Lindsay Renae Colyer of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 12, 2001. Signed by: Sharon Dugan, Hend. Co. Clerk (official designation) Filed and recorded in accordance with the laws of the State of Indiana on June 21, 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 320
6-12-01
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 6-6-01
Name of Physician Stephen C. Hugus D.O.

MALE APPLICANT

Name: First Trevor Middle Matthew Last Montgomery
Date of Birth: Month 7 Day 20 Year 74
Place of Birth (State or foreign country) Missouri
Residence Address: Street or R.R. 4464 Connaught E Dr City Plfd 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) Passport

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

FEMALE APPLICANT

Name: First Angela Middle J. Last Hendricks
Date of Birth: Month 11 Day 11 Year 75
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 4464 Connaught E Dr City Plfd County Hend State In 46168
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1999
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) 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. Holly Rachelle Hendricks, Izzy Marie Hendricks, Jacob Matthew Montgomery
6. (a) Full name of applicant's father Daniel L. Hornaday
   (If adopted, list adoptive parents only) ____
   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 Simpson
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
X Signature of Applicant [signature] Date 6/12/01

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.
X Signed [signature]
X New Address same as above
Subscribed and sworn to before me this 12 day of June, 2001
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).
X Signature of Applicant Angela J. Hendricks Date 6-12-01

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.
X Signed Angela J Hendricks
X New Address same as above
Subscribed and sworn to before me this 12 day of June, 2001
Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 12, 2001, authorizing the marriage of Trevor Matthew Montgomery and Angela Jean Hendricks.
I further certify that the following marriage certificate was filed in my office: I, John L. Ross (name), certify that on June 22, 2001 (date), at Plainfield in Hendricks County, Indiana, Trevor M. Montgomery of Hendricks County, Indiana (state), and Angela J. Hendricks of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 12, 2001. Signed by: John L. Ross, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on June 26, 2001 (date).

Signed [signature] Clerk
Hendricks Circuit Court

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