293

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

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

Book 65
Page 613
9-28-01
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 _____
Name of Physician _____

MALE APPLICANT

Name: First George Middle J. Last Haulk
Date of Birth: Month 2 Day 10 Year 29
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 6800 N. Raceway Rd 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 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 William Russell Haulk
   (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 Ola Mae Litterel
   (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 George Thomas Haulk Date 9-28-01

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.
X Signed George Thomas Haulk
X New Address 714 Easton
Subscribed and sworn to before me this 28 day of Sept, 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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 M. Last Chambliss
Date of Birth: Month 9 Day 28 Year 41
Place of Birth (State or foreign country) Ohio
Residence Address: Street or R.R. 714 Easton Dr. 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 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 William M. Jewell
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Marjorie D. Sharp
   (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 Kathleen M. Chambliss Date 9-28-2001

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 Kathleen M. Chambliss
X New Address Same
Subscribed and sworn to before me this 28 day of Sept, 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept. 28, 2001, authorizing the marriage of George Thomas Haulk and Kathleen May Chambliss.
I further certify that the following marriage certificate was filed in my office: I, Rev. Joy Bilger Goehring (name), certify that on October 5, 2001 (date), at Brownsburg in Hendricks County, Indiana, George Thomas Haulk of Hendricks County, Indiana (state), and Kathleen May Chambliss of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept. 28, 2001. Signed by: Rev. Joy Bilger Goehring, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 9, 2001 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

294

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 65
Page 614
9-28-01
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 10-5-01
Name of Physician Brownsburg Family Med Center

MALE APPLICANT

Name: First William Middle L. Last Robertson
Date of Birth: Month 9 Day 24 Year 65
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 7211 Avondale 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 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 William R. Robertson
   (If adopted, list adoptive parents only) —
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Josephine 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 Wm. L. Robertson Date 9-28-01

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.
X Signed Wm. L. Robertson
X New Address 6642 Largo Lane, Plainfield Ind 46168
Subscribed and sworn to before me this 28 day of Sept, 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Carrie Middle Ann Last Gordon
Date of Birth: Month 2 Day 25 Year 73
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 981 Pinewood Dr. City Plfd County Hend. State In 46168
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1998
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Marie Holder, Cayla Justine Holder, Erick Dawn Holder, Shri Nicole Holder, Natasha Hope Gordon
6. (a) Full name of applicant's father Robert Rockard
   (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 Cynthia Louise McClure
   (If adopted, list adoptive parents only) —
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding 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 Carrie Gordon Date 9-28-01

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.
X Signed Carrie Gordon
X New Address 6642 Largo Lane Plainfield Ind 46168
Subscribed and sworn to before me this 28 day of Sept, 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept. 28, 2001, authorizing the marriage of William Lee Robertson and Carrie Ann Gordon.
I further certify that the following marriage certificate was filed in my office: I, Jonathan Lilly (name), certify that on October 27, 2001 (date), at Plainfield in Hendricks County, Indiana, William Lee Robertson of Hendricks County, Indiana (state), and Carrie Ann Gordon of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept. 28, 2001. Signed by: Johathan Lilly, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 29, 2001 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

295

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

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

Book 65
Page 615
9.28.01
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 _____
Name of Physician _____

MALE APPLICANT

Name: First Harvey Middle Gene Last Combs
Date of Birth: Month 12 Day 03 Year 36
Place of Birth (State or foreign country) West Virginia
Residence Address: Street or R.R. 1530 Renee Dr. City Plainfield County Hendricks State IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date _____
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Driver's

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 Elbert Combs, Sr.
   (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 Bonnie Fern Sapon
   (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 Harvey Gene Combs Date _____

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

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Harvey Gene Combs
New Address 1530 Renee 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 Debra Middle Dian Last Holden
Date of Birth: Month 07 Day 23 Year 51
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1530 Renee Dr. City Plainfield County Hendricks State IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 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. NO
6. (a) Full name of applicant's father Mervin Edward 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 Ruth Joanne Bradford
   (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 Debra D. Holden Date 9/28/01

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 Debra D. Holden
New Address 1530 Renee 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 Sept. 28, 2001, authorizing the marriage of Harvey Gene Combs and Debra Dian Holden.
I further certify that the following marriage certificate was filed in my office: I, Sharon Dugan (name), certify that on September 28, 2001 (date), at Danville in Hendricks County, Indiana, Harvey Gene Combs of Hendricks County, Indiana (state), and Debra Dian Holden of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept. 28, 2001. Signed by: Sharon Dugan, Hend. Co. Clerk (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on September 28, 2001 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

296

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 65
Page 616
9-28-01
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 9-27-87
Name of Physician Teresa Trueblood MD

MALE APPLICANT	FEMALE APPLICANT
Name First: Brian Middle: D. Last: Gwaltney	Name First: Jeanne Middle: Stevenson- Last: Burba
Date of Birth Month: 5 Day: 31 Year: 66	Date of Birth Month: 4 Day: 15 Year: 58
Place of Birth (State or foreign country): Indiana	Place of Birth (State or foreign country): Indiana
Residence Address Street or R.R.: 10549 Kellum Dr. City: Camby County: Hend. State: IN 46113	Residence Address Street or R.R.: 4034 Manx Village Sm. 74 City: Indpls County: Mn. State: IN 46221
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: 1999
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify)	Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify)
Drivers License	Drivers License
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐	1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐	If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐	2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐	3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐	4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.	5. List the full names of any dependent children. Rachael D. Burba
6. (a) Full name of applicant's father Walter Gwaltney	6. (a) Full name of applicant's father Mark Stevenson
(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) Indiana	Birthplace of father (State or foreign country) Virginia
(b) Full maiden name of applicant's mother Phyllis Davies	(b) Full maiden name of applicant's mother Violet Mae Abigal
(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) Indiana	Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Gwaltney Date 9-28-2001

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 Brian Gwaltney
✗New Address 10549 Kellum Drive Camby

Subscribed and sworn to before me this 28 day of Sept 2001

Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of 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 Stevenson Burba Date 9/28/2001

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 Jeanne Stevenson Burba
✗New Address 10549 Kellum Drive Camby

Subscribed and sworn to before me this 28 day of Sept 2001

Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of Hendricks)

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept. 28, 2001, authorizing the marriage of Brian Douglas Gwaltney and Jeanne Stevenson-Burba.

I further certify that the following marriage certificate was filed in my office: I, James R. Worthington (name), certify that on October 13, 2001 (date), at Plainfield in Hendricks County, Indiana, Brian Douglas Gwaltney of Hendricks County, Indiana (state), and Jeanne Stevenson-Burba of Marion County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept. 28, 2001. Signed by: James R. Worthington, Minister (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on October 17, 2001 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

297

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 65
Page 617
10-01-01
Date of Application

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

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 9-15-01
Name of Physician Robert Hawin M.D.

MALE APPLICANT	FEMALE APPLICANT
Name: First Terry Middle E. Last Hutto	Name: First Patricia Middle K. Last Wainman
Date of Birth: Month 2 Day 4 Year 55	Date of Birth: Month 10 Day 1 Year 47
Place of Birth (State or foreign country): Indiana	Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 416 N. Center St. Apt 7 City Pltfd County Hend State In 46168	Residence Address: Street or R.R. 416 N. Center Apt 7 City Pltfd 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 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1997	Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1997
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) 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 William Oscar Hutto	6. (a) Full name of applicant's father Max Criswell
(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) Pa.
Birthplace of father (State or foreign country) Indiana	Birthplace of father (State or foreign country) N.A.
(b) Full maiden name of applicant's mother Lillian Mae Rogers	(b) Full maiden name of applicant's mother Esther E. Tibbett
(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 Terry Hutto Date 10-1-01

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 Hutto
New Address SAME AS ABOVE

Subscribed and sworn to before me this 1 day of October, 2001

Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of Hendricks)

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

_____ Clerk

ACKNOWLEDGEMENT

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

Signature of Applicant Patricia Wainman Date 10-1-01

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 Patricia Wainman
New Address Patricia Wainman-Same as above

Subscribed and sworn to before me this 1 day of October, 2001

Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of Hendricks)

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

_____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated October 1, 2001, authorizing the marriage of Terry E. Hutto and Patricia K. Wainman.

I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on October 1, 2001 (date), at Danville in Hendricks County, Indiana, Terry E. Hutto of Hendricks County, Indiana (state), and Patricia K. Wainman of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated October 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 October 2, 2001 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

298

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 65
Page 618
10-2-01
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 10-2-01
Name of Physician Eric Clark MD.

MALE APPLICANT

Name: First Gary Middle W. Last W Barton
Date of Birth: Month 9 Day 21 Year 74
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 311 Ohio 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 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. Jace Conner Wharton
6. (a) Full name of applicant's father John Russell Wharton
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Phyllis Jane Ladisel
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding 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 W. Wharton Date 10-2-01

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 Gary W. Wharton
New Address 311 OHIO ST. GREENCASTLE, IN 46135
Subscribed and sworn to before me this 2 day of October, 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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 J. Last Mann
Date of Birth: Month 9 Day 19 Year 72
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 6395 Monument 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 Richard Mann
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) North Carolina
   (b) Full maiden name of applicant's mother Judy Sue Agnew
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding 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 J. Mann Date 10-2-01

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 Jennifer Mann
X New Address 311 OHIO St Greencastle IN 46135
Subscribed and sworn to before me this 2 day of October, 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Oct. 2, 2001, authorizing the marriage of Gary William Wharton and Jennifer Joy Mann.
I further certify that the following marriage certificate was filed in my office: I, David J. Gibson (name), certify that on October 20, 2001 (date), at Indianapolis in Marion County, Indiana, Gary William Wharton of Putnam County, Indiana (state), and Jennifer Joy Mann of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Oct. 2, 2001. Signed by: David J. Gibson, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 31, 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 65
Page 620
10-2-01
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 10-1-01
Name of Physician David Hadley

MALE APPLICANT

Name: First Matthew Middle D. Last Scott
Date of Birth: Month 7 Day 24 Year 77
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1676 Jerry Lane 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. Matylin Rose Scott
6. (a) Full name of applicant's father David Charles 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 Claudia Jean Day
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Colorado
   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 Matthew D. Scott Date 10/2/01

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 Matthew D. Scott
✗ New Address 48 S. WAYNE ST. DANVILLE IN 46122
Subscribed and sworn to before me this 2 day of October, 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Lauren Middle A. Last Creviston
Date of Birth: Month 10 Day 20 Year 82
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 874 Chelton Barn Way City Avon County Hendricks State IN
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Matylin Rose Scott
6. (a) Full name of applicant's father Robert E. Creviston 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 Alexandra Martinez Ingram
   (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 Lauren A Creviston Date 10/2/01

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 Lauren A Creviston
✗ New Address 485 S. Wayne St. Danville IN 46122
Subscribed and sworn to before me this 2 day of October, 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated October 2, 2001, authorizing the marriage of Matthew David Scott and Lauren Ann Creviston.
I further certify that the following marriage certificate was filed in my office: I, Claudia Scott (name), certify that on October 7, 2001 (date), at Plainfield in Hendricks County, Indiana, Matthew David Scott of Floyd County, Indiana (state), and Lauren Ann Creviston of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated October 2, 2001. Signed by: Claudia Scott, Priest (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 10, 2001 (date).

Sharon Dugan
Signed _____ Clerk
Hendricks Circuit Court

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

301

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 65
Page 621
10-03-01
Date of Application

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

Female Applicant > 50 No ☑ Yes ☐
If No, Medical Examination or Report Dated 10-02-01
Name of Physician Dr. Ralph Winkler

MALE APPLICANT

Name: First Cory Middle Scott Last Kerr
Date of Birth: Month 11 Day 4 Year 78
Place of Birth (State or foreign country) Missouri
Residence Address: Street or R.R. 10917 Sweetsen Rd City Camby 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 Licens

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Cory Kerr Date 10-03-01

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 Cory Kerr
New Address 10917 Sweetsen Rd.
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 Kathryn Middle Mia Last Mulinaro
Date of Birth: Month 11 Day 11 Year 78
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 10917 Sweetsen Rd City Camby 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. Mia Kathryn Mulinaro
6. (a) Full name of applicant's father Joseph Frank Mulinaro
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Sara Jane Massey
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Kathryn Mulinaro Date 10-03-01

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 Kathryn Mulinaro
New Address 10917 Sweetsen Rd
Subscribed and sworn to before me this day of
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated October 3, 2001, authorizing the marriage of Cory Scott Kerr and Kathryn Mia Mulinaro.
I further certify that the following marriage certificate was filed in my office: I, Joseph McNally (name), certify that on October 6, 2001 (date), at Greenwood in Johnson County, Indiana, Cory Scott Kerr of Hendricks County, Indiana (state), and Kathryn Mia Mulinaro of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated October 3, 2001 Signed by: Joseph McNally, Priest (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 17, 2001 (date).

Sharon Dugan
Signed _____ Clerk
Hendricks Circuit Court

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

302

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 65
Page 622
10-3-01
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 9-27-01
Name of Physician Avon Internal Medicine

MALE APPLICANT

Name: First Jason Middle J. Last Pittman
Date of Birth: Month 7 Day 26 Year 75
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1025 Glenwood Ct. S. City Mfld. 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 Rozer Dale Pittman
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Carol Ann Wilkinson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Pittman Date 10-3-01

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 Jason Pittman
✗ New Address 9976 Spring Creek Ct Avon, IN 46123
Subscribed and sworn to before me this 3 day of October, 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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 L. Last Vance
Date of Birth: Month 7 Day 4 Year 79
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. P.O. Box 205 City Coatesville County Hend. State In. 46121
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 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. Sarah Jeanne Vance
6. (a) Full name of applicant's father Bruce Wayne Harp
   (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 Ann Elizabeth Pearson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
✗ Signature of Applicant Rebecca L. Vance Date 10-3-01

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 Rebecca L. Vance
✗ New Address 9973 Spring Creek Ct Avon 46123
Subscribed and sworn to before me this 3 day of October, 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated October 3, 2001, authorizing the marriage of Jason Todd Pittman and Rebecca Lynn Vance.
I further certify that the following marriage certificate was filed in my office: I, Douglas A. Litsey (name), certify that on October 6, 2001 (date), at Avon in Hendricks County, Indiana, Jason Todd Pittman of Hendricks County, Indiana (state), and Rebecca Lynn Vance of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated October 3, 2001 Signed by: Douglas A. Litsey, Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on October 10, 2001 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

303

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

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

Book 65
Page 623
10-4-01
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 9-22-01
Name of Physician Heald Banks

MALE APPLICANT

Name: First Anthony Middle M. Last Killian
Date of Birth: Month 3 Day 9 Year 77
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1436 W. Warner City Chicago County Cook State Ill. 60613
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Killian Date 10/4/01

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 Anthony Killian
New Address Same as Above
Subscribed and sworn to before me this 4 day of Oct, 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Hiley Middle S. Last Smallwood
Date of Birth: Month 4 Day 10 Year 77
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1436 W. Warner City Chicago County Cook State Ill. 60613
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Hiley Smallwood Date 10/4/01

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 Hiley Smallwood
New Address same as above
Subscribed and sworn to before me this 4 day of Oct, 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated October 4, 2001, authorizing the marriage of Anthony Michael Killian and Hiley Suzanne Smallwood.
I further certify that the following marriage certificate was filed in my office: I, Stephen White (name), certify that on October 6, 2001 (date), at Plainfield in Hendricks County, Indiana, Anthony Michael Killian of Cook County, Illinois (state), and Hiley Suzanne Smallwood 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 October 4, 2001. Signed by: Stephen White, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 10, 2001 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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 65
Page 624
10-04-01
Date of Application

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

Female Applicant > 50 No ☑ Yes ☐
If No, Medical Examination or Report Dated 8-16-01
Name of Physician Barbara Koewler, M.D.

MALE APPLICANT

Name: First Larry Middle Lee Last Curry II
Date of Birth: Month 9 Day 17 Year 71
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 444 Western Drive 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) IN Dept of Correction 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. NO
6. (a) Full name of applicant's father Larry Lee 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 Lee 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 Larry Curry Date 10-4-01

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 Larry Curry
New Address 444 Western Dr. Danville
Subscribed and sworn to before me this 04 day of Oct. 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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 Adair
Date of Birth: Month 3 Day 16 Year 70
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 444 Western 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 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 Richard Dale Drennan I
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Lawrena Elaine Hutchington
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Adair Date 10-21-01

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 Lori L Adair
New Address 444 Western Dr. Danville IN
Subscribed and sworn to before me this 4th day of Oct 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated October 4, 2001, authorizing the marriage of Larry Lee Curry II and Lori Lynn Adair.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on October 4, 2001 (date), at Danville in Hendricks County, Indiana, Larry Lee Curry II of Hendricks County, Indiana (state), and Lori Lynn Adair of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated October 4, 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 October 4, 2001 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

305

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

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

Book 65
Page 625
10-4-01
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 10-4-01
Name of Physician Dr. David Gaddy

MALE APPLICANT

Name: First Joshua Middle Ray Last Herald
Date of Birth: Month 8 Day 18 Year 69
Place of Birth (State or foreign country) Illinois
Residence Address: Street or R.R. 4280 N. Co. Rd. 325 W 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 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. Schyler Herald
6. (a) Full name of applicant's father Wesley Earl Taylor
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Arizona
   Birthplace of father (State or foreign country) Unknown
   (b) Full maiden name of applicant's mother Paula Marie Herrel
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country)

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
☒ Signature of Applicant Josh Herald Date 10-4-01

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 Josh Herald
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 Gloria Middle Jane Last Gochenour
Date of Birth: Month 11 Day 1 Year 71
Place of Birth (State or foreign country) Iowa
Residence Address: Street or R.R. 4280 N. Co. Rd. 325 W City Danville County Hendricks State IN 46122
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date _____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
☒ Signature of Applicant Gloria J. Gochenour Date 10-4-01

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 Gloria Gochenour
New Address same as above
Subscribed and sworn to before me this _____ day of _____
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Oct. 4, 2001, authorizing the marriage of Joshua Ray Herald and Gloria Jane Gochenour.
I further certify that the following marriage certificate was filed in my office: I, Kathleen I. Lee (name), certify that on October 13, 2001 (date), at Danville in Hendricks County, Indiana, Joshua Ray Herald of Hendricks County, Indiana (state), and Gloria Jane Gochenour of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Oct. 4, 2001. Signed by: Kathleen I. Lee, Judge Pro Tempore (official designation) Filed and recorded in accordance with the laws of the State of Indiana on November 13, 2001 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

306

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 65
Page 626
10-4-01
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 9-20-01
Name of Physician Michelle Dickerson

MALE APPLICANT

Name: First James Middle N. Last Sydenstricker
Date of Birth: Month 10 Day 3 Year 72
Place of Birth (State or foreign country) West Virginia
Residence Address: Street or R.R. 11498 Feather Rock Ct. City Fishers County Hamilton State IN 46038
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 James Sydenstricker
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) West Virginia
   Birthplace of father (State or foreign country) West Virginia
   (b) Full maiden name of applicant's mother Stephenie Ann Carson
   (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 James N Sydenstricker Date 10/4/01

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 James N Sydenstricker
New Address 11498 FEATHER ROCK CT FISHERS IN 46038
Subscribed and sworn to before me this 4 day of October, 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Teri Middle L. Last McLoed
Date of Birth: Month 11 Day 3 Year 66
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 363 Ardsdott Dr. City Brownsburg County Hendricks State IN 46112
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

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

ACKNOWLEDGEMENT

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

Signature of Applicant Teri L. McLoed Date 10/4/01

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 Teri L McLoed
New Address 11498 Feather Rock Ct.
Subscribed and sworn to before me this 4 day of October, 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated October 4, 2001, authorizing the marriage of James Nelson Sydenstricker and Teri Lynn McLoed.

I further certify that the following marriage certificate was filed in my office: I, Harold L. Leininger II (name), certify that on October 6, 2001 (date), at Brownsburg in Hendricks County, Indiana, James N. Sydenstricker of Hamilton County, Indiana (state), and Teri Lynn McLoed of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated October 4, 2001 Signed by: Harold L. Leininger II, Pastor (official designation) Filed and recorded in accordance with the laws of the State of Indiana on October 10, 2001 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

307

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 65
Page 627
10-4-01
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 10-4-01
Name of Physician David Hadley M.D.

MALE APPLICANT

Name: First Christopher Middle W. Last Mantooth
Date of Birth: Month 6 Day 21 Year 72
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 2495 E. 800 S. 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 Ralph Lawrence Mantooth
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Linda Sue Coffey
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 W. Mantooth Date 10-4-01

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 Christopher W. Mantooth
* New Address 2495 E. 800 S., Clayton, IN 46118
Subscribed and sworn to before me this 4 day of October 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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 L. Last Davis
Date of Birth: Month 4 Day 9 Year 65
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 2955 Grenwell Lane City Greenwood County Marion State IN 46268
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. Jordan Thomas Davis
6. (a) Full name of applicant's father Thomas Edward Davis
   (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 Phyllis Ann Harmon
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 L. Davis Date 10/04/01

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 Phyllis L. Davis
* New Address 2495 E. 800 S. Clayton, IN 46118
Subscribed and sworn to before me this 4 day of October, 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Oct. 4, 2001, authorizing the marriage of Christopher W. Mantooth and Phyllis L. Davis.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on November 1, 2001 (date), at Danville in Hendricks County, Indiana, Christopher W. Mantooth of Hendricks County, Indiana (state), and Phyllis L. Davis of Marion County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Oct. 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 November 1, 2001 (date).

Sharon Dugan
Signed ____ Clerk
Hendricks Circuit Court

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

308

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 65
Page 628
10-4-01
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 10-1-01
Name of Physician Michael Block

MALE APPLICANT

Name: First Steven Middle M. Last Zellers
Date of Birth: Month 2 Day 14 Year 79
Place of Birth (State or foreign country) Illinois
Residence Address: Street or R.R. RR 1 Box 11 City Kingman County Parke State In. 47952
Previous Marital Status: 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 Steven Wayne Zellers
   (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 Karen 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 Steve M. Zellers Date 10.4.01

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 Steve M. Zellers
✗ New Address 3615 Prairie View Cir. Apt. D Danville IN 46122
Subscribed and sworn to before me this 4 day of Oct, 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Courtney Middle L. Last Estes
Date of Birth: Month 9 Day 10 Year 80
Place of Birth (State or foreign country) Kentucky
Residence Address: Street or R.R. 3615 Prairie View Cir. Apt D City Danville County ____ 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 William Nickel Estes
   (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 Michelle Lynn DeLosse
   (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 Courtney L. Estes Date 10-04-01

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 Courtney L. Estes
✗ New Address same as above
Subscribed and sworn to before me this 4 day of October, 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated October 4, 2001, authorizing the marriage of Steven Matthew Zellers and Courtney Rachelle Estes.
I further certify that the following marriage certificate was filed in my office: I, William A. Neiman (name), certify that on October 12, 2001 (date), at Russellville in Putnam County, Indiana, Steven Matthew Zellers of Hendricks County, Indiana (state), and Courtney Rachelle Estes of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated October 4, 2001. Signed by: William A. Neiman, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 25, 2001 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

309

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

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

Book 65
Page 629
10-5-01
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 9-10-01
Name of Physician Mark Benson

MALE APPLICANT

Name: First Shawn Middle B. Last Travis
Date of Birth: Month 11 Day 20 Year 74
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 5874 Stonebamp Dr. City Clfd 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. Dalton Wiley Adler Travis
6. (a) Full name of applicant's father Joseph Travis
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) N/A
   Birthplace of father (State or foreign country) N/A
   (b) Full maiden name of applicant's mother Glenda Hammer
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding 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 Shawn Travis Date 10-5-01

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 Shawn Travis
X New Address Same as Above
Subscribed and sworn to before me this 5 day of Oct 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Amber Middle H. Last Morgan
Date of Birth: Month 10 Day 15 Year 74
Place of Birth (State or foreign country) Florida
Residence Address: Street or R.R. 5874 Stonebamp Dr. City Clfd 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. Dalton Wiley Adler Travis, Summer Aron Blake Martin
6. (a) Full name of applicant's father Anthony Morgan
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Theresa Gail Christopher
   (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).
X Signature of Applicant Amber H. Morgan Date 10-5-01

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 Amber H. Morgan
X New Address Same as above
Subscribed and sworn to before me this 5 day of Oct, 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated October 5, 2001, authorizing the marriage of Shawn Bryan Travis and Amber Heather Morgan.
I further certify that the following marriage certificate was filed in my office: I, Stevan W. Ranson (name), certify that on October 6, 2001 (date), at Clayton in Hendricks County, Indiana, Shawn Bryan Travis of Hendricks County, Indiana (state), and Amber Heather Morgan of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated October 5, 2001. Signed by: Stevan W. Ranson, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 10, 2001 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

310

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 65
Page 630
10-5-01
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 10-4-01
Name of Physician Mark Hamby

MALE APPLICANT

Name: First Patrick Middle J. Last Doherty
Date of Birth: Month 9 Day 21 Year 77
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 213 1/2 Wabash St. 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 female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Shiann Lynn Doherty
6. (a) Full name of applicant's father Michael Doherty
   (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 Carole Jarvis
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Louisiana

FEMALE APPLICANT

Name: First Tiffany Middle Ann Last Goss
Date of Birth: Month 4 Day 17 Year 81
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 213 1/2 Wabash St. 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. Shiann Lynn Doherty
6. (a) Full name of applicant's father Jeremy Goss
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Sherri Lynn 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 Patrick Doherty Date 10/5/01

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 Patrick Doherty
New Address SAME AS ABOVE
Subscribed and sworn to before me this 5 day of Oct, 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 Tiffany Goss Date 10/5/01

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 Tiffany Goss
New Address Same as above
Subscribed and sworn to before me this 5 day of Oct, 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Oct. 5, 2001, authorizing the marriage of Patrick Joseph Doherty and Tiffany Ann Goss.
I further certify that the following marriage certificate was filed in my office: I, Stephen M. Willis (name), certify that on October 13, 2001 (date), at Danville in Hendricks County, Indiana, Patrick Joseph Doherty of Hendricks County, Indiana (state), and Tiffany Ann Goss of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Oct. 5, 2001. Signed by: Stephen M. Willis, Preacher (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 18, 2001 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

311

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 65
Page 631

Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage 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 Kevin Middle Dale Last Sawyer
Date of Birth: Month 10 Day 26 Year 63
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 140 E. Clinton St. City Danville County Hendricks State IN 46122
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date _____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Kevin Sawyer Date 10-5-01

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 Kevin Sawyer
New Address RR1 Box 19B New Ross IND
Subscribed and sworn to before me this 5 day of October, 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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 J. Last Robinson
Date of Birth: Month 8 Day 14 Year 62
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. RR1 Box 19B City New Ross County Montgomery State IN 47968
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date _____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Estelle Robinson
6. (a) Full name of applicant's father Thomas Samuel Johnson
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Priscilla Ann Woodsides
   (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 Debra J. Robinson Date 10-5-01

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 Debra J. Robinson
New Address same as Above
Subscribed and sworn to before me this 5 day of October, 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

I certify that there was filed in my _____, authorizi
I further certify that the following certify that on _____
County, Indiana, _____
(state), and _____
were married by me as authorize _____. Signed b
Filed and recorded in accordance v _____ of the State of Indiana on _____

Premarital Form

MARRIAGE CERTIFICATE

Circuit Court of Hendricks County, Indiana, dated _____ and _____.
_____ (name),
_____ in _____
_____ County, _____
_____ County, _____ (state)
he Clerk of the Circuit Court of Hendricks County, Indiana, dated _____ (official designation) _____ (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

312

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 65
Page 632
10-5-01
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 10-4-01
Name of Physician R. Brewer M.D.

MALE APPLICANT

Name: First Michael Middle M. Last Froedge
Date of Birth: Month 7 Day 25 Year 62
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 6180 Park Dr. 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 Herbert Froedge
   (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 Francis Martin
   (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 Mike Froedge Date 10-5-01

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 Mike Froedge
X New Address 6180 PARK DR CLAYTON IN 46118
Subscribed and sworn to before me this 5 day of Oct, 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Margaret Middle L. Last Kitchen
Date of Birth: Month 4 Day 11 Year 73
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1247 N. Post Dr. City Mooresville County Morgan State In. 46151
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Drivers License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding 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 Margaret L Kitchen Date 10-5-01

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 Margaret L Kitchen
X New Address 6180 Parke Drive Clayton 46119
Subscribed and sworn to before me this 5 day of Oct, 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated October 5, 2001, authorizing the marriage of Mike M. Froedge and Margaret L. Kitchen.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on October 5, 2001 (date), at Danville in Hendricks County, Indiana, Mike M. Froedge of Hendricks County, Indiana (state), and Margaret L. Kitchen of Morgan County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated October 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 October 5, 2001 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

313

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

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

Book 65
Page 633
10-8-01
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 10-3-01
Name of Physician Cindy A. Brown D.O.

MALE APPLICANT

Name: First David Middle W. Last Howard
Date of Birth: Month 3 Day 17 Year 76
Place of Birth (State or foreign country) Illinois
Residence Address: Street or R.R. 6625 Karyn 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 female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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. Howard
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Texas
   Birthplace of father (State or foreign country) Illinois
   (b) Full maiden name of applicant's mother Pamela Kay Benson
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Texas
   Birthplace of mother (State or foreign country) Illinois

FEMALE APPLICANT

Name: First Kendra Middle Renee Last Peters
Date of Birth: Month 8 Day 31 Year 73
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 6625 Karyn Drive 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) Driver's License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
X Signature of Applicant [signature] Date 10/8/01

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

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
X Signed [signature]
X New Address same as above
Subscribed and sworn to before me this 8 day of October, 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 10/8/01

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

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
X Signed [signature]
X New Address same as above
Subscribed and sworn to before me this 8 day of October, 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated October 8, 2001, authorizing the marriage of David Walter Howard and Kendra Renee Peters.
I further certify that the following marriage certificate was filed in my office: I, Steven Alberton (name), certify that on October 13, 2001 (date), at Avon in Hendricks County, Indiana, David Walter Howard of Hendricks County, Indiana (state), and Kendra Renee Peters of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Oct. 8, 2001. Signed by: Steven Alberton, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 17, 2001 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

314

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 65
Page 634
10-8-01
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 10-8-01
Name of Physician Denise Dadley MD

MALE APPLICANT

Name: First William Middle J. Last Benge
Date of Birth: Month 6 Day 13 Year 61
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 8678 Baypointe 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 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. Crystal L. Benge
6. (a) Full name of applicant's father Richard L. Benge
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Kentucky
   (b) Full maiden name of applicant's mother Debra Jeanine Fullen
   (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 William Benge Date 10-8-01

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 William Benge
✗ New Address SAME
Subscribed and sworn to before me this 8 day of Oct, 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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 L. Last Gauch
Date of Birth: Month 9 Day 7 Year 63
Place of Birth (State or foreign country) California
Residence Address: Street or R.R. 8678 Baypointe 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 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. Stephanie Lynn Gauch, Heather Renee Gauch
6. (a) Full name of applicant's father Jerry L. Kyle
   (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 Janet E. Murphy
   (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 Tamara L. Gauch Date 10-8-01

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 Tamara L. Gauch
✗ New Address Same as Above
Subscribed and sworn to before me this 8 day of Oct, 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated October 8, 2001, authorizing the marriage of William Joe Benge and Tamara Lynn Gauch.
I further certify that the following marriage certificate was filed in my office: I, Don Burch (name), certify that on October 20, 2001 (date), at Avon in Hendricks County, Indiana, William Joe Benge of Hendricks County, Indiana (state), and Tamara Lynn Gauch of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated October 8, 2001. Signed by: Don Burch, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 25, 2001 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

315

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

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

Book 65
Page 635
10-8-01
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 10-1-01
Name of Physician Dr. Jenkins

MALE APPLICANT

Name: First Michael Middle A. Last Fowler
Date of Birth: Month 5 Day 22 Year 1966
Place of Birth (State or foreign country) Indiana 46142
Residence Address: Street or R.R. 734 Redbud Ln. City Greenwood County Johnson State IN
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Driver's License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding 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. Fowler Date 10/8/01

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 Michael A. Fowler
New Address 386 Primrose Ln. Avon, IN 46123
Subscribed and sworn to before me this 8 day of October 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Wendy Middle A Last Clark
Date of Birth: Month 9 Day 29 Year 1970
Place of Birth (State or foreign country) Indiana 46123
Residence Address: Street or R.R. 386 Primrose 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) Driver's License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding 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 Wendy Clark Date 10/8/01

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 Wendy Clark
New Address Same as above
Subscribed and sworn to before me this 8 day of October 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Oct. 8, 2001, authorizing the marriage of Michael Alan Fowler and Wendy Adele Clark.
I further certify that the following marriage certificate was filed in my office: I, Howard R. Brammer (name), certify that on November 10, 2001 (date), at Indianapolis in Marion County, Indiana, Michael Alan Fowler of Johnson County, Indiana (state), and Wendy Adele Clark of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Oct. 8, 2001. Signed by: Howard R. Brammer, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on November 14, 2001 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

316

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 65
Page 136
10-9-01
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 9-24-01
Name of Physician D. Harris

MALE APPLICANT

Name: First Dustin Middle H. Last Cannon
Date of Birth: Month 3 Day 15 Year 70
Place of Birth (State or foreign country) Texas
Residence Address: Street or R.R. 2445 S. Co Rd. 800W. City Coatesville County Hendricks State Ind. 46121
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 Wayne Owen 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 Peggy Jo Swider
   (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 Catherine Middle K. Last Gittins
Date of Birth: Month 11 Day 3 Year 77
Place of Birth (State or foreign country) Nebraska
Residence Address: Street or R.R. 2445 S. Co Rd. 800W. City Coatesville County Hend. State Ind. 46121
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
✗ Signature of Applicant _____ Date 10/9/01

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 _____
✗ New Address same
Subscribed and sworn to before me this 9 day of Oct, 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of 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 Catharine K. Gittins Date 10-9-01

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 Catharine K. Gittins
✗ New Address same
Subscribed and sworn to before me this 9 day of Oct, 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated October 8, 2001, authorizing the marriage of Dustin Heath Cannon and Catharine Kay Gittins.
I further certify that the following marriage certificate was filed in my office: I, Douglas G. Kenny (name), certify that on October 20, 2001 (date), at Indianapolis in Marion County, Indiana, Dustin Heath Cannon of Hendricks County, Indiana (state), and Catharine Kay Gittins of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated October 8, 2001 Signed by: Douglas G. Kenny, Pastor (official designation) Filed and recorded in accordance with the laws of the State of Indiana on October 25, 2001 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

317

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 65
Page 637
10-10-01
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 10-9-01
Name of Physician David Hadley

MALE APPLICANT

Name: First Travis Middle William Last Chastain
Date of Birth: Month May Day 18 Year 1961
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 16 William Dr. City Brownsburg County Hendricks State In.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 10-30-96
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. Casey Nikki
6. (a) Full name of applicant's father Jeff Chastain
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indpls. In
   Birthplace of father (State or foreign country)
   (b) Full maiden name of applicant's mother Francis Pace
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Largo, Fla.
   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 ☒ Travis Chastain Date 10/13/01

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 ☒ Travis Chastain
New Address _____
Subscribed and sworn to before me this 13th day of Oct. 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Vicky Middle Lynn Last LaMonte
Date of Birth: Month 3O Day 31 Year 1964
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 16 Williams Dr. City Brownsburg County Hendricks State In.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 3
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 6-7-2000
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. Julia M. Codie, Taylor
6. (a) Full name of applicant's father John Ellis
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) deceased
   Birthplace of father (State or foreign country)
   (b) Full maiden name of applicant's mother Shirley Worthington
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Danville 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 ☒ Vicky L. LaMonte Date 10-9-01

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 ☒ Vicky L. LaMonte
New Address 16 William Dr. Brownsburg, In 46112
Subscribed and sworn to before me this 10th day of Oct 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated October 13, 2001, authorizing the marriage of Travis William Chastain and Vicky Lynn LaMonte.
I further certify that the following marriage certificate was filed in my office: I, Janice S. Chilewski (name), certify that on October 13, 2001 (date), at Danville in Hendricks County, Indiana, Travis William Chastain of Hendricks County, Indiana (state), and Vicky Lynn LaMonte of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Oct. 13, 2001. Signed by: Janice S. Chilewski, Chief Deputy Clerk (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 15, 2001 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

318

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 65
Page 438
10-15-01
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 10-10-01
Name of Physician Hurd Hicks

MALE APPLICANT

Name: First Kenneth Middle C. Last Dodson

Date of Birth: Month 9 Day 19 Year 77

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 648 Hawthorne 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. Kenneth Clint Dodson Jr.
6. (a) Full name of applicant's father Joe Fred Dodson
   (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 Cindy Kay Denton
   (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 Hollie Middle J. Last Manshack

Date of Birth: Month 7 Day 28 Year 80

Place of Birth (State or foreign country) Louisiana

Residence Address: Street or R.R. 648 Hawthorne 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. Jerred Hollis Manshack, Kenneth Clint Dodson Jr.
6. (a) Full name of applicant's father David Hollis Manshack
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Argentina
   (b) Full maiden name of applicant's mother Marilyn Jean Arnold
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Louisiana
   Birthplace of mother (State or foreign country) Louisiana

ACKNOWLEDGEMENT

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

✗ Signature of Applicant Kenneth C Dodson Date 10/15/01

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 Kenneth C Dodson
✗ New Address same
Subscribed and sworn to before me this 15 day of Oct, 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of 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 Hollie Manshack Date 10/15/01

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 Hollie Manshack
✗ New Address same
Subscribed and sworn to before me this 15 day of Oct, 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated October 15, 2001, authorizing the marriage of Kenneth Clint Dodson and Hollie Jean Manshack.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on October 15, 2001 (date), at Danville in Hendricks County, Indiana, Kenneth Clint Dodson of Hendricks County, Indiana (state), and Hollie Jean Manshack of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Oct. 15, 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 October 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 65
Page 639
10-09-01
Date of Application

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

Female Applicant > 50 No ☑ Yes ☐
If No, Medical Examination or Report Dated 9-26-01
Name of Physician Dr. Cromer

MALE APPLICANT

Name: First Eric Middle Glenn Last Scott
Date of Birth: Month 10 Day 11 Year 69
Place of Birth (State or foreign country) Georgia
Residence Address: Street or R.R. 263 Lazy Hollow Dr. City Brownsburg County Hendricks State IN
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Sidney Wayne Scott
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Georgia
   Birthplace of father (State or foreign country) Georgia
   (b) Full maiden name of applicant's mother Jeannie Lee Bray
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Georgia
   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 Eric Glenn Scott Date 10/9/01

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 Eric Glenn Scott
New Address 263 Lazy Hollow Dr, Brownsburg
Subscribed and sworn to before me this 9th day of October 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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 Lynn Last Raymond
Date of Birth: Month 04 Day 28 Year 75
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 6213 Hard Dr. Apt D City Speedway County Marion State IN
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. NO
6. (a) Full name of applicant's father Thomas Lee Raymond
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Minnesota
   (b) Full maiden name of applicant's mother June Marie Hartman
   (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 Kelley Lynn Raymond Date 10/9/01

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 Kelley Lynn Raymond
New Address 263 Lazy Hollow Dr Brownsburg IN 46112
Subscribed and sworn to before me this 9th day of October 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license, issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated October 9, 2001, authorizing the marriage of Eric Glenn Scott and Kelly Lynn Raymond.
I further certify that the following marriage certificate was filed in my office: I, Rev. D. Michael Welch (name), certify that on October 20, 2001 (date), at Danville in Hendricks County, Indiana, Eric Glenn Scott of Hendricks County, Indiana (state), and Kelly Lynn Raymond 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 October 9, 2001. Signed by: Rev. D. Michael Welch, Priest (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 25, 2001 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

320

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 65
Page 640
10/9/01
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 10-9-01
Name of Physician Dr. M. S. King

MALE APPLICANT

Name: First Jason Middle R Last McCorkle
Date of Birth: Month 3 Day 19 Year 1970
Place of Birth (State or foreign country) Illinios
Residence Address: Street or R.R. 652 Canterbury Road 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) 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. NONE
6. (a) Full name of applicant's father Robert McCorkle
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Georgia
   Birthplace of father (State or foreign country) Georgia
   (b) Full maiden name of applicant's mother Patricia K. Smith
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Illinios
   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).
Signature of Applicant Jason McCorkle Date 10-9-1

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 Jason McCorkle
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 Kerri Middle Last Brenton
Date of Birth: Month 7 Day 2 Year 1971
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 652 Canterbury Road 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 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. Amber Brianna Burton, Blake Allan Brenton, Brooke Logan Brenton
6. (a) Full name of applicant's father Robert Mosely
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) North Dakota
   (b) Full maiden name of applicant's mother Karen Kay Fanning
   (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 Kerri L Brenton Date 10-9-01

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 Kerri L Brenton
New Address Same as above
Subscribed and sworn to before me this _____ day of _____
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated October 9, 2001, authorizing the marriage of Jason Robert McCorkle and Kerri Lynn Brenton.
I further certify that the following marriage certificate was filed in my office: I, Dr. Donald E. Crismon (name), certify that on October 20, 2001 (date), at Danville in Hendricks County, Indiana, Jason Robert McCorkle of Hendricks County, Indiana (state), and Kerri Lynn Brenton of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated October 9, 2001 Signed by: Dr. Donald E. Crismon, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 25, 2001 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

321

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 65
Page 641
10-9-01
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 10-3-01
Name of Physician Kathleen L. Speicher M.D.

MALE APPLICANT

Name: First Donald Middle W. Last Burke
Date of Birth: Month 2 Day 6 Year 75
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 7987 Cobblestone 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 Omer Wayne Burke
   (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 Nancy Lou Clare
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Wayne Burke Date 10/9/01

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 Donald Wayne Burke
✗ New Address SAME
Subscribed and sworn to before me this 9 day of Oct, 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Shannon Middle L. Last Bottorff
Date of Birth: Month 7 Day 3 Year 76
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 7987 Cobblestone 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.
6. (a) Full name of applicant's father David William Bottorff
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Kathy Jean Pugsley
   (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 Shannon L Bottorff Date 10-9-01

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 Shannon L Bottorff
✗ New Address Same as above
Subscribed and sworn to before me this 9 day of Oct, 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Oct. 9, 2001, authorizing the marriage of Donald Wayne Burke and Shannon Lee Bottorff.
I further certify that the following marriage certificate was filed in my office: I, Rev. W. Frank Hibbard (name), certify that on October 27, 2001 (date), at Noblesville in Hamilton County, Indiana, Donald Wayne Burke of Hendricks County, Indiana (state), and Shannon Lee Bottorff of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Oct. 9, 2001. Signed by: Rev. W. Frank Hibbard, Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on October 31, 2001 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

322

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 65
Page 642
10-10-01
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 9-24-01
Name of Physician Dr. Andrade

MALE APPLICANT

Name: First Dale Middle — Last Walton
Date of Birth: Month 3 Day 19 Year 1970
Place of Birth (State or foreign country) Pennsylvania
Residence Address: Street or R.R. 13 Murphy Cr. 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 9-98
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Dale Walton
   (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 Alice Leish Baxter
   (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 Dale Walton Date 10-10-01

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 Dale Walton.
New Address same as above
Subscribed and sworn to before me this 10 day of October 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Tonya Middle R. Last Copley
Date of Birth: Month 2 Day 6 Year 1974
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 13 Murphy Cr. 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 N/A
   (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 Nora Copley
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) West Virginia
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 R. Copley Date 10-10-01

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 _____
New Address same as above
Subscribed and sworn to before me this 10 day of October 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated October 10, 2001, authorizing the marriage of Dale Walton and Tonya Rae Copley.
I further certify that the following marriage certificate was filed in my office: I, Pastor David Knox (name), certify that on October 13, 2001 (date), at Plainfield in Hendricks County, Indiana, Dale Walton of Hendricks County, Indiana (state), and Tonya Rae Copley of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Oct. 10, 2001. Signed by: Pastor David Knox, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 17, 2001 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

323

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 65
Page 643
10-10-01
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 10-9-01
Name of Physician Health Tracks

MALE APPLICANT

Name: First Ryan Middle J. Last Bozell
Date of Birth: Month 3 Day 28 Year 1977
Place of Birth (State or foreign country) Indiana 46123
Residence Address: Street or R.R. 10111 Steeplechase Dr. #B 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 James Bozell
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Darla Harlan
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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. Bozell Date 10/10/01

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 R. Bzell
New Address same as above
Subscribed and sworn to before me this 10 day of October 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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 J. Last Perigo
Date of Birth: Month 3 Day 15 Year 1972
Place of Birth (State or foreign country) Indiana 46123
Residence Address: Street or R.R. 10111 Steeplechase Dr. #B City Avon County Hend State IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 12-99
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 Joe Brinkman
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Connie E. Owens
   (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 Perigo Date 10-12-01

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 Jennifer Perigo
New Address same as above
Subscribed and sworn to before me this 12 day of October 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Oct. 12. 2001, authorizing the marriage of Ryan James Bozell and Jennifer Jo Perigo.
I further certify that the following marriage certificate was filed in my office: I, Robert L. Cannon (name), certify that on October 21, 2001 (date), at Carmel in Hamilton County, Indiana, Ryan James Bozell of Hendricks County, Indiana (state), and Jennifer Jo Perigo of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Oct. 12, 2001. Signed by: Robert L. Cannon, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 31, 2001 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

324

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 65
Page 644
10/12/01
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 10-12-01
Name of Physician Dr. Belcher

MALE APPLICANT

Name First: John Middle: Michael Last: Depinet
Date of Birth Month: 6 Day: 29 Year: 1973
Place of Birth (State or foreign country): Ohio
Residence Address: 3647 Beluga Lane Street or R.R. Indianapolis City Marion County In. State
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify)
Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☑ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. None
6. (a) Full name of applicant's father Michael Depinet
   (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 Diane Dase
   (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: Angela Middle: Kay Last: Smith
Date of Birth Month: 8 Day: 30 Year: 1972
Place of Birth (State or foreign country): Indiana
Residence Address: 10173 Stillwell Drive Street or R.R. Avon City Hendricks County In. State
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☐ Other (Specify)
Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. None
6. (a) Full name of applicant's father Michael 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 Constance Willis
   (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 10-12-01

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 193 TURNBURY LN BRANSBURG IN 46112
Subscribed and sworn to before me this _____ day of _____
Sharon Dugan Clerk of the Hendricks Circuit Court

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Angela Kay Smith Date 10/12/01

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 Angela Kay Smith
New Address 193 Turnbury Ln 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

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated October 12, 2001, authorizing the marriage of John Michael Depinet and Angela Kay Smith.
I further certify that the following marriage certificate was filed in my office: I, Paul W. Cochran (name), certify that on October 20, 2001 (date), at Carmel in Hamilton County, Indiana, John Michael Depinet of Hendricks County, Indiana (state), and Angela Kay Smith of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Oct. 12, 2001. Signed by: Paul W. Cochran, Priest (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 25, 2001 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

325

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

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

Book 65
Page 645
10-10-01
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 10-10-01
Name of Physician David Hadley M.D.

MALE APPLICANT

Name: First Leon Middle Frederick Last Dobiesz
Date of Birth: Month 9 Day 28 Year 64
Place of Birth (State or foreign country) New York
Residence Address: Street or R.R. 2739 E. Co. Rd. 750 S. City Clayton County Hendricks State IN
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify)
Indiana Drivers license

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

FEMALE APPLICANT

Name: First Norma Middle Kathryn Last Halcomb
Date of Birth: Month 7 Day 5. Year 83
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 2739 E. Co Rd 750 S City Clayton County Hendricks State IN
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify)
Indiana I.D. 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 N/A
   (If adopted, list adoptive parents only) N/A
   Residence of father (if deceased, so state) N/A
   Birthplace of father (State or foreign country) N/A
   (b) Full maiden name of applicant's mother Rachael Lynn Dunagan
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Y Signature of Applicant Leon Dobiesz Date 10/10/01

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)
Y County of Hendricks) I swear/affirm that the information given in this application is true and correct.
Signed Leon Dobiesz
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).
Y Signature of Applicant Norma Halcomb Date 10/10/01

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)
Y County of Hendricks) I swear/affirm that the information given in this application is true and correct.
Signed Norma Halcomb
New Address 2739 E CO RD 750S CLAYTON IN 46118
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 October 10, 2001, authorizing the marriage of Leon Frederick Dobiesz and Norma Kathryn Halcomb.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on October 10, 2001 (date), at Danville in Hendricks County, Indiana, Leon Frederick Dobiesz of Hendricks County, Indiana (state), and Norma Kathryn Halcomb of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated October 10, 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 October 10, 2001 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

326

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

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

Book 65
Page 646
10-11-01
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 10-2-01
Name of Physician Karen Johns M.D.

MALE APPLICANT

Name: First Michael Middle K. Last Zmijewski
Date of Birth: Month 3 Day 12 Year 74
Place of Birth (State or foreign country) Michigan
Residence Address: Street or R.R. 7639 Lincoln Trl City Ftfld 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 Raymond Peter Zmijewski
   (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 Janet Ann Smith
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Michigan
   Birthplace of mother (State or foreign country) Michigan

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
X Signature of Applicant Michael K Zmijewski Date 10/11/01

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 Michael K Zmijewski
X New Address SAME
Subscribed and sworn to before me this 11 day of October, 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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 A. Last Beesley
Date of Birth: Month 5 Day 31 Year 75
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 7639 Lincoln Trl. City Ftfld 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 William J. Beesley
   (If adopted, list adoptive parents only)
   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 L. Wray
   (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 Julie A Beesley Date 10/11/01

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 Julie A Beesley
X New Address Same
Subscribed and sworn to before me this 11 day of October, 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated October 11, 2001, authorizing the marriage of Michael Kenneth Zmijewski and Julie Ann Beesley.
I further certify that the following marriage certificate was filed in my office: I, Steven T. Reeves (name), certify that on October 20, 2001 (date), at Brownsburg in Hendricks County, Indiana, Michael Kenneth Zmijewski of Hendricks County, Indiana (state), and Julie Ann Beesley of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Oct. 11, 2001. Signed by: Steven T. Reeves, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 25, 2001 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

327

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

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

Book 65
Page 647
10-11-01
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 9/25/01
Name of Physician Dr. Lamy / Amer. Health Network

MALE APPLICANT

Name: First Joseph Middle Robert Last Voigt.

Date of Birth: Month 3 Day 27 Year 1969

Place of Birth (State or foreign country): Delaware

Residence Address: Street or R.R. 7780 E Co. Rd. 200 N. 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. None
6. (a) Full name of applicant's father John Voigt
   (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 Charlotte Lynne Smith
   (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 Joseph R. Voigt Date 10/11/01

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 Joseph R. Voigt
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 Laurel Middle Jane Last Rolls

Date of Birth: Month 1 Day 20 Year 1973

Place of Birth (State or foreign country): Indiana

Residence Address: Street or R.R. 7780 E. Co Rd 200 N 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 James A. Rolls
   (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 J. Maddox
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding 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 Laurie Rolls Date 10-11-01

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 Laurie Rolls
New Address SAME AS ABOVE

Subscribed and sworn to before me this ____ day of ____
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated October 11, 2001, authorizing the marriage of Joseph Robert Voigt and Laurel Jane Rolls.

I further certify that the following marriage certificate was filed in my office: I, John L. Ross (name), certify that on October 20, 2001 (date), at Plainfield in Hendricks County, Indiana, Joseph Robert Voigt of Hendricks County, Indiana (state), and Laurel Jane Rolls of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Oct. 11, 2001. Signed by: John L. Ross, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 25, 2001 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

328

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 65
Page 648

Date of Application

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

Date of Birth: Month 12 Day 16 Year 1954

Place of Birth (State or foreign country) West Virginia

Residence Address: Street or R.R. 494 Lodge Drive City Indianapolis County Hendricks State In.

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

Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐ Date 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. NONE
6. (a) Full name of applicant's father Dicty D. Hunt
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) West Virginia
   (b) Full maiden name of applicant's mother Winifred Lois Halstead
   (If adopted, list adoptive parents only) _____
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) West Virginia

FEMALE APPLICANT

Name: First Janet Middle Sue Last McDowell

Date of Birth: Month 7 Day 3 Year 1950

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 1351 Secretariat Lane City Indianapolis County Marion State In.

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

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1994

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

Driver's License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding 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 D. Hunt Date 10/11/01

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 D. Hunt

X New Address 494 Lodge Indianapolis, IN. 46231

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).

X Signature of Applicant Janet S McDowell Date 10-11-01

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 Janet S McDowell

X New Address 494 Lodge Dr. Indianapolis IN 46231

Subscribed and sworn to before me this _____ day of _____

Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of Hendricks)

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____

_____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Oct. 11, 2001, authorizing the marriage of Edward Deane Hunt and Janet Sue McDowell.

I further certify that the following marriage certificate was filed in my office: I, Donald R. Bartemus (name), certify that on October 20, 2001 (date), at Indianapolis in Marion County, Indiana, Edward Deane Hunt of Hendricks County, Indiana (state), and Janet Sue McDowell of Marion County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Oct. 11, 2001. Signed by: Donald R. Bartemus, Minister (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on November 21, 2001 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

329

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 65
Page 649
10-11-01
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 10-8-01
Name of Physician J. Rothenburg M.D.

MALE APPLICANT

Name: First Christopher Middle Lee Last Hadinger
Date of Birth: Month 3 Day 5 Year 76
Place of Birth (State or foreign country) Ohio
Residence Address: Street or R.R. 325 S. Wichser 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) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Lee Hadinger
6. (a) Full name of applicant's father Dennis Ray Hadinger
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Virginia
   Birthplace of father (State or foreign country) Ohio
   (b) Full maiden name of applicant's mother Flora Susan Blakeman
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Virginia
   Birthplace of mother (State or foreign country) California

FEMALE APPLICANT

Name: First Melody Middle J. Last Maple
Date of Birth: Month 7 Day 4 Year 81
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 5626 N. Co Rd 725 W. City North Salem County Hendricks State Ind 46165
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 L. Hadinger Date 10-11-01

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 Christopher L. Hadinger
✗ New Address Same as above
Subscribed and sworn to before me this 11 day of Oct, 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of 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 Melody J. Maple Date 10-11-01

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 Melody J. Maple
✗ New Address 325 S. Wichser Ave., Indianapolis, IN 46241
Subscribed and sworn to before me this 11 day of Oct, 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Oct. 11. 2001, authorizing the marriage of Christopher Lee Hadinger and Melody Jane Maple.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on October 11, 2001 (date), at Danville in Hendricks County, Indiana, Christopher Lee Hadinger of Marion County, Indiana (state), and Melody Jane Maple of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated October 11, 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 October 12, 2001 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

330

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 65
Page 650
10-12-01
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 10-11-01
Name of Physician Brett D. Duff

MALE APPLICANT

Name First: Flavius Middle: J. Last: Duncan
Date of Birth Month: 3 Day: 2 Year: 71
Place of Birth (State or foreign country): Michigan
Residence Address Street or R.R.: 10473 Day Star Dr. City: Indpls. County: Hend. State: In. 46234
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

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

FEMALE APPLICANT

Name First: Robin Middle: Last: Lee
Date of Birth Month: 8 Day: 20 Year: 73
Place of Birth (State or foreign country): South Korea
Residence Address Street or R.R.: 9513 Bay Vista W. Dr. City: Indpls. County: Marion State: In. 46250
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. Derrick Julius Lee, Alexis Joy Lee
6. (a) Full name of applicant's father
   (If adopted, list adoptive parents only) Robert Moerman
   Residence of father (if deceased, so state) Michigan
   Birthplace of father (State or foreign country) Michigan
   (b) Full maiden name of applicant's mother
   (If adopted, list adoptive parents only) Judy Bonsalaar
   Residence of mother (if deceased, so state) Michigan
   Birthplace of mother (State or foreign country) Michigan

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Flavius J Duncan Date 10-12-01

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 Flavius J. Duncan
New Address 10473 DAYSTAR DR INDPLS IN
Subscribed and sworn to before me this 12 day of Oct, 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of 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 Robin Lee Date 10-12-01

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 Robin Lee
New Address 10473 Daystar Dr. Indpls IN 46234
Subscribed and sworn to before me this 12 day of Oct, 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Oct. 12, 2001, authorizing the marriage of Flavius J. Duncan and Robin Michelle Lee.
I further certify that the following marriage certificate was filed in my office: I, Bishop Willie J. Duncan (name), certify that on October 14, 2001 (date), at Indianapolis in Marion County, Indiana, Flavius J. Duncan of Hendricks County, Indiana (state), and Robin Michelle Lee of Marion County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Oct. 12, 2001. Signed by: Bishop Willie J. Duncan, Bishop/Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 19, 2001 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

331

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

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

Book 65
Page 651
10-12-01
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 10-12-01
Name of Physician David Kelly M.D.

MALE APPLICANT

Name: First Donald Middle J. Last Longest

Date of Birth: Month 8 Day 12 Year 56

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 120 Church St City Scopert County Owen State In. 47433

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

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1990

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

Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Larmon Longest
   (If adopted, list adoptive parents only)
   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 Marie Mellor
   (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 Deborah Middle B. Last Myers

Date of Birth: Month 1 Day 24 Year 59

Place of Birth (State or foreign country) Oklahoma

Residence Address: Street or R.R. 326 N. Jefferson City Brownsburg County Hendricks State 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)

Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Elizabeth Myers, Allyssia Della Myers
6. (a) Full name of applicant's father Charles A. Blaine Sr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Missouri
   Birthplace of father (State or foreign country) Mississippi
   (b) Full maiden name of applicant's mother Della Francis Rodgers
   (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 [signature] Date 10/12/01

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 326 N. JEFFERSON ST. BROWNSBURG IN. 46112

Subscribed and sworn to before me this 12 day of October, 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 Deborah B. Myers Date 10/12/01

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 Deborah B. Myers
X New Address SAME AS ABOVE

Subscribed and sworn to before me this 12 day of October, 2001

Sharon Dugan
Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of Hendricks)

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

_____ Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of Hendricks)

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

_____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Oct. 12, 2001, authorizing the marriage of Donald James Longest and Deborah Blaine Myers.

I further certify that the following marriage certificate was filed in my office: I, Elder Gary L. Brinson (name), certify that on November 17, 2001 (date), at Brownsburg in Hendricks County, Indiana, Donald James Longest of Hendricks County, Indiana (state), and Deborah Blaine Myers of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Oct. 12, 2001. Signed by: Elder Gary L. Brinson, Minister (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on November 20, 2001 (date).

Sharon Dugan
Signed _____ Clerk
Hendricks Circuit Court

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

332

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 65
Page 652
10-12-01
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 10-10-01
Name of Physician Avon Clinic

MALE APPLICANT

Name: First Joshua Middle D. Last Herlihy
Date of Birth: Month 11 Day 4 Year 80
Place of Birth (State or foreign country) Massachusetts
Residence Address: Street or R.R. 3474 Marabou Mills Place City Indpls County Marion State 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 David A. Herlihy
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Maine
   Birthplace of father (State or foreign country) Mass.
   (b) Full maiden name of applicant's mother Paula J. Brown
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Maine
   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).
X Signature of Applicant Joshua D. Herlihy Date 10/12/01

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 Joshua D. Herlihy
X New Address 3474 Marabou Mills Place, Indy, 46214
Subscribed and sworn to before me this 12 day of October, 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Joylise Middle ____ Last McClelland
Date of Birth: Month 11 Day 17 Year 80
Place of Birth (State or foreign country) Florida
Residence Address: Street or R.R. 148 Briarwood 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) Drivers License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding 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 Joy-lise McClelland Date October 12

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
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 Joy-lise McClelland
X New Address 3474 Marabou Mills Place Indpls. 46214
Subscribed and sworn to before me this 12 day of October, 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Oct. 12, 2001, authorizing the marriage of David Joshua Herlihy and Joy-lise McClelland.
I further certify that the following marriage certificate was filed in my office: I, Don Noble (name), certify that on November 3, 2001 (date), at Avon in Hendricks County, Indiana, David Joshua Herlihy of Marion County, Indiana (state), and Joy-lise McClelland of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Oct. 12, 2001. Signed by: Don Noble, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on November 20, 2001 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

333

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 65
Page 653
10-15-01
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 10-9-01
Name of Physician Lee A Johnston

MALE APPLICANT

Name: First Raymond Middle T Last Treco Jr.
Date of Birth: Month 5 Day 5 Year 62
Place of Birth (State or foreign country) New York
Residence Address: Street or R.R. 1071 Simmons 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. Matthew Patrick Travis, Alexander Thomas Treco
6. (a) Full name of applicant's father Raymond T. Treco Jr.
   (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 Pamela Morris
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Chicago
   Birthplace of mother (State or foreign country) New York

FEMALE APPLICANT

Name: First Elizabeth Middle M. Last Myers
Date of Birth: Month 6 Day 15 Year 69
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1071 Simmons Dr. City Plfd. 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. Matthew Patrick Travis, Alexander Thomas Treco
6. (a) Full name of applicant's father William Myers
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) New York
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Sylvia Monsano
   (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).
X Signature of Applicant Raymond T. Treco JR. Date 10-15-01

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 Raymond T. Treco JR.
X New Address same
Subscribed and sworn to before me this 15 day of October 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 Elizabeth M. Myers Date 10-15-01

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 Elizabeth M. Myers
X New Address same
Subscribed and sworn to before me this 15 day of October
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated October 15, 2001, authorizing the marriage of Raymond Thomas Treco Jr. and Elizabeth Maura Myers.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on October 15, 2001 (date), at Danville in Hendricks County, Indiana, Raymond T. Treco Jr. of Hendricks County, Indiana (state), and Elizabeth Maura Myers of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Oct. 15, 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 October 15, 2001 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

334

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 65
Page 654
10-15-01
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 10-24-01
Name of Physician Daymon Evans

MALE APPLICANT

Name: First Andrew Middle C. Last Thomas
Date of Birth: Month 2 Day 4 Year 78
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 2451 Amberleigh Dr. City Gfld. 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 James M. Thomas
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Angela Simsons
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Germany

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
X Signature of Applicant Andrew C Thomas Date 10-15-01

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 Andrew C Thomas
X New Address same
Subscribed and sworn to before me this 15 day of Oct, 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Mindy Middle L. Last Carter
Date of Birth: Month 6 Day 8 Year 77
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 2451 Amberleigh Dr. City Gfld. 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 Howard L. Carter
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Sheryl Sue Easton
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding 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 Mindy L Carter Date 10/15/01

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 Mindy L Carter
X New Address same
Subscribed and sworn to before me this 15 day of Oct, 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Oct. 15, 2001, authorizing the marriage of Andrew Christopher Thomas and Mindy Lynn Carter.
I further certify that the following marriage certificate was filed in my office: I, John B. Wantz (name), certify that on November 10, 2001 (date), at Indianapolis in Marion County, Indiana, Andrew Christopher Thomas of Hendricks County, Indiana (state), and Mindy Lynn Carter of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Oct. 15, 2001. Signed by: John B. Wantz, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on November 27, 2001 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

Hi
FC
NI

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

335

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 65
Page 655
10-16-01
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 9-27-01
Name of Physician David Hadley MD

MALE APPLICANT

Name: First Justin Middle R. Last Clark
Date of Birth: Month 9 Day 6 Year 79
Place of Birth (State or foreign country) Colorado
Residence Address: Street or R.R. 1887 Charles St. 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 Bo Clark
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) NA
   Birthplace of father (State or foreign country) NA
   (b) Full maiden name of applicant's mother Julie Marie Terwatis
   (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 Casey Middle Ann Last Hughes
Date of Birth: Month 5 Day 25 Year 79
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1840 Charles St. 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. Cody Michael Pancisi
6. (a) Full name of applicant's father Michael Ray Hughes
   (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 Penny Conkle
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding 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 Justin Clark Date 10/16/01

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 Justin Clark
X New Address 5722 Port Au Prince Indpls IN
Subscribed and sworn to before me this 16 day of Oct, 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of 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 Casey Hughes Date 10/16/01

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 Casey Hughes
X New Address 5722 Port Au Prince Indpls, IN
Subscribed and sworn to before me this 16 day of Oct, 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated October 16 2001, authorizing the marriage of Justin Ryan Clark and Casey Ann Hughes.
I further certify that the following marriage certificate was filed in my office: I, /s/ Wallace VanSlyke (name), certify that on October 27, 2001 (date), at Plainfield in Hendricks County, Indiana, Justin Ryan Clark of Hendricks County, Indiana (state), and Casey Ann 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 Oct. 16, 2001. Signed by: /s/ Wallace VanSlyke, Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on November 27, 2001 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

336

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 65
Page 656
10-18-01
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 9-24-01
Name of Physician Mark Kappelman M. D.

MALE APPLICANT

Name: First Dustin | Middle J. | Last Kemp

Date of Birth: Month 7 | Day 7 | Year 47

Place of Birth (State or foreign country): Iowa

Residence Address: Street or R.R. 10155 B Staplehurst 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 Larry Eugene Kemp
   (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 Kathleen Sue Appleby
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Iowa

FEMALE APPLICANT

Name: First Jody | Middle L. | Last Hadley

Date of Birth: Month 8 | Day 13 | Year 77

Place of Birth (State or foreign country): Indiana

Residence Address: Street or R.R. 10155 B Staplehurst 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. ____
6. (a) Full name of applicant's father Glenn Hadley
   (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 Beverly Preston
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

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

✗ Signature of Applicant Dustin Kemp Date 10-18-01

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 Dustin Kemp
✗ New Address same

Subscribed and sworn to before me this 18 day of Oct, 2001

Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of 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 Jody Hadley Date October 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.

✗ Signed Jody Hadley
✗ New Address same

Subscribed and sworn to before me this 18 day of Oct, 2001

Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of Hendricks)

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated October 18, 2001, authorizing the marriage of Dustin Jay Kemp and Jody Lynn Hadley.

I further certify that the following marriage certificate was filed in my office: I, Larry M. Hamm (name), certify that on October 20, 2001 (date), at Speedway in Marion County, Indiana, Dustin Jay Kemp of Hendricks County, Indiana (state), and Jody Lynn Hadley of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Oct. 18, 2001. Signed by: Larry M. Hamm, Pastor (official designation) Filed and recorded in accordance with the laws of the State of Indiana on October 25, 2001 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

337

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 65
Page 657
10-18-01
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 9-26-01
Name of Physician Denise Bain

MALE APPLICANT

Name: First Ernie A. Middle — Last Thompson
Date of Birth: Month 2 Day 14 Year 75
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 853 S. Grant St. City Brownsburg County Hend. St. 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.
6. (a) Full name of applicant's father Carl Ray Thompson
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Judy Lee Stroupe
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Ernie A. Thompson Date 10-18-01

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 Ernie A. Thompson
New Address Same
Subscribed and sworn to before me this 18 day of Oct, 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Misti Middle D. Last Thompson
Date of Birth: Month 9 Day 28 Year 75
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 853 S. Grant Street 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 Manford Everette Thompson
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Dec'd
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Michelle Louise Hager
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Misti D. Thompson Date 10/18/01

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 Misti D. Thompson
New Address Same
Subscribed and sworn to before me this 18 day of Oct, 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated October 18, 2001, authorizing the marriage of Ernie Amerigo Thompson and Misti Dawn Thompson.
I further certify that the following marriage certificate was filed in my office: I, David L. Powell (name), certify that on November 3, 2001 (date), at Indianapolis in Marion County, Indiana, Ernie Amerigo Thompson of Hendricks County, Indiana (state), and Misti Dawn Thompson of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Oct. 18, 2001. Signed by: David L. Powell, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on September 19, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

338

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 65
Page 658
10-19-01
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 10-8/01
Name of Physician Ronald Stigmiller

MALE APPLICANT

Name: First Patrick Middle M. Last Schmidt
Date of Birth: Month 6 Day 14 Year 72
Place of Birth (State or foreign country) Ohio
Residence Address: Street or R.R. 3277 Biddle St. City Carterburg 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 Lester Schmidt
   (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 Mary Elizabeth Bureis
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Ohio
   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 10-19-01

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 [signature]
✗ New Address SAME
Subscribed and sworn to before me this 19 day of October, 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Suzanne Middle M. Last Jaggers
Date of Birth: Month 8 Day 28 Year 74
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 5263 Emerson Village Ave #202 City Grpl. County Marion State In. 46237
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Driver's License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
✗ Signature of Applicant Suzanne M. Jaggers Date 10/19/2001

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 Suzanne M. Jaggers
✗ New Address 3277 Biddle Street Cakesburg, IN 46168
Subscribed and sworn to before me this 19 day of October, 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Oct. 19, 2001, authorizing the marriage of Patrick Michael Schmidt and Suzanne Marie Jaggers.
I further certify that the following marriage certificate was filed in my office: I, Dr. Billy Strother (name), certify that on November 3, 2001 (date), at Hazelwood in Hendricks County, Indiana, Patrick Michael Schmidt of Hendricks County, Indiana (state), and Suzanne Marie Jaggers of Marion County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Oct. 19, 2001. Signed by: Dr. Billy Strother, Preacher (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on November 13, 2001 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

339

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

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

Book 65
Page 659
10-19-01
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 10-19-01
Name of Physician David Tolley M. D.

MALE APPLICANT

Name: First Greg Middle L. Last Basler Jr.
Date of Birth: Month 3 Day 29 Year 77
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 502 S. Inn 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) Driver's License

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

FEMALE APPLICANT

Name: First Crystal Middle L Last Coffey
Date of Birth: Month 9 Day 5 Year 80
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 502 S. Inn 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) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Timmothy Arnold Coffey
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Cindy Gayle Berkemeier
   (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 Greg Basler Jr. Date 10-19-01

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 Greg Basler Jr.
X New Address Same
Subscribed and sworn to before me this 19 day of October, 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 Crystal Gayle Coffey Date 10-19-01

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 Crystal Gayle Coffey
X New Address Same
Subscribed and sworn to before me this 19 day of October, 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Oct. 19, 2001, authorizing the marriage of Greg Randall Basler, Jr. and Crystal Gayle Coffey.
I further certify that the following marriage certificate was filed in my office: I, Randy A. Harrison (name), certify that on October 20, 2001 (date), at Danville in Hendricks County, Indiana, Greg Randall Basler, Jr. of Hendricks County, Indiana (state), and Crystal Gayle Coffey of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Oct. 19, 2001. Signed by: Randy A. Harrison, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 31, 2001 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

340

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 65
Page 660
10-19-01
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 1-19-01
Name of Physician Trish Johnson

MALE APPLICANT

Name: First Dale Middle a. Last Smith, Jr.
Date of Birth: Month 8 Day 2 Year 79
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 269 Harts Ford Way 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. Dale Allen Smith III, Paul Andrew Smith
6. (a) Full name of applicant's father Dale Allen 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 Ida Marie Eason
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

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

✗ Signature of Applicant [signature] Date 10-19-01

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 [signature]
New Address same
Subscribed and sworn to before me this 19 day of October, 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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 L. Last Tunny
Date of Birth: Month 2 Day 8 Year 78
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 269 Harts Ford Way 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. Dale Allen Smith III, Paul Andrew Smith
6. (a) Full name of applicant's father Tom Tunny IV
   (If adopted, list adoptive parents only)
   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 Jean Pressel
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

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

✗ Signature of Applicant [signature] Date 10/19/01

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 [signature]
New Address SAME
Subscribed and sworn to before me this 19 day of October, 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Oct. 19, 2001, authorizing the marriage of Dale Allen Smith, Jr. and Brandy Lynn Tunny.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on November 9, 2001 (date), at Danville in Hendricks County, Indiana, Dale Allen Smith, Jr. of Hendricks County, Indiana (state), and Brandy Lynn Tunny of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Oct. 19, 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 November 13, 2001 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

341

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 65
Page 661
10-19-01
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 8-28-01
Name of Physician Mark Gentry M.D.

MALE APPLICANT

Name: First Donald Middle L. Last Winchester III

Date of Birth: Month 1 Day 7 Year 80

Place of Birth (State or foreign country): Indiana

Residence Address: Street or R.R. 3015 Clark Street City Cartersburg 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 Donald Ray Winchester 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 Marsha Jan Fox
   (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 Rebecca Middle D. Last McClanahan

Date of Birth: Month 2 Day 3 Year 83

Place of Birth (State or foreign country): Indiana

Residence Address: Street or R.R. 3328 Main Street City Cartersburg 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. Hunter Ray Winchester

6. (a) Full name of applicant's father DeWayne Edward McClanahan
   (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 Suzanne DeVon Hester
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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. Winchester III Date 10-19-01

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 Donald R. Winchester III
✗ New Address 3015 Clark St. Cartersburg IN 46168

Subscribed and sworn to before me this 19 day of October, 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 Rebecca M'Clanahan Date 10-19-01

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 Rebecca M'Clanahan
✗ New Address 3015 Clark St. Cartersburg, IN 46168

Subscribed and sworn to before me this 19 day of October, 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Oct. 19, 2001, authorizing the marriage of Donald Ray Winchester III and Rebecca Diane McClanahan.

I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith ____ (name), certify that on October 19, 2001 (date), at Danville in Hendricks County, Indiana, Donald R. Winchester III of Hendricks County, Indiana (state), and Rebecca D. McClanahan of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Oct. 19, 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 October 19, 2001 (date).

Sharon Dugan
Signed ____ Clerk
Hendricks Circuit Court

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

342

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 65
Page 662
10-19-01
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 8-2-01
Name of Physician David Turnig M.D.

MALE APPLICANT

Name: First Randy Middle L. Last Hammer
Date of Birth: Month 7 Day 31 Year 61
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 6397 Timber Trace 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 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. Derek Russell Hammer, Zachary Lee Hammer
6. (a) Full name of applicant's father Russell Eugene Hammer 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 Karen Eller
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 L Hammer Date 10-19-01

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 Randy L Hammer
✗ New Address 2780 COX DRIVE MARTINSVILLE IN 46151
Subscribed and sworn to before me this 19 day of October, 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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 K. Last Lowhorn
Date of Birth: Month 11 Day 18 Year 60
Place of Birth (State or foreign country) Korea
Residence Address: Street or R.R. 2780 Cox Drive City Martinsville County Morgan State In. 46151
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 Virgil Eskridge
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Katy Soon
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Korea

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 K Lowhorn Date 10-19-01

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 June K Lowhorn
✗ New Address same
Subscribed and sworn to before me this 19 day of October, 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Oct. 19, 2001, authorizing the marriage of Randy Lee Hammer and June Kay Lowhorn.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on October 19, 2001 (date), at Danville in Hendricks County, Indiana, Randy Lee Hammer of Hendricks County, Indiana (state), and June Kay Lowhorn 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 Oct. 19, 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 October 19, 2001 (date).

Sharon Dugan
Signed _____ Clerk
Hendricks Circuit Court

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

343

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 65
Page 663
10-19-01
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 9-12-01
Name of Physician Dr. Foman

MALE APPLICANT

Name: First Travis Middle Cameron Last Donald
Date of Birth: Month 10 Day 21 Year 74
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 7915 N Co Rd 650 E City Brownsburg County Hendricks State IN
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Driver's Licensd

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

FEMALE APPLICANT

Name: First Wyndi Middle Leigh Last Waltermire
Date of Birth: Month 04 Day 7 Year 77
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 443 W. Hendricks St City Shelbyville County Shelby State IN
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Driver's Licensd

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [signature] Date 10-19-01

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 [signature]
New Address 7915 N CR 650 E Brownsburg IN
Subscribed and sworn to before me this day of
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Wyndi L. Waltermire Date 10-19-01

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 Wyndi L. Waltermire
New Address 7915 N. Co. Rd. 650 E. Brownsburg, IN
Subscribed and sworn to before me this day of
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Oct. 19, 2001, authorizing the marriage of Travis Cameron Donald and Wyndi Leigh Waltermire.

I further certify that the following marriage certificate was filed in my office: I, Don Moran (name), certify that on October 27, 2001 (date), at Brownsburg in Hendricks County, Indiana, Travis Cameron Donald of Hendricks County, Indiana (state), and Wyndi Leigh Waltermire of Shelby County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Oct. 19, 2001. Signed by: Don Moran, Reverend (official designation) Filed and recorded in accordance with the laws of the State of Indiana on November 1, 2001 (date).

Sharon Dugan
Signed Clerk
Hendricks Circuit Court

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

344

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 65
Page 664
10-19-01
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 9-22-01
Name of Physician Michael S. Pizzata, D.O.

MALE APPLICANT

Name First: John Middle: D. Last: Hennek
Date of Birth Month: 5 Day: 4 Year: 73
Place of Birth (State or foreign country): Indiana
Residence Address: 6505 Juliet Dr. Street or R.R. Avon City Hend. Co. 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) Driver's License

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

ACKNOWLEDGEMENT

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

✗ Signature of Applicant [signature] Date 10-19-01

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 [signature]
✗ New Address SAME
Subscribed and sworn to before me this 19 day of October, 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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: Frizzo
Date of Birth Month: 12 Day: 29 Year: 72
Place of Birth (State or foreign country): Illinois
Residence Address: 6505 Juliet Dr. Street or R.R. Avon City Hend. Co. 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) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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. Frizzo
   (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 Beverly J. Gunn
   (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 10-19-01

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 [signature]
✗ New Address SAME
Subscribed and sworn to before me this 19 day of October, 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Oct. 19, 2001, authorizing the marriage of John David Hennek and Jennifer Marie Frizzo.
I further certify that the following marriage certificate was filed in my office: I, Rev. Daniel J. Stamblin (name), certify that on November 17, 2001 (date), at Brownsburg in Hendricks County, Indiana, John David Hennek of Hendricks County, Indiana (state), and Jennifer Marie Frizzo Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Oct. 19, 2001. Signed by: Rev. Daniel J. Stamblin, Priest (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on November 20, 2001 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

345

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

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

Book 65
Page 665
10-19-01
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 10-11-01
Name of Physician Dr. McMahon

MALE APPLICANT

Name: First Robert Middle H. Last Greeson Jr.
Date of Birth: Month 8 Day 27 Year 1958
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 2516 S CR 350 W City Danville County Hend State IN 46122
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 11/97
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. Margaret Elizabeth Greeson
6. (a) Full name of applicant's father Robert H. Greeson
   (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 Audrey L. Hester
   (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).
X Signature of Applicant Robert H. Greeson Date 10/19/01

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 Robert H. Greeson
New Address same as above
Subscribed and sworn to before me this 19 day of October 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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 A. Last Knight
Date of Birth: Month 9 Day 29 Year 1961
Place of Birth (State or foreign country) Tennessee
Residence Address: Street or R.R. 2516 S CR 350 W City Danville County Hend State IN 46122
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐ Date 10/90
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. Rebekah Jo Knight
6. (a) Full name of applicant's father Charlie Levi Chambers
   (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 Betty Jean McFalls
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Georgia
   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).
X Signature of Applicant Patricia Knight Date 10/19/01

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 Patricia Knight
New Address same as above
Subscribed and sworn to before me this 19 day of October 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated October 19, 2001, authorizing the marriage of Robert H. Greeson, Jr. and Patricia A. Knight.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on October 22, 2001 (date), at Danville in Hendricks County, Indiana, Robert H. Greeson, Jr. of Hendricks County, Indiana (state), and Patricia A. 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 Oct. 19, 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 October 25, 2001 (date).

Sharon Dugan
Signed _____ Clerk
Hendricks Circuit Court

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

346

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 65
Page 666
10-22-01
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 10-22-01
Name of Physician David Hadley MD

MALE APPLICANT

Name: First Robert Middle L. Last Crawford
Date of Birth: Month 12 Day 12 Year 60
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 6283 E. Co. Rd. 251 S. 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 female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. ____
6. (a) Full name of applicant's father Roy L. Crawford
   (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 Sondra Walker
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
✗Signature of Applicant Bob Crawford Date 10/26/01

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 Bob Crawford
✗New Address 4469 REDCLIFF LN PLFLD, IN 46168
Subscribed and sworn to before me this 26 day of October, 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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 W. Last Brummett
Date of Birth: Month 10 Day 1 Year 65
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 4469 Redcliff N. 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 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. Katie Brummett, Larissa Brummett, Kori Brummett, Kayleigh Brummett
6. (a) Full name of applicant's father Fahrman, Donald
   (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 Smith, Shirley Lavonne
   (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 Mary Brummett Date 10/22/01

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 Mary Brummett
✗New Address SAME
Subscribed and sworn to before me this 22 day of October, 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated October 22, 2001, authorizing the marriage of Robert Lee Crawford and Mary Willene Brummett.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on October 26, 2001 (date), at Danville in Hendricks County, Indiana, Robert Lee Crawford of Hendricks County, Indiana (state), and Mary Willene Brummett of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Oct. 22, 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 October 26, 2001 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

347

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 65
Page 667
10-22-01
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 _____
Name of Physician _____

MALE APPLICANT

Name: First William Middle M. Last Robison
Date of Birth: Month 8 Day 8 Year 44
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 1993 S. SR 39 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 1990
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify)

Dennis Hanson

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

X Signature of Applicant William M Robison Date 10/22/01

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 William M Robison
X New Address SAME AS ABOVE
Subscribed and sworn to before me this 22 day of October, 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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 Moreland
Date of Birth: Month 4 Day 23 Year 51
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 1993 S. SR 39 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 1990
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify)

Dennis Hanson

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

ACKNOWLEDGEMENT

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

X Signature of Applicant Linda L Moreland Date 10-22-01

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 Linda L Moreland
X New Address Same as above
Subscribed and sworn to before me this 22 day of October, 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Oct. 22, 2001, authorizing the marriage of William Melvin Robison and Linda Lou Moreland.
I further certify that the following marriage certificate was filed in my office: I, Steven L. Newman (name), certify that on November 4, 2001 (date), at Danville in Hendricks County, Indiana, William Melvin Robison of Hendricks County, Indiana (state), and Linda Lou Moreland of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Oct. 22, 2001. Signed by: Steven L. Newman, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on November 6, 2001 (date).

Sharon Dugan
Signed _____ Clerk
Hendricks Circuit Court

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

348

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 65
Page 668
10-22-01
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 10-18-01
Name of Physician Richard Floyd MD

MALE APPLICANT

Name: First Robert Middle J. Last Dorsey
Date of Birth: Month 2 Day 14 Year 78
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 402 S. 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) Drivers License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding 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 RL Dorsey Date 10/22/01

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 RL Dorsey
X New Address 402 S. Jefferson Danville IN 46122
Subscribed and sworn to before me this 22 day of October, 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Ariane Middle B. Last Wagers
Date of Birth: Month 3 Day 17 Year 80
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1065 North Shore Dr. City Martinsville County Mr State In 46151
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding 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 Ariane Wagers Date 10/22/01

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 Ariane Wagers
X New Address 402 S. Jefferson Danville In 46122
Subscribed and sworn to before me this 22 day of October, 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Oct. 22, 2001, authorizing the marriage of Robert Young Dorsey and Ariane Brook Wagers.
I further certify that the following marriage certificate was filed in my office: I, Rick Miller (name), certify that on November 3, 2001 (date), at Danville in Hendricks County, Indiana, Robert Young Dorsey of Hendricks County, Indiana (state), and Ariane Brook Wagers 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 Oct. 22, 2001. Signed by: Rick Miller, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on November 6, 2001 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

349

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 65
Page 669
10/23/01
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 10/23/01
Name of Physician Dr. Hauk / New Life Assoc.

MALE APPLICANT

Name First: David Middle: William Last: Bates
Date of Birth Month: 9 Day: 30 Year: 1957
Place of Birth (State or foreign country): Illinois
Residence Address Street or R.R.: 199 East St. City: Danville County: Hendricks State: IN 46122
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages: ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date: ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify)
Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Bates
   (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 MaryMartha
   (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 David W Bates Date 10-23-01

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 David W Bates
New Address 7478 N Co Rd 725E Bainbridge Ind
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: Gail Last: Hayden
Date of Birth Month: 4 Day: 4 Year: 1958
Place of Birth (State or foreign country): Pennsylvania
Residence Address Street or R.R.: 7478 N. Co. Rd 725 E. City: Bainbridge County: Putnam State: IN 46105
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages: 4
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date: 1994
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify)
Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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. Clark
   (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 Marilyn J. Stuart
   (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 Debra S Hayden Date 10-23-01

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 Debra S Hayden
New Address 7478 N Co Rd 725E Bainbridge Ind
Subscribed and sworn to before me this ____ day of ____
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Oct. 23, 2001, authorizing the marriage of David William Bates and Debra Gail Hayden.
I further certify that the following marriage certificate was filed in my office: I, Opal J. Sutherlin (name), certify that on October 24, 2001 (date), at Greencastle in Putnam County, Indiana, David William Bates of Hendricks County, Indiana (state), and Debra Gail Hayden 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 Oct. 23, 2001. Signed by: Opal J. Sutherlin, Clerk of Circuit Court (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 31, 2001 (date).

Sharon Dugan
Signed ____ Clerk
Hendricks Circuit Court

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

350

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 65
Page 670
10-23-01
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 10-15-01
Name of Physician Don Johnson

MALE APPLICANT

Name: First Luis Middle M. Last Osuna
Date of Birth: Month 1 Day 10 Year 77
Place of Birth (State or foreign country) Puerto Rico
Residence Address: Street or R.R. 2306 Westmere Drive 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 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 Roberto Osuna
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Puerto Rico
   (b) Full maiden name of applicant's mother Maria El Rios
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Puerto Rico

ACKNOWLEDGEMENT

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

✗ Signature of Applicant Luis M Osuna Date 10/23/01

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 Luis M Osuna
✗ New Address 2306 Westmere DR Plainfield, IN 46168
Subscribed and sworn to before me this 23 day of October, 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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 M. Last Martin
Date of Birth: Month 12 Day 23 Year 67
Place of Birth (State or foreign country) Texas
Residence Address: Street or R.R. 2109 Crown Ply Blvd. 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 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. Nicholas Ray Martin, Amy Louanne Martin
6. (a) Full name of applicant's father Kenneth L. Burke
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Illinois
   (b) Full maiden name of applicant's mother Cindy Lou Vettesli
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Illinois
   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 Lisa Martin Date 10-23-01

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 Martin
✗ New Address 2306 Westmere Dr. Plainfield IN. 46168
Subscribed and sworn to before me this 23 day of October, 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Oct. 23, 2001, authorizing the marriage of Luis Manuel Osuna and Lisa Marie Martin.
I further certify that the following marriage certificate was filed in my office: I, Rev. Gene Young (name), certify that on October 27, 2001 (date), at Mooresville in Morgan County, Indiana, Luis Manuel Osuna of Hendricks County, Indiana (state), and Lisa Marie Martin of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Oct. 23, 2001. Signed by: Rev. Gene Young, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 31, 2001 (date).

Sharon Dugan
Signed _____ Clerk
Hendricks Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

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

Book 65
Page 671
10-23-01
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 10-23-01
Name of Physician David Hadley M.D.

MALE APPLICANT

Name: First Randall Middle L. Last Buitendorp
Date of Birth: Month 5 Day 13 Year 56
Place of Birth (State or foreign country) Michigan
Residence Address: Street or R.R. 3230 Smith Road City Plfd. County Hendricks 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)

Drivers License

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

FEMALE APPLICANT

Name: First Kimberly Middle E. Last Bassett
Date of Birth: Month 9 Day 17 Year 60
Place of Birth (State or foreign country) Michigan
Residence Address: Street or R.R. 3230 Smith Rd. City Plfd County Hendricks 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)

Drivers License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
✗ Signature of Applicant [signature] Date 10-25-01

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 [signature]
✗ New Address Same
Subscribed and sworn to before me this 25 day of October 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 Kimberly Bassett Date 10-23-01

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 Kimberly Bassett
✗ New Address SAME
Subscribed and sworn to before me this 23 day of October 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Oct. 23, 2001, authorizing the marriage of Randall Lee Buitendorp and Kimberly Ellen Bassett.
I further certify that the following marriage certificate was filed in my office: I, Rev. Dennis E. Ouellette (name), certify that on October 27, 2001 (date), at Brownsburg in Hendricks County, Indiana, Randall Lee Buitendorp of Hendricks County, Indiana (state), and Kimberly Ellen 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 Oct. 23, 2001. Signed by: Rev. Dennis E. Ouellette, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 31, 2001 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

352

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 65
Page 672
10-23-01
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 10-23-01
Name of Physician Dr. Roewer

MALE APPLICANT

Name First Shannon Middle E. Last Stidam
Date of Birth Month 8 Day 21 Year 1972
Place of Birth (State or foreign country) Indiana
Residence Address Street or R.R. 1417 S CR 450 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 2-96
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. Brandon Stidam
6. (a) Full name of applicant's father Carl E. Stidam
   (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 Jean Nesbit
   (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 Shannon Stidam Date 10-23-01

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 Shannon Stidam
New Address same as above
Subscribed and sworn to before me this 23 day of October 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name First Miranda Middle Lee Last Shonk
Date of Birth Month 5 Day 11 Year 1981
Place of Birth (State or foreign country) Indiana
Residence Address Street or R.R. 1417 S CR 450 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 Eddie Lee Shonk 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 Paula Helen Ball
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Miranda S Shonk Date 10-23-01

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 Miranda S Shonk
New Address same as above
Subscribed and sworn to before me this 23 day of October 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated October 23, 2001, authorizing the marriage of Shannon Edward Stidam and Miranda Lee Shonk.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on October 23, 2001 (date), at Danville in Hendricks County, Indiana, Shannon Edward Stidam of Hendricks County, Indiana (state), and Miranda Lee Shonk of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Oct. 23, 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 October 25, 2001 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

353

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

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

Book 65
Page 673
10-24-01
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 Robert Middle W. Last Thompson

Date of Birth: Month 9 Day 10 Year 43

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 147 S. Tennessee St. City Danville County Hend. State Ind. 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) Drivers License

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

ACKNOWLEDGEMENT

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

✗ Signature of Applicant [signature] Date 10-24-01

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 [signature]
✗ New Address 251 BRIXTON WOODS E. DR. PITTSBORO, 46167

Subscribed and sworn to before me this 24 day of October, 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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 E. Last Smith

Date of Birth: Month 6 Day 7 Year 48

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 251 Brixton Woods E. 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 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 Herman C. English
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Lillian Stogsdill
   (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 Joyce Smith Date 10-24-01

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 Joyce Smith
✗ New Address 251 BRIXTON WOODS E. DR. PITTSBORO IN 46167

Subscribed and sworn to before me this 24 day of October, 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Oct. 24, 2001, authorizing the marriage of Robert Willis Thompson and Joyce Elaine Smith.

I further certify that the following marriage certificate was filed in my office: I, Harold L. Leininger II (name), certify that on November 10, 2001 (date), at Brownsburg in Hendricks County, Indiana, Robert Willis Thompson of Hendricks County, Indiana (state), and Joyce Elaine Smith of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Oct. 24, 2001. Signed by: Harold L. Leininger II, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on November 14, 2001 (date).

Sharon Dugan
Signed _____ Clerk
Hendricks Circuit Court

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

354

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 65
Page 674
10-24-01
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 10-8-01
Name of Physician Dr. W. Cooper

MALE APPLICANT

Name: First John Middle S. Last Yamashita
Date of Birth: Month 11 Day 24 Year 53
Place of Birth (State or foreign country) Illinois
Residence Address: Street or R.R. 5561 Spicebush City Indpls County Marion State In. 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) Driver's License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 24 OCT 01

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 5561 SPICEBUSH DRIVE (SAME AS ABOVE)
Subscribed and sworn to before me this 24 day of October, 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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 H. Last Davis
Date of Birth: Month 11 Day 10 Year 51
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 627 Muirfield 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 1994
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
✗Signature of Applicant Cathy H. Davis Date 24 OCT 01

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 H. Davis
✗New Address 5561 SPICEBUSH DR. INDIANAPOLIS, IN 46254
Subscribed and sworn to before me this 24 day of October, 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Oct. 24, 2001, authorizing the marriage of John Galen Yamashita and Cathy Davis.
I further certify that the following marriage certificate was filed in my office; I, Glen D. Wurdeman (name), certify that on October 27, 2001 (date), at Zionsville in Boone County, Indiana, John Galen Yamashita of Marion County, Indiana (state), and Cathy 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 Oct. 24, 2001. Signed by: Glen D. Wurdeman, Assistant Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on November 1, 2001 (date).

Sharon Dugan
Signed ____ Clerk
Hendricks Circuit Court

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

355

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 65
Page 675
10-24-01
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 10-18-01
Name of Physician Charles H. Tripple M.D.

MALE APPLICANT

Name: First Jesse Middle R. Last Asher
Date of Birth: Month 7 Day 1 Year 76
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 5215 E. Co. Rd. 450 N. 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 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. Ariska Lee Asher
6. (a) Full name of applicant's father Dennis Ray Asher
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Debra Kay Gish
   (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 Casandra Middle Marie Last Huffman
Date of Birth: Month 5 Day 27 Year 82
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 5215 E. Co. Rd 450 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) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Lee Huffman
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Cindy Lou Bellmore
   (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 Jesse R. Asher Date 10/24/01

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 Jesse R. Asher
✗ New Address same as above
Subscribed and sworn to before me this 24 day of October, 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of 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 Casandra Huffman Date 10-24-01

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 Casandra Huffman
✗ New Address same as above
Subscribed and sworn to before me this 24 day of October, 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Oct. 24, 2001, authorizing the marriage of Jesse Ray Asher and Casandra Marie Huffman.
I further certify that the following marriage certificate was filed in my office: I, William Bellmore (name), certify that on November 3, 2001 (date), at Avon in Hendricks County, Indiana, Jesse Ray Asher of Hendricks County, Indiana (state), and Casandra Marie Huffman of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Oct. 24, 2001. Signed by: William Bellmore, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on November 6, 2001 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

356

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 65
Page 676
10-24-01
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 10-18-01
Name of Physician B. M. Quade

MALE APPLICANT

Name: First Benjamin Middle A. Last Weaver
Date of Birth: Month 12 Day 7 Year 73
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 10566 Georgetown Court City Indpls County Hend. State In. 46234
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. ____
6. (a) Full name of applicant's father Robert Hawthorn Weaver
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Yvette Kuipers
   (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 Stacey Middle L. Last Effing
Date of Birth: Month 10 Day 19 Year 74
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 10566 Georgetown Ct. City Indpls County Hend State In 46234
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [signature] Date 10/24/01

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 [signature]
New Address 25042 RAIL FENCE RD, OLDENBURG, IN 47036
Subscribed and sworn to before me this 24 day of October, 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of 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 Stacey Effing Date 10-24-01

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 Stacey Effing
New Address 25042 Rail Fence Rd, Oldenburg, IN 47036
Subscribed and sworn to before me this 24 day of October, 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Oct. 24, 2001, authorizing the marriage of Benjamin Alvan Weaver and Stacey Renee Effing.
I further certify that the following marriage certificate was filed in my office: I, Richard E. Kurth (name), certify that on November 3, 2001 (date), at Indianapolis in Hendricks County, Indiana, Benjamin Alvan Weaver of Hendricks County, Indiana (state), and Stacey Renee Effing of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Oct. 24, 2001. Signed by: Richard E. Kurth, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on November 6, 2001 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

357

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 65
Page 677
10-26-01
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 9-28-01
Name of Physician Jennifer Robinette

MALE APPLICANT

Name: First David Middle C. Last Hunt
Date of Birth: Month 3 Day 21 Year 63
Place of Birth (State or foreign country) Illinois
Residence Address: Street or R.R. Cold 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) Drivers License

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

FEMALE APPLICANT

Name: First Deborah Middle A. Last Hanlon
Date of Birth: Month 11 Day 10 Year 46
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 2764 W. Cold 100 S City Danville County In. State Hend. 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) Student ID

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 C. Hunt Date 10/26/01

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 David C. Hunt
✗ New Address Same As Above
Subscribed and sworn to before me this 26 day of October, 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 Deborah A. Hanlon Date 10/26/2001

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 Deborah A. Hanlon
✗ New Address Same as Above
Subscribed and sworn to before me this 26 day of October, 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Oct. 26, 2001, authorizing the marriage of David Carter Hunt and Deborah Ann Hanlon.
I further certify that the following marriage certificate was filed in my office: I, Reverend Dr. Lee A. Dorsey (name), certify that on October 27, 2001 (date), at Clayton in Hendricks County, Indiana, David Carter Hunt of Hendricks County, Indiana (state), and Deborah Ann Hanlon of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Oct. 26, 2001. Signed by: Rev. Dr. Lee A. Dorsey, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 31, 2001 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

358

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 65
Page 678
10-24-01
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 10-24-01
Name of Physician Dr. Daddy

MALE APPLICANT

Name: First DOUGLAS Middle E Last Hatfield
Date of Birth: Month 11 Day 16 Year 1965
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 828 Brookside Lane 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 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.
6. (a) Full name of applicant's father Larry Hatfield
   (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 Sue Littler
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant ____ Date 10.24.01

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 ____
New Address 828 Brookside In
Subscribed and sworn to before me this ____ day of ____
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Elethe Middle Renee Last Graham
Date of Birth: Month 8 Day 18 Year 1963
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. 828 Brookside Lane 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 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 Paul Graham
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Florida
   Birthplace of father (State or foreign country) West Virginia
   (b) Full maiden name of applicant's mother Patricia Roush
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Florida
   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 Elethe R. Graham Date 10-24-01

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 Elethe Graham
New Address Same as above
Subscribed and sworn to before me this ____ day of ____
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Oct. 24, 2001, authorizing the marriage of Douglas E. Hatfield and Elethe Renee Graham.
I further certify that the following marriage certificate was filed in my office: I, Gary L. VanJelgerhuis (name), certify that on October 27, 2001 (date), at Plainfield in Hendricks County, Indiana, Douglas E. Hatfield of Hendricks County, Indiana (state), and Elethe Renee Graham of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Oct. 24, 2001. Signed by: Gary L. VanJelgerhuis, Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on October 31, 2001 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

359

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

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

Book 65
Page 679
10-26-01
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 10-10-01
Name of Physician Dr. Trammell

MALE APPLICANT

Name First: Steven Middle: Douglas Last: Richman
Date of Birth Month: 9 Day: 14 Year: 1969
Place of Birth (State or foreign country): Indiana 46123
Residence Address: 6536 Springview Dr. 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: 8-98
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify)
Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Steven Richman
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Loretta Lea 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 Steven Douglas Richman Date 10/26/01

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 Steven Douglas Richman
New Address same as above
Subscribed and sworn to before me this 26 day of October 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name First: Katherine Middle: M. Last: Pfaffenberger
Date of Birth Month: 6 Day: 14 Year: 1973
Place of Birth (State or foreign country): Indiana 46123
Residence Address: 6536 Springview 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)
Driver's License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
X Signature of Applicant Katherine Pfaffenberger Date 10/26/01

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 Katherine Pfaffenberger
New Address same as above
Subscribed and sworn to before me this 26 day of October 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Oct. 26, 2001, authorizing the marriage of Steven Douglas Richman and Katherine Marie Pfaffenberger
I further certify that the following marriage certificate was filed in my office: I, Karen E. Devaisher (name), certify that on November 10, 2001 (date), at Avon in Hendricks County, Indiana, Steven D. Richman of Hendricks County, Indiana (state), and Katherine M. Pfaffenberger of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Oct. 26, 2001. Signed by: Karen E. Devaisher, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on November 14, 2001 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

360

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 65
Page 680
10-26-01
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 10-17-01
Name of Physician James Bathurman M.D.

MALE APPLICANT

Name: First Michael Middle J. Last Larsen
Date of Birth: Month 12 Day 1 Year 65
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 359 W. Clinton 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 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. Kailey Michel Larsen, Hannah Grace Elizabeth Larsen
6. (a) Full name of applicant's father Michael Eugene Larsen
   (If adopted, list adoptive parents only)
   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 Jean Owens
   (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 S. Last Ouimet
Date of Birth: Month 7 Day 30 Year 65
Place of Birth (State or foreign country) Mississippi
Residence Address: Street or R.R. 505 Woodberry 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 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. Brandon Matthew Ouimet
6. (a) Full name of applicant's father Terry Dean Woodring
   (If adopted, list adoptive parents only)
   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 Mae Weimer
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding 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 Larsen Date 10/26/01

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 Michael J Larsen
X New Address 505 WOODBERRY DR. DANVILLE, IN 46122
Subscribed and sworn to before me this 26 day of October, 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of 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 Karen Ouimet Date 10/26/01

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 Karen Ouimet
X New Address SAME AS ABOVE
Subscribed and sworn to before me this 26 day of October, 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Oct. 26, 2001, authorizing the marriage of Michael Jeffrey Larsen and Karen Sue Ouimet.
I further certify that the following marriage certificate was filed in my office: I, Robert L. Cannon (name), certify that on November 3, 2001 (date), at Danville in Hendricks County, Indiana, Michael Jeffrey Larsen of Hendricks County, Indiana (state), and Karen Sue Ouimet of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Oct. 26, 2001. Signed by: Robert L. Cannon, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on November 13, 2001 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

361

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

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

Book 65
Page 681
10-29-01
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 10-26-01
Name of Physician Dr. Hedges

MALE APPLICANT

Name: First Matthew Middle L. Last GeRue
Date of Birth: Month 12 Day 03 Year 75
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1719 Sycamore 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) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Wm. Serue
   (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 Patricia Ann Otto
   (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 M. Last DeField
Date of Birth: Month 10 Day 5 Year 77
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1719 Sycamore 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) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Edward Defield
   (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 Ida Jane Hickey
   (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 Matthew GeRue Date 10/29/01

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 Matthew GeRue
✗ New Address Same As Above
Subscribed and sworn to before me this 29 day of October 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

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

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

ACKNOWLEDGEMENT

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

✗ Signature of Applicant Heather DeField Date 10/29/01

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 Heather DeField
✗ New Address Same as above
Subscribed and sworn to before me this 29 day of October, 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Oct. 29, 2001, authorizing the marriage of Matthew Richard GeRue and Heather Michelle DeField.
I further certify that the following marriage certificate was filed in my office: I, David Jefferson (name), certify that on November 10, 2001 (date), at Plainfield in Hendricks County, Indiana, Matthew Richard GeRue of Hendricks County, Indiana (state), and Heather Michelle DeField of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Oct. 29, 2001. Signed by: David Jefferson, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on November 14, 2001 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

362

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

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

Book 65
Page 682
10-30-01
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 10-22-01
Name of Physician Thomas Armstrong

MALE APPLICANT

Name: First Kenneth Middle L. Last Smith
Date of Birth: Month 12 Day 2 Year 61
Place of Birth (State or foreign country) Georgia
Residence Address: Street or R.R. 1266 Westwind Dr. City Avon County Hend. State In. 46123
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 3
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. Rachel Dail Smith
6. (a) Full name of applicant's father Joe H. Smith
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Maryland
   Birthplace of father (State or foreign country) Alabama
   (b) Full maiden name of applicant's mother Tania King
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Maryland
   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 Kenneth L Smith Date 10/30/01

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 Kenneth L Smith
New Address same as above
Subscribed and sworn to before me this 30 day of October, 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Monika Middle L. Last Stoops
Date of Birth: Month 9 Day 20 Year 69
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1266 Westwind 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 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. Jennifer Marie Lewis, David Steven Lewis, Nicole Louise Lewis
6. (a) Full name of applicant's father David R. Oesterreich
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Minnesota
   (b) Full maiden name of applicant's mother Dorris Louise Moore
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Monika L Stoops Date 10/30/01

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 Monika L Stoops
New Address same as above
Subscribed and sworn to before me this 30 day of October, 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Oct. 30, 2001, authorizing the marriage of Kenneth Larry Smith and Monika Louise Stoops.
I further certify that the following marriage certificate was filed in my office: I, Rev. Timothy B. Leach (name), certify that on November 3, 2001 (date), at Indianapolis in Marion County, Indiana, Kenneth Larry Smith of Hendricks County, Indiana (state), and Monika Louise Stoops of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Oct. 30, 2001. Signed by: Rev. Timothy B. Leach, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on November 5, 2001 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

363

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 65
Page 683
10-29-01
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 10-29-01
Name of Physician Barbara M. Quadlup

MALE APPLICANT

Name: First Mark Middle Brian Last Thomason
Date of Birth: Month 1 Day 14 Year 1959
Place of Birth (State or foreign country) Wisconsin
Residence Address: Street or R.R. 1156 S. Kealing City Indpls. County Marion State IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 4/1995
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Indiana Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. n/A
6. (a) Full name of applicant's father Richard Edward Thomason
   (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 Rita K. Smithberger
   (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 Catherine Middle L. Last Winston
Date of Birth: Month 12 Day 9 Year 61
Place of Birth (State or foreign country) Michigan
Residence Address: Street or R.R. 6500 Woodhaven Ct. 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 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. Kirsten Michelle Winston
6. (a) Full name of applicant's father Roger Kimble
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Wilma Driver
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [signature] Date 10/29/01

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 6500 Woodhaven Ct Avon IN 46123
Subscribed and sworn to before me this 29 day of October, 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 Catherine L. Winston Date 10-31-01

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 Catherine L. Winston
New Address same as above
Subscribed and sworn to before me this 31 day of October 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Oct. 31, 2001, authorizing the marriage of Mark Brian Thomason and Catherine Lynne Winston.
I further certify that the following marriage certificate was filed in my office: I, David Moffett-Moore (name), certify that on November 3, 2001 (date), at Plymouth in Marshall County, Indiana, Mark Brian Thomason of Hendricks County, Indiana (state), and Catherine Lynne Winston of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Oct. 31, 2001. Signed by: David Moffett-Moore, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on November 13, 2001 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

364

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 65
Page 684
10-30-01
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 10-29-01
Name of Physician John P. Lappin M.D.

MALE APPLICANT

Name: First Thomas Middle D. Last Stanton

Date of Birth: Month 1 Day 10 Year 63

Place of Birth (State or foreign country) Arizona

Residence Address: Street or R.R. 5119 Vantage Point Rd. City Avon County Hend. State In. 46123

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. Thomas D. Stanton II
6. (a) Full name of applicant's father Pearl Thomas Stanton
   (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 Rosalina Bustillos
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Maryland
   Birthplace of mother (State or foreign country) New Mexico

ACKNOWLEDGEMENT

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

✕ Signature of Applicant Thomas D Stanton Date 10/30/01

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 Thomas D Stanton
✕ New Address SAME

Subscribed and sworn to before me this 30 day of October, 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Sonia Middle Ellen Last Douglas

Date of Birth: Month 9 Day 4 Year 60

Place of Birth (State or foreign country) Missouri

Residence Address: Street or R.R. 5119 Vantage Point Rd. 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)

Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Roynell Lomas, Mike Lene Lomas, Cody Ray Lomas
6. (a) Full name of applicant's father William Warren Douglas
   (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 Betty Ruth Geyer
   (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 Sonia E Douglas Date 30Oct01

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

State of Indiana)
County of Hendricks)

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

✕ Signed Sonia E Douglas
✕ New Address SAME

Subscribed and sworn to before me this 30 day of October, 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Oct. 30, 2001, authorizing the marriage of Thomas Denise Stanton and Sonia Ellen Douglas.

I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on October 30, 2001 (date), at Danville in Hendricks County, Indiana, Thomas Denise Stanton of Hendricks County, Indiana (state), and Sonia Ellen Douglas of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Oct. 30, 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 October 30, 2001 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

365

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

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

Book 65
Page 685
10-30-01
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 10-29-01
Name of Physician Dr. Cipotto

MALE APPLICANT

Name First: Benjamin Middle: Thomas Last: McCoy
Date of Birth Month: 12 Day: 20 Year: 75
Place of Birth (State or foreign country): Indiana
Residence Address: 33 Mulberry Ct Street or R.R. Brownsburg City Hendricks County IN State
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Driver's Licensl

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 Thomas McCoy
   (If adopted, list adoptive parents only)
   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 Gay 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 Ben T. McC Date 10/30/01

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 Ben T. McC
New Address 33 Mulberry Ct. Brownsburg, IN 46112
Subscribed and sworn to before me this 30th day of October
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name First: Lori Middle: Ann Last: Summers
Date of Birth Month: 12 Day: 06 Year: 74
Place of Birth (State or foreign country): Indiana
Residence Address: 33 Mulberry Ct. Street or R.R. Brownsburg City Hendricks County IN State
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Jesse Dewayne Summers
   (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 Garnagin
   (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 Lori A Summers Date 10/30/01

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 Lori A Summers
New Address 33 Mulberry Ct. Brownsburg IN 46112
Subscribed and sworn to before me this 30th day of October
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Oct. 30, 2001, authorizing the marriage of Benjamin Thomas McCoy and Lori Ann Summers.
I further certify that the following marriage certificate was filed in my office: I, Don Burch (name), certify that on November 3, 2001 (date), at Brownsburg in Hendricks County, Indiana, Benjamin Thomas McCoy of Hendricks County, Indiana (state), and Lori Ann Summers of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Oct. 30, 2001. Signed by: Don Burch, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on November 6, 2001 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

366

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 65
Page 686
10-31-01
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 10-30-01
Name of Physician Dr. Poe

MALE APPLICANT

Name First: Michael Middle: R. Last: Skidmore
Date of Birth Month: 12 Day: 10 Year: 1976
Place of Birth (State or foreign country): Illinois
Residence Address: 518 E. Trevor St. Brownsburg 46112 Hend IN
(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) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 N. Skidmore
   (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 Mary Sue Wrigley
   (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 [signature] Date 10/31/01

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 [signature]
New Address same as above
Subscribed and sworn to before me this 31 day of October 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name First: Joy Middle: M Last: Montgomery
Date of Birth Month: 2 Day: 20 Year: 1979
Place of Birth (State or foreign country): Indiana
Residence Address: 518 E. Trevor St. Brownsburg 46112 Hend IN
(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) Driver's License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding 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 10-31-01

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 [signature]
New Address same as above
Subscribed and sworn to before me this 31 day of October 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Oct. 31, 2001, authorizing the marriage of Michael Robert Skidmore and Joy Marie Montgomery.
I further certify that the following marriage certificate was filed in my office: I, Rev. Daniel J. Staublin (name), certify that on November 3, 2001 (date), at Brownsburg in Hendricks County, Indiana, Michael Robert Skidmore of Hendricks County, Indiana (state), and Joy Marie 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 Oct. 31, 2001. Signed by: Rev. Daniel J. Staublin, Priest (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on January 15, 2002 (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 65
Page 687
11-1-01
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 11-1-01
Name of Physician Steven Kennedy

MALE APPLICANT

Name: First David Middle De Last Sanders
Date of Birth: Month June Day 12, Year 1960
Place of Birth (State or foreign country) California
Residence Address: Street or R.R. 1008 Valleyview Dr. Apt. 1 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) Indiana Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Ashley DeAnn Sanders
6. (a) Full name of applicant's father David Martin Sanders
   (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 Venettia May Eddy
   (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 ✕ David D. Sanders Date 11-1-01

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 D. Sanders
New Address 1008 Valley View Dr. Apt. 1
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 Cheryl Middle Ann Last Shrieves
Date of Birth: Month February Day 4, Year 1961
Place of Birth (State or foreign country) Virginia
Residence Address: Street or R.R. 1008 Valleyview Dr. Apt. 1 City Plainfield County Hend. State IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 4/97
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Indiana Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Theodore Shrieves JR.
   (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 Patricia Ann Theus
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Georgia
   Birthplace of mother (State or foreign country) massechu

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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. Shrieves Date 11-1-01

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 ✕ Cheryl A. Shrieves
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 Nov. 1, 2001, authorizing the marriage of David De Sanders and Cheryl Ann Shrieves.
I further certify that the following marriage certificate was filed in my office: I, Don Burch (name), certify that on December 8, 2001 (date), at Indianapolis in Marion County, Indiana, David De Sanders of Hendricks County, Indiana (state), and Cheryl Ann Shrieves of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Nov. 1, 2001. Signed by: Don Burch, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on December 18, 2001 (date).

Sharon Dugan
Signed _____ Clerk
Hendricks Circuit Court

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

368

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 65
Page 688
11-2-01
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 11-1-01
Name of Physician Jon M. Armstrong

MALE APPLICANT

Name: First Matthew Middle W. Last Van Est
Date of Birth: Month 2 Day 11 Year 77
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1490 N. Cold 50 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 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 Ellis Vanest
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Kentucky
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Karen Frances 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).
X Signature of Applicant Matthew W. VanEst Date 02.11.01

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 Matthew W. VanEst
X New Address Same
Subscribed and sworn to before me this 2 day of Nov, 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Carola Middle Last Von Griesheim
Date of Birth: Month 1 Day 5 Year 80
Place of Birth (State or foreign country) Germany
Residence Address: Street or R.R. 1490 N. Cold. 50 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) 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 Conrad V. Griesheim
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Germany
   Birthplace of father (State or foreign country) Germany
   (b) Full maiden name of applicant's mother Eleonora Jaks
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Germany
   Birthplace of mother (State or foreign country) Netherlands

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding 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 Carola Griesheim Date 02.11.01

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 Carola Griesheim
X New Address Same
Subscribed and sworn to before me this 2 day of Nov, 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Nov. 2, 2001, authorizing the marriage of Matthew Wayne VanEst and Carola Von Griesheim.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on November 9, 2001 (date), at Danville in Hendricks County, Indiana, Matthew Wayne VanEst of Hendricks County, Indiana (state), and Carola Von Griesheim of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Nov. 2, 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 November 9, 2001 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

369

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 65
Page 689
11-2-01
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 11-2-01
Name of Physician Dr. Hadley (Health Dept)

MALE APPLICANT

Name: First Leon Middle Thomas Last Hamilton
Date of Birth: Month 6 Day 15 Year 63
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 635 Poplar 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 1986
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify)
Indiana Drivers license

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. David Lee Hamilton, Kimberly Ann Hamilton Kimber Hamilton
6. (a) Full name of applicant's father Herman Grover Hamilton
   (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 Mattie Nova Brown
   (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 Leon Thomas Hamilton Date 11-2-01

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 Leon Thomas Hamilton
New Address 635 Poplar Street
Subscribed and sworn to before me this _____ day of 11-2-01
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 Monica Middle Lynn Last Renner
Date of Birth: Month 11 Day 26 Year 63
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 635 Poplar St. 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 1993
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify)
Indiana Drivers license

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children Jeremy Shane Renner
6. (a) Full name of applicant's father Obie Leon Pate
   (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 Patricia Ellen Pickering
   (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 Monica Lynn Renner Date 11-2-01

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 Monica Lynn Renner
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 Nov. 2, 2001, authorizing the marriage of Leon Thomas Hamilton and Monica Lynn Renner.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on November 2, 2001 (date), at Danville in Hendricks County, Indiana, Leon Thomas Hamilton of Hendricks County, Indiana (state), and Monica Lynn Renner of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Nov. 2, 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 November 2, 2001 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

370

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

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

Book 65
Page 690
11-5-01
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 12-28-89
Name of Physician J. Timothy Nichols

MALE APPLICANT

Name: First Nathan Middle P. Last Tilse
Date of Birth: Month 8 Day 20 Year 59
Place of Birth (State or foreign country) Ohio
Residence Address: Street or R.R. 4584 Ruth Elizabeth Dr. 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 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 Charles Tilse
   (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 Joan Huffman
   (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 Nathan Tilse Date 11-05-01

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
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 Tilse
X New Address SAME
Subscribed and sworn to before me this 5 day of November, 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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 R. Last Fox
Date of Birth: Month 12 Day 25 Year 72
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 3582 W. County Rd 900 S. City Stilesville County Hend. State In 46180
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. Keith Wayne Ball II

6. (a) Full name of applicant's father Steven Fox
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Illinois
   (b) Full maiden name of applicant's mother Brenda Ferguson
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

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

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

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
X Signed Angela R. Fox
X New Address 4584 RUTH ELIZABETH DR.
Subscribed and sworn to before me this 15 day of November, 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Nov. 5, 2001, authorizing the marriage of Nathan Scott Tilse and Angela Rae Fox.
I further certify that the following marriage certificate was filed in my office: I, Jerry C. Fox (name), certify that on November 24, 2001 (date), at Indianapolis in Marion County, Indiana, Nathan Scott Tilse of Hendricks County, Indiana (state), and Angela Rae Fox of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Nov. 5, 2001. Signed by: Jerry C. Fox, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on November 26, 2001 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

371

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

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

Book 65
Page 691
11-5-01
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 9/98
Name of Physician Barbara Loewen M.D.

MALE APPLICANT

Name: First Nicholas Middle D. Last King
Date of Birth: Month 3 Day 27 Year 78
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 2317 Second St. 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 female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Justice Nicholas King
6. (a) Full name of applicant's father Richard Carl Hall
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Martina Sue Taylor
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   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 Nicholas D King Date 11-5-01

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 Nicholas D King
New Address SAME
Subscribed and sworn to before me this 5 day of November 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First LeAnn Middle J. Last Thomas
Date of Birth: Month 5 Day 6 Year 79
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 2317 Second St. 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. Justice Nicholas King
6. (a) Full name of applicant's father LeRoy J. Thomas
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Lisa M. Schwenger
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant LeAnn J. Thomas Date 11-5-01

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 LeAnn J. Thomas
New Address SAME
Subscribed and sworn to before me this 5 day of November 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Nov. 5, 2001, authorizing the marriage of Nicholas Dee King and LeAnn J. Thomas.
I further certify that the following marriage certificate was filed in my office: I, Douglas A. Litsey (name), certify that on December 1, 2001 (date), at Avon in Hendricks County, Indiana, Nicholas Dee King of Hendricks County, Indiana (state), and LeAnn J. Thomas of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Nov. 5, 2001. Signed by: Douglas A. Litsey, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on December 18, 2001 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

372

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 65
Page 692
11-6-01
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 11-5-01
Name of Physician Harold Hooks

MALE APPLICANT

Name: First Terry Middle L. Last Pickett
Date of Birth: Month 2 Day 24 Year 57
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 5068 Westbay Rd. City Plfd County Hend. State In. 46168
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1983
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Marty Ray Pickett
6. (a) Full name of applicant's father Davis W. Pickett
   (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 Donna Jean Shaw
   (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 [signature] Date 11-06-01

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 [signature]
✗ New Address SAME
Subscribed and sworn to before me this 6 day of November, 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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 K. Last Grubb
Date of Birth: Month 6 Day 21 Year 53
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 5068 West Bay Road City Plfd County Hend. State In. 46168
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1989
Date of Birth Verified By: ☐ Birth Certificate ☐ Other (Specify) Drivers License

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

ACKNOWLEDGEMENT

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

✗ Signature of Applicant [signature] Date 11-6-01

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 [signature]
✗ New Address same
Subscribed and sworn to before me this 6 day of November, 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Nov. 6, 2001, authorizing the marriage of Terry L. Pickett and Debbie K. Grubb.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on November 6, 2001 (date), at Danville in Hendricks County, Indiana, Terry L. Pickett of Hendricks County, Indiana (state), and Debbie K. Grubb of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Nov. 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 November 6, 2001 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

373

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 65
Page 693
11-6-01
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	FEMALE APPLICANT
Name: First Harold Middle E. Last Fugitt	Name: First Anna Middle L. Last Smith
Date of Birth: Month 11 Day 6 Year 24	Date of Birth: Month 9 Day 4 Year 20
Place of Birth (State or foreign country) Ohio	Place of Birth (State or foreign country) Kentucky
Residence Address: Street or R.R. 1373 Furman Ave City Indpls County Marion State In 46214	Residence Address: Street or R.R. 70 Casco Dr. City Avon County Hend State In. 46123
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 1999	Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐ Date 1990
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 Fugitt	6. (a) Full name of applicant's father Walter Paul Jordan
(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) Ohio	Birthplace of father (State or foreign country) Kentucky
(b) Full maiden name of applicant's mother Ruth Krekler	(b) Full maiden name of applicant's mother Stella R. McConaughey
(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) Ohio	Birthplace of mother (State or foreign country) Kentucky

ACKNOWLEDGEMENT

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

Signature of Applicant Harold Fugitt Date 11-6-01

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 Harold Fugitt
New Address same

Subscribed and sworn to before me this 6 day of November, 2001

Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of 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 Anna Lois Smith Date 11-6-01

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 Anna Lois Smith
New Address 1373 Furman

Subscribed and sworn to before me this 6 day of November, 2001

Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of Hendricks)

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Nov. 6, 2001, authorizing the marriage of Harold Eugene Fugitt and Anna Lois Smith.

I further certify that the following marriage certificate was filed in my office: I, J. Mark VanValin (name), certify that on November 11, 2001 (date), at Indianapolis in Marion County, Indiana, Harold Eugene Fugitt of Marion County, Indiana (state), and Anna Lois Smith of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Nov. 6, 2001. Signed by: J. Mark VanValin, Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on November 14, 2001 (date).

Sharon Dugan
Signed _____ Clerk
Hendricks Circuit Court

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

374

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 65
Page 694
11-7-01
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 10-8-01
Name of Physician Brett Neff

MALE APPLICANT

Name: First Gregory Middle Lee Last Strydesky
Date of Birth: Month 12 Day 12 Year 67
Place of Birth (State or foreign country): California
Residence Address: Street or R.R. 1246 Silver Ridge Lane 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. Nicole Leigh Marston
6. (a) Full name of applicant's father William Frank Strydesky
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Dead Carolina
   Birthplace of father (State or foreign country) New Jersey
   (b) Full maiden name of applicant's mother Christiana Amy Blunt
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) California
   Birthplace of mother (State or foreign country) New Mexico

ACKNOWLEDGEMENT

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

✗ Signature of Applicant [signature] Date 11/7/01

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 7 day of November, 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Sheryl Middle D. Last New
Date of Birth: Month 5 Day 2 Year 71
Place of Birth (State or foreign country): Ohio
Residence Address: Street or R.R. 10984 Midnight Pass City Fishers County Hamilton State IN 46038
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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. New
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Missouri
   Birthplace of father (State or foreign country) West Virginia
   (b) Full maiden name of applicant's mother Marcia Dixie Hyatt
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Missouri
   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 Sheryl D. New Date 11/7/01

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 Sheryl New
✗ New Address 1246 Silver Ridge Lane Brownsburg, IN
Subscribed and sworn to before me this 7 day of November, 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Nov. 7, 2001, authorizing the marriage of Gregory Lee Strydesky and Sheryl Dianne New.
I further certify that the following marriage certificate was filed in my office: I, James L. Walters (name), certify that on November 17, 2001 (date), at Noblesville in Hamilton County, Indiana, Gregory Lee Strydesky of Hendricks County, Indiana (state), and Sheryl Dianne New of Hamilton County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Nov. 7, 2001. Signed by: James L. Walters, Clergy (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on November 20, 2001 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

375

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

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

Book 65
Page 695
11-07-01
Date of Application

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

Female Applicant > 50 No ☑ Yes ☐
If No, Medical Examination or Report Dated 11-07-01
Name of Physician Tim Nicholls, M.D

MALE APPLICANT

Name First: Michael Middle: Shawn Last: Bosserman
Date of Birth Month: 11 Day: 17 Year: 73
Place of Birth (State or foreign country): Indiana
Residence Address Street or R.R.: 2034 Oakbrooke Ct City: Avon County: Hendricks State: IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages: 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date: 1996
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Driver's Licensl

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

FEMALE APPLICANT

Name First: Kristi Middle: Lee Last: Fair
Date of Birth Month: 4 Day: 19 Year: 76
Place of Birth (State or foreign country): Indiana
Residence Address Street or R.R.: 2034 Oakbrooke Ct 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: 1-2001
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Driver's Licensl

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Michael S. Bosserman Date 11-7-01

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 Michael S. Bosserman
New Address 2034 OAK BROOKE CT AVON IN 46123
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 Kristi L Fair Date 11-07-01

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 Kristi L. Fair
New Address 2034 Oakbrooke 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

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Nov. 7, 2001, authorizing the marriage of Michael Shawn Bosserman and Kristi Lee Fair.
I further certify that the following marriage certificate was filed in my office: I, Rev. Homer Edwards (name), certify that on November 18, 2001 (date), at Avon in Hendricks County, Indiana, Michael Shawn Bosserman of Hendricks County, Indiana (state), and Kristi Lee Fair of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Nov. 7, 2001. Signed by: Rev. Homer Edwards, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on November 20, 2001 (date).

Sharon Dugan
Signed _____ Clerk
Hendricks Circuit Court

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

376

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 65
Page 696
11-8-01
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 10-31-01
Name of Physician Health Trails

MALE APPLICANT

Name: First Jeromy Middle P. Last Marnin

Date of Birth: Month 11 Day 18 Year 77

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 1007 Buffalo Pass 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 Randy Marnin
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Lowa
   (b) Full maiden name of applicant's mother Vivian Rose Monroe
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name: First Tiffany Middle M. Last Pratt

Date of Birth: Month 4 Day 10 Year 82

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 1007 Buffalo Pass 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 Russell Sanders
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Diane Rutherford
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding 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 Jeromy Marnin Date 12-6-01

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 Jeromy Marnin
X New Address Same
Subscribed and sworn to before me this 6 day of December, 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 Tiffany Pratt Date 11/8/01

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 Tiffany Pratt
X New Address 1007 Buffalo Pass Danville IN 46122
Subscribed and sworn to before me this 8 day of November 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Nov. 8, 2001, authorizing the marriage of Jeromy Paul Marnin and Tiffany Marie Pratt.

I further certify that the following marriage certificate was filed in my office: I, William E. Monroe (name), certify that on December 8, 2001 (date), at Danville in Hendricks County, Indiana, Jeromy Paul Marnin of Hendricks County, Indiana (state), and Tiffany Marie Pratt of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Nov. 8, 2001. Signed by: William E. Monroe, Minister (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on December 18, 2001 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

377

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

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

Book 65
Page 697
11-8-01
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 11-6-01
Name of Physician Debra Williams MD

MALE APPLICANT

Name: First Chad Middle D. Last Rhoads
Date of Birth: Month 7 Day 31 Year 78
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 3139 E. CoRd 225N 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. Dylon Walker Rhoades
6. (a) Full name of applicant's father Dr. C. W. Rhoades
   (If adopted, list adoptive parents only) ____
   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 Mae Kelley
   (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 Danielle Middle E. Last Enochs
Date of Birth: Month 10 Day 9 Year 82
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 10883 N. CoRd 200E City Pittsboro County Hendricks State Indiana 46167
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Rhoads Date 11-8-01

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 Chad Rhoads
✗ New Address 3139 E. 225 N. Danville IN 46122
Subscribed and sworn to before me this 8 day of November, 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 Danielle E. Enochs Date 11-8-01

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 Danielle E. Enochs
✗ New Address 3139 E. CR 225 N. Danville 46122
Subscribed and sworn to before me this 8 day of November, 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Nov. 8, 2001, authorizing the marriage of Chad Dustin Rhoads and Danielle Elizabeth Enochs.
I further certify that the following marriage certificate was filed in my office: I, Ron Bontrager (name), certify that on December 1, 2001 (date), at Indianapolis in Marion County, Indiana, Chad Dustin Rhoads of Hendricks County, Indiana (state), and Danielle Elizabeth Enochs of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Nov. 8, 2001. Signed by: Ron Bontrager, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on December 5, 2001 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

378

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 65
Page 698
11-9-01
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 10-17-01
Name of Physician Barbara Lowden MD

MALE APPLICANT

Name: First Robert Middle D. Last Morton
Date of Birth: Month 1 Day 9 Year 70
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 445 S. Kentucky St. City Danville County Hend. St. Indiana 46122
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1990
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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. Morton Date 11-9-01

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 Robert D. Morton
✗ New Address 445 S. KENTUCKY ST.
Subscribed and sworn to before me this 9 day of November, 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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 Renae Last Brown
Date of Birth: Month 11 Day 11 Year 79
Place of Birth (State or foreign country) California
Residence Address: Street or R.R. 445 S. Kentucky St. City Danville County Hend. St. 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 male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. _____
6. (a) Full name of applicant's father Leo John Brown
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Judy Kay Cornish
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) California
   Birthplace of mother (State or foreign country) California

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
✗ Signature of Applicant Michelle R Brown Date 11-9-01

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 Michelle R Brown
✗ New Address Same as above
Subscribed and sworn to before me this 9 day of November, 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Nov. 9, 2001, authorizing the marriage of Robert Daryl Morton and Michelle Renae Brown.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on November 9, 2001 (date), at Danville in Hendricks County, Indiana, Robert Daryl Morton of Hendricks County, Indiana (state), and Michelle Renae 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 Nov. 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 November 14, 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 605
Page 699
11-9-01
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 11-9-01
Name of Physician Dr. Gaddy

MALE APPLICANT

Name: First Kenneth Middle Leland Last Ottinger, Jr.
Date of Birth: Month 10 Day 1 Year 69
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 584 N SR 75 City Danville County Hend State IN 46122
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 97
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) drivers license

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Kenneth Ottinger Date 11-9-01

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 Kenneth Ottinger
New Address same as above
Subscribed and sworn to before me this 9 day of Nov 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Suzanne Middle Marie Last Hutcheson (Parker)
Date of Birth: Month 4 Day 9 Year 72
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 584 N SR 75 City Danville County Hend State IN 46122
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date '97
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) drivers license

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Parker Date 11/9/01

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 Suzanne Parker
New Address same as above
Subscribed and sworn to before me this 9 day of Nov 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Nov. 9, 2001, authorizing the marriage of Kenneth L. Ottinger, Jr. and Suzanne M. Parker.
I further certify that the following marriage certificate was filed in my office: I, Garry E. Collins (name), certify that on December 1, 2001 (date), at Danville in Hendricks County, Indiana, Kenneth L. Ottinger, Jr. of Hendricks County, Indiana (state), and Suzanne M. Parker of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Nov. 9, 2001. Signed by: Garry E. Collins, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on December 18, 2001 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

380

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 605
Page 700
11-09-01
Date of Application

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

Female Applicant > 50 No ☑ Yes ☐
If No, Medical Examination or Report Dated 11-9-01
Name of Physician Dr. David Gadley

MALE APPLICANT

Name First: Dennis Middle: Lee Last: Shane
Date of Birth Month: 04 Day: 24 Year: 62
Place of Birth (State or foreign country): Indiana
Residence Address Street or R.R.: 9877 Shaddow Dr. Lot 97 City: Brownsburg County: Hendricks State: IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages: 2
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date: 89 & 94
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify): Drivers Licens

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Audrey Shane, Victoria Shane
6. (a) Full name of applicant's father: Lee Raymond Shane
   (If adopted, list adoptive parents only)
   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 Bishop
   (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 Dennis Shane Date 11-9-01

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 Dennis Shane
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: Melissa Middle: Ann Last: Grimes
Date of Birth Month: 7 Day: 25 Year: 77
Place of Birth (State or foreign country): Indiana
Residence Address Street or R.R.: 9877 Shaddow Dr. Lot 97 City: Brownsburg County: Hendricks State: IN
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date _____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify): Drivers Licens

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Grimes Date 11-9-01

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 Melissa Grimes
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 Nov. 9, 2001, authorizing the marriage of Dennis Lee Shane and Melissa Ann Grimes.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on November 9, 2001 (date), at Danville in Hendricks County, Indiana, Dennis Lee Shane of Hendricks County, Indiana (state), and Melissa Ann Grimes of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Nov. 9, 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 November 14, 2001 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

381

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

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

Book 65
Page 701
11-9-01
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 11-5-01
Name of Physician Dr. Kolester

MALE APPLICANT

Name: First Troy Middle A. Last Custis
Date of Birth: Month 11 Day 17 Year 1969
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1204 Ridgeview Ct. 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. Cody Lee Custis, Wade Garret Custis, Jesse Cheyenne Custis
6. (a) Full name of applicant's father Donald L. Custis
   (If adopted, list adoptive parents only)
   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. Parrish
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Troy A. Custis Date 11-9-01

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 Troy A. Custis
New Address Same as above
Subscribed and sworn to before me this 9 day of November 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Gina Middle R Last Trickey
Date of Birth: Month 5 Day 7 Year 1969
Place of Birth (State or foreign country) Michigan
Residence Address: Street or R.R. 1204 Ridgeview Ct. 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. Cody Lee Custis, Wade Garret Custis, Jesse Cheyenne Custis
6. (a) Full name of applicant's father Greg F. Trickey
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Wisconsin
   Birthplace of father (State or foreign country) Wisconsin
   (b) Full maiden name of applicant's mother Linda L. Patrick
   (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 Gina R. Trickey Date 11-9-01

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 Gina R Trickey
New Address Same as above
Subscribed and sworn to before me this 9 day of November 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Nov. 9, 2001, authorizing the marriage of Troy Arthur Custis and Gina Renee Trickey.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on November 9, 2001 (date), at Danville in Hendricks County, Indiana, Troy Arthur Custis of Hendricks County, Indiana (state), and Gina Renee Trickey of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Nov. 9, 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 November 14, 2001 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

382

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 65
Page 702
11-9-01
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 11-5-01
Name of Physician Michael Bode

MALE APPLICANT

Name First: David Middle: Eric Last: Benedict
Date of Birth Month: March Day: 28 Year: 1971
Place of Birth (State or foreign country): Illinois
Residence Address Street or R.R.: 5177 Vantage Pt. Rd. City: Avon County: Hendricks State: IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages: 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date: 5/01
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify): Indiana Identification Card

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. N/A
6. (a) Full name of applicant's father: David Dee Benedict
   (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: Sandra Sue Watts
   (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 X [signature] Date 11/9/1

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 [signature]
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

FEMALE APPLICANT

Name First: Debra Middle: Kaye Last: Pendleton
Date of Birth Month: September Day: 29 Year: 1969
Place of Birth (State or foreign country): Indiana
Residence Address Street or R.R.: 5177 Vantage Pt. Rd 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: 3/01
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify): Indiana Drivers License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Debra Kaye Pendleton Date 11/9/01

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 X Debra K Pendleton
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 _____, 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

383

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

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

Book 65
Page 703
11-13-01
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 11-13-01
Name of Physician Dr. David Gaddy

MALE APPLICANT

Name: First Kary Middle Ryan Last Franz

Date of Birth: Month 4 Day 11 Year 1970

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 65 Penn Drive 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 10/14/00

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 Bill Franz
   (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 Dana Lee Phillips
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

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

✗ Signature of Applicant Kary R. Franz Date 11-13-01

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 Kary R. Franz
New Address 6632 Dunson Dr, Plainfield, IN 46168
Subscribed and sworn to before me this 13 day of November
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Debora Middle Lynn Last Moore

Date of Birth: Month 9 Day 10 Year 1964

Place of Birth (State or foreign country) Ohio

Residence Address: Street or R.R. 6339 A Capitol 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 12-19-00

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Danielle Moore, Dylan Moore, Sarah Moore
6. (a) Full name of applicant's father Larry Jenkins
   (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 Jean Marie Mangon
   (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 Debora S Moore Date 11-13-01

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 Debora S Moore
New Address 6632 Dunson Dr Plainfield IN 46168
Subscribed and sworn to before me this 13 day of November
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Nov. 13, 2001, authorizing the marriage of Kary Ryan Franz and Debora Lynn Moore.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on November 13, 2001 (date), at Danville in Hendricks County, Indiana, Kary Ryan Franz of Hendricks County, Indiana (state), and Debora Lynn Moore of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Nov. 13, 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 November 14, 2001 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

384

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 65
Page 704
11-16-01
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 11-13-01
Name of Physician Family Health Center Hend. Co.

MALE APPLICANT

Name: First Chad Middle D. Last Crowther
Date of Birth: Month 3 Day 3 Year 71
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 6798 E. Co. Rd. 425 N. 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 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. Dalton David Crowther
6. (a) Full name of applicant's father David Crowther
   (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 Marilyn Scheid
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 D Crowther Date 11/16/01

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 Chad D Crowther
✗ New Address SAME AS ABOVE
Subscribed and sworn to before me this 16 day of November, 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Brandie Middle Ce Last Tames
Date of Birth: Month 3 Day 25 Year 75
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 6798 E. Co Rd 425 N 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 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. Brittnaie Ashlyn Lee James, Brooke Makayla Jean James
6. (a) Full name of applicant's father Paul C. Cline
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Deborah Lee Ezell
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
✗ Signature of Applicant Brandie Tames Date 11/16/01

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 Brandie Tames
✗ New Address Same as Above
Subscribed and sworn to before me this 16 day of November, 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Nov. 16, 2001, authorizing the marriage of Chad David Crowther and Brandie Ellen Renee Tames.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on November 16, 2001 (date), at Danville in Hendricks County, Indiana, Chad David Crowther of Hendricks County, Indiana (state), and Brandie Ellen Renee Tames of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Nov. 16, 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 November 20, 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 65
Page 705
11-16-01
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 11-10-01
Name of Physician Michael Pizzato D.O.

MALE APPLICANT

Name: First Michael Middle S. Last Burner
Date of Birth: Month 7 Day 15 Year 69
Place of Birth (State or foreign country) Indiana
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 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. Jonathon Jacob Madison, Alexander, Lindsey Burner
6. (a) Full name of applicant's father John J. Burner
   (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 Deborah 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 Michael S Burner Date 11/16/01

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 Michael S Burner
✗ New Address SAME AS ABOVE
Subscribed and sworn to before me this 16 day of November 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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 L. Last Nevins
Date of Birth: Month 2 Day 16 Year 69
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 15 Robinwood Dr. 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. Lyzon Nevins, Alex Burner, Lindsey Burner
6. (a) Full name of applicant's father Richard Cook
   (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 Pauline E. Norman
   (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 K L N Date 11/16-09

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 L N
✗ New Address 13 ROBINWOOD DR BROWNSBURG IN 46112
Subscribed and sworn to before me this 16 day of November 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Nov. 16, 2001, authorizing the marriage of Michael Sean Burner and Karen Lee Nevins.
I further certify that the following marriage certificate was filed in my office: I, James F. Bohrer (name), certify that on November 16, 2001 (date), at Brownsburg in Hendricks County, Indiana, Michael Sean Burner of Hendricks County, Indiana (state), and Karen Lee Nevins of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Nov. 16, 2001. Signed by: James F. Bohrer, Pastor (official designation) Filed and recorded in accordance with the laws of the State of Indiana on November 20, 2001 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

386

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 65
Page 706
11-16-01
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 11-7-01
Name of Physician Dr. Trammell

MALE APPLICANT

Name: First Michael Middle A. Last Reed
Date of Birth: Month 12 Day 24 Year 1976
Place of Birth (State or foreign country) Indiana 46168
Residence Address: Street or R.R. 108 Buchanan 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) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Harold E. Reed 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 DeAnne E. 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 [signature] Date 11/16/01

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 November 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Cori Middle Lyn Last Jenkins
Date of Birth: Month 9 Day 18 Year 1982
Place of Birth (State or foreign country) Indiana 46168
Residence Address: Street or R.R. 108 Buchanan 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) 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.
6. (a) Full name of applicant's father David W. 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 Sandy R. Baker
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [signature] Date 11-16-01

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 November 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Nov. 16, 2001, authorizing the marriage of Michael Allan Reed and Cori Lyn Jenkins.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on November 16, 2001 (date), at Danville in Hendricks County, Indiana, Michael Allan Reed of Hendricks County, Indiana (state), and Cori Lyn Jenkins of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Nov. 16, 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 November 20, 2001 (date).

Sharon Dugan
Signed _____ Clerk
Hendricks Circuit Court

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

387

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 65
Page 707
11-16-01
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 11-16-01
Name of Physician Dr Hamlet

MALE APPLICANT

Name: First William Middle Rodgers Last Taylor Jr.
Date of Birth: Month 03 Day 14 Year 64
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1490 E CoRd 1000 S City Clayton County Hendricks State IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 3
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date 89, 92, 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. William Rodgers Taylor III, Derryck Paul Taylor, Shaymna Elizabeth Taylor, Keisha Cheyenne Taylor, Tamara Kay Taylor
6. (a) Full name of applicant's father William Rodgers 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 Sandra Kay Stearman
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant William R Taylor Date 11-16-01

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 William R Taylor
New Address 2171 W 950 N Seymour IN 47274
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 Michelle Middle Marie Last Kluesener
Date of Birth: Month 02 Day 07 Year 66
Place of Birth (State or foreign country) Florida
Residence Address: Street or R.R. 1146 Ernest Dr. City Seymour County Jackson State IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 94 & 95
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Marla Jo Sampson, Samantha Lauren Sampson, Kyle Duane Kluesener, Kara Marie Kluesener, Tamara Kay Taylor
6. (a) Full name of applicant's father Peter Richard Vellis
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) _____
   Birthplace of father (State or foreign country) Massachusetts
   (b) Full maiden name of applicant's mother Pamela Ruth Duran
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Oregon

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Michelle M Kluesener Date 11-16-01

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 M Kluesener
New Address 2171 W 950 N Seymour IN 47274
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 Nov. 16, 2001, authorizing the marriage of William Rodgers Taylor, Jr. and Michelle Marie Kluesener.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on November 16, 2001 (date), at Danville in Hendricks County, Indiana, William R. Taylor, Jr. of Hendricks County, Indiana (state), and Michelle M. Kluesener of Jackson County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Nov. 16, 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 November 20, 2001 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

388

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 65
Page 708
11-16-01
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 11-13-01
Name of Physician Mark Denson M.D.

MALE APPLICANT

Name: First Ronald Middle A. Last Isaacs
Date of Birth: Month 7 Day 24 Year 69
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 945 Pennwood Dr. Apt B 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 female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. ____
6. (a) Full name of applicant's father Luther Isaacs
   (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 Beatrice McQueen
   (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 Misty Middle L. Last Whitney
Date of Birth: Month 10 Day 11 Year 67
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 7 Midland ct. 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 1990
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Amber Lynn Weaver, Brittney Nicole Weaver
6. (a) Full name of applicant's father James Whitney
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Linda Skinner
   (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).
X Signature of Applicant Ronald A. Isaacs Date 11/16/01

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 Ronald A. Isaacs
X New Address 7 Midland Ct. Danville, IN 46122
Subscribed and sworn to before me this 16 day of November 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of 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 Misty L Whitney Date 11/16/01

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 Misty L Whitney
X New Address Same as above
Subscribed and sworn to before me this 16 day of November 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Nov. 16, 2001, authorizing the marriage of Ronald Alan Isaacs and Misty Leigh Whitney.
I further certify that the following marriage certificate was filed in my office: I, Michael S. Beaumont (name), certify that on November 22, 2001 (date), at Avon in Hendricks County, Indiana, Ronald Alan Isaacs of Hendricks County, Indiana (state), and Misty Leigh Whitney of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Nov. 16, 2001. Signed by: Michael S. Beaumont, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on November 27, 2001 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

389

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

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

Book 65
Page 709
11-20-01
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 11-15-01
Name of Physician Paula Stephens R.

MALE APPLICANT

Name: First Shane Middle D. Last Pierce

Date of Birth: Month 6 Day 1 Year 71

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 4416 W. US 36 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) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Rene Pierce
6. (a) Full name of applicant's father Jessie Pierce
   (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 Sebastian
   (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 Mary Middle L. Last Bartlett

Date of Birth: Month 7 Day 5 Year 80

Place of Birth (State or foreign country) Michigan

Residence Address: Street or R.R. 9621 E. Cold 400 S. City Fillmore County Putnam State In 46128

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

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

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

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

ACKNOWLEDGEMENT

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

✗ Signature of Applicant Shane D. Pierce Date 11-20-01

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 Shane D. Pierce
✗ New Address 4416 W. US 36 Danville IN 46122

Subscribed and sworn to before me this 20 day of November

Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of Hendricks)

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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. Bartlett Date 11-20-01

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 Mary L. Bartlett
✗ New Address 4416 W. US 36 Danville In 46122

Subscribed and sworn to before me this 20 day of November, 2001

Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of Hendricks)

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Nov. 20, 2001, authorizing the marriage of Shane Duane Pierce and Mary Lee Bartlett.

I further certify that the following marriage certificate was filed in my office: I, Norman B. Bartlett (name), certify that on November 24, 2001 (date), at Brazil in Clay County, Indiana, Shane Duane Pierce of Hendricks County, Indiana (state), and Mary Lee Bartlett 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 Nov. 20, 2001. Signed by: Norman B. Bartlett, Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on November 26, 2001 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

390

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 65
Page 710
11-27-01
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 David Middle W. Last Gilbert
Date of Birth: Month 12 Day 20 Year 61
Place of Birth (State or foreign country) Kentucky
Residence Address: Street or R.R. 708 Muirfield 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 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. Charles Lewis Gilbert, Sara Elizabeth - Georgi Gilbert
6. (a) Full name of applicant's father Charles Howard Gilbert
   (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 Roxanna Noel
   (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 David W Gilbert Date 11/27/01

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 David W Gilbert
✗New Address Same as above
Subscribed and sworn to before me this 27 day of November, 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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 Kay Last Gilbert
Date of Birth: Month 10 Day 21 Year 51
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 708 Muirfield 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 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 Sara Elizabeth - Georgi Gilbert, Clarice Jo - Renee Meteraud
6. (a) Full name of applicant's father Kenneth D. Albright
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Joanne Elizabeth 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 Rhonda Kay Gilbert Date 11/27/01

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 Rhonda Kay Gilbert
✗New Address SAME AS ABOVE
Subscribed and sworn to before me this 27 day of November, 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Nov. 27, 2001, authorizing the marriage of David Wayne Gilbert and Rhonda Kay Gilbert.

I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on January 4, 2002 (date), at Danville in Hendricks County, Indiana, David Wayne Gilbert (state), and Rhonda Kay Gilbert of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Nov. 27, 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 January 4, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

391

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 65
Page 711
11-20-01
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 11/14/01
Name of Physician Dr. Sera

MALE APPLICANT

Name: First Trent Middle L. Last Todd
Date of Birth: Month 7 Day 1 Year 73
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 3588 N. Co. Rd. 950 E. 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)
Driver's License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Trent L. Todd Date 11-21-01

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 Trent L. Todd
New Address Same as above
Subscribed and sworn to before me this 21 day of November, 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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 L Last Smith
Date of Birth: Month 9 Day 12 Year 1976
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 3588 N CR 950 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 Gregory Eugene Smith
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Janie Diane Hawkins
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Erin L. Smith Date 11/20/01

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 Erin L. Smith
New Address same as above
Subscribed and sworn to before me this 20 day of November 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Nov. 20, 2001, authorizing the marriage of Trent Langdon Todd and Erin Leigh Smith.
I further certify that the following marriage certificate was filed in my office: I, James P. Burks (name), certify that on December 8, 2001 (date), at Bedford in Lawrence County, Indiana, Trent Langdon Todd of Hendricks County, Indiana, (state), and Erin Leigh Smith of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Nov. 20, 2001. Signed by: James P. Burks, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on December 18, 2001 (date).

Sharon Dugan
Signed _____ Clerk
Hendricks Circuit Court

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

392

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

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

Book 65
Page 712
11-21-01
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 9-21-01
Name of Physician Avon Family Medicine

MALE APPLICANT

Name: First Mitchell Middle R. Last Dean

Date of Birth: Month 5 Day 13 Year 79

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 7599 Poplar Lead City Brownsburg County Hend. St. 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 Curtis Lee 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 Anita 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 Mitchell R. Dean Date 11/21/01

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 Mitchell R. Dean
✗New Address 590 W. MAIN ST LOT 9 Hagerstown, IN 47346

Subscribed and sworn to before me this 21 day of November 2001

Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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 E. Last Dingman

Date of Birth: Month 11 Day 19 Year 78

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 1451 Westwind Dr. City Avon County Hend. St. 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 John Edward Dingman
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Phyllis 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).

✗Signature of Applicant Laura E. Dingman Date 11/21/01

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 Laura E. Dingman
✗New Address 590 W. Main St Lot 9 Hagerstown, IN 47346

Subscribed and sworn to before me this 21 day of November 2001

Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of Hendricks)

Father ____ ID # ____
Mother ____ ID # ____

Subscribed and sworn to before me this ____ day of ____

____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Nov. 21, 2001, authorizing the marriage of Mitchell Robert Dean and Laura Elizabeth Dingman.

I further certify that the following marriage certificate was filed in my office: I, Tim Gephart and Matthew Stafford (name), certify that on December 29, 2001 (date), at Plainfield in Hendricks County, Indiana, Mitchell Robert Dean of Wayne County, Indiana (state), and Laura Elizabeth Dingman of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Nov. 21, 2001. Signed by: Tim Gephart & Matthew Stafford, Ministers (official designation) Filed and recorded in accordance with the laws of the State of Indiana on January 10, 2002 (date).

Sharon Dugan
Signed ____ Clerk
Hendricks Circuit Court

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

393

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

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

Book 65
Page 713
11-27-01
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 11-15-01
Name of Physician Dr. Karen Ciara

MALE APPLICANT	FEMALE APPLICANT
Name: First Joshua, Middle A., Last Kelly	Name: First Kristin, Middle L., Last Richard
Date of Birth: Month 5, Day 14, Year 78	Date of Birth: Month 2, Day 21, Year 78
Place of Birth (State or foreign country): Indiana	Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 1641 S. CoRd 525 W., City Danville, County Hend., State In. 46122	Residence Address: Street or R.R. 1269 N. CoRd 475E, City Avon, County Hend., State In. 46123
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages	Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date	Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) 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 Dale Allen Kelly	6. (a) Full name of applicant's father Jerry Richard
(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 Jackie Marie Wallace	(b) Full maiden name of applicant's mother Karen Slaughterback
(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 Joshua A Kelly Date 11/27/01

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 Joshua A Kelly
✗ New Address 1269 N. RD. 475 E Avon IN 46123

Subscribed and sworn to before me this 27 day of November 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 R. Richard Date 11/27/01

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 Kristin R. Richard
✗ New Address 1269 N. Rd. 475 E, Avon, IN. 46123

Subscribed and sworn to before me this 27 day of November 2001

Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of Hendricks)

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

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of Hendricks)

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Nov. 27, 2001, authorizing the marriage of Joshua A. Kelly and Kristin Rene Richard.

I further certify that the following marriage certificate was filed in my office: I, Steven L. Newman (name), certify that on December 15, 2001 (date), at Danville in Hendricks County, Indiana, Joshua A. Kelly of Hendricks County, Indiana (state), and Kristin Rene Richard of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Nov. 27, 2001. Signed by: Steven L. Newman, Minister (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on December 28, 2001 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

394

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 65
Page 714
11-28-01
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 11-28-01
Name of Physician David Hadley MD

MALE APPLICANT

Name: First Stephen Middle A. Last Hutte

Date of Birth: Month 4 Day 3 Year 71

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 2358 E. CoRd 900 E. City Pfld 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 female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Elise Hutte
6. (a) Full name of applicant's father Ernest Clyde Hutte
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Diane Gayle Dobson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 A. Hutte Date 11/28/01

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 Stephen A. Hutte
✗ New Address SAME AS ABOVE

Subscribed and sworn to before me this 28 day of November, 2001

Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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 Floyd

Date of Birth: Month 1 Day 8 Year 81

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 2358 S. CoRd 900 E. City Pfld. 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 Gary Floyd
   (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 Geneva Brown
   (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 Jennifer Floyd Date 11-28-01

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 Jennifer Floyd
✗ New Address Same as above

Subscribed and sworn to before me this 28 day of November, 2001

Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of Hendricks)

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Nov. 28, 2001, authorizing the marriage of Stephen Albert Hutte and Jennifer Marie Floyd.

I further certify that the following marriage certificate was filed in my office: I, Michael A. Courtney (name), certify that on December 1, 2001 (date), at Avon in Hendricks County, Indiana, Stephen Albert Hutte of Hendricks County, Indiana (state), and Jennifer Marie Floyd of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Nov. 28, 2001. Signed by: Michael A. Courtney, Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on December 7, 2001 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

395

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 65
Page 715
11-28-01
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 11-7-01
Name of Physician Brownsburg Medical Clinic

MALE APPLICANT

Name: First Michael Middle C. Last Russell
Date of Birth: Month 6 Day 24 Year 82
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 104 E. Pearl St. Apt 7 City North Salem County Hendricks State Indiana 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 female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Gracie Jolene Russell
6. (a) Full name of applicant's father Michael Russell
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Beth 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 Michael C. Russell Date 11/28/01

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 Michael C. Russell
✗ New Address Same As Above
Subscribed and sworn to before me this 28 day of November, 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Alissa Middle J. Last Barnes
Date of Birth: Month 6 Day 2 Year 82
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 104 E. Pearl St. Apt 7 City North Salem County Hendricks State Indiana 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. Gracie Jolene Russell
6. (a) Full name of applicant's father Richard Lee Barnes
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Jolene Lois Stiles
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

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

✗ Signature of Applicant Alissa J Barnes Date 11/28/01

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 Alissa Barnes
✗ New Address Same as above
Subscribed and sworn to before me this 28 day of November, 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Nov. 28, 2001, authorizing the marriage of Michael Chas Russell and Alissa Jolene Barnes.
I further certify that the following marriage certificate was filed in my office: I, Lisa C, Garoffolo (name), certify that on December 15, 2001 (date), at Jamestown in Boone County, Indiana, Michael Chas Russell of Hendricks County, Indiana (state), and Alissa Jolene 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 Nov. 28, 2001. Signed by: Lisa C. Garoffolo, Clerk of the Courts (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on December 18, 2001 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

396

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 65
Page 716
Date of Application

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

Female Applicant > 50 No ☑ Yes ☐
If No, Medical Examination or Report Dated 11-29-01
Name of Physician Dr. Boewer

MALE APPLICANT

Name First: Joe Middle: Walter Last: Fee
Date of Birth Month: 2 Day: 22 Year: 76
Place of Birth (State or foreign country): Indiana
Residence Address Street or R.R.: 5011 Brandywine Dr. 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)
Indiana I.D. 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. Peyton Taylor Fee
6. (a) Full name of applicant's father Rodney Alexander Fee
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Kentucky
   (b) Full maiden name of applicant's mother Patricia Ann 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: Stephanie Middle: Amanda Last: Whitaker
Date of Birth Month: 1 Day: 26 Year: 78
Place of Birth (State or foreign country): Indiana
Residence Address Street or R.R.: 10235 Otter Creek 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 8-99
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify)
Indiana I.D. 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. Caitlyn Elizabeth Postma, Kristyn Reane Whitaker, Peyton Taylor Fee
6. (a) Full name of applicant's father Steven Lee Postma
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Reane Alene Simmerman
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 W. Fee Date 11-29-01

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 Joe W. Fee
New Address 5011 Brandywine DR. Apt 1001 INDPLS
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 Stephanie Whitaker Date ____

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Whitaker
New Address 5011 Brandywine Drive Apt 1001 INDPLS
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 Nov. 29, 2001, authorizing the marriage of Joe Walter Fee and Stephanie Amanda Whitaker. I further certify that the following marriage certificate was filed in my office: I, George M. Pender (name), certify that on December 1, 2001 (date), at Indianapolis in Marion County, Indiana, Joe Walter Fee of Marion County, Indiana (state), and Stephanie Amanda 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 Nov. 29, 2001. Signed by: George M. Pender, Pastor (official designation) Filed and recorded in accordance with the laws of the State of Indiana on December 7, 2001 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

397

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 65
Page 717
11-30-01
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 11-26-01
Name of Physician Dr. Johnston

MALE APPLICANT

Name: First Joshua Middle P. Last Hendrix
Date of Birth: Month 3 Day 15 Year 81
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 2330 Grand Prix Drive Apt E City Indpls 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 Phillip Hendrix
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Illinois
   Birthplace of father (State or foreign country) Mississippi
   (b) Full maiden name of applicant's mother Kim Jones
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Illinois
   Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name: First Haley Middle R. Last Jeffries
Date of Birth: Month 9 Day 25 Year 82
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1640 Argyle 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) Drivers License

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

ACKNOWLEDGEMENT

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

X Signature of Applicant [signature] Date Nov 30

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
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 2330 Grand Prix Dr. Apt E
Subscribed and sworn to before me this 30 day of November 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 Haley R. Jeffries Date 11-30-01

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.
X Signed Haley R. Jeffries
X New Address 2330 Grand Prix Dr. Indpls 46224
Subscribed and sworn to before me this 30 day of November 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Nov. 30, 2001, authorizing the marriage of Joshua Phillip Hendrix and Haley Reana Jeffries.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on November 30, 2001 (date), at Danville in Hendricks County, Indiana, Joshua Phillip Hendrix of Marion County, Indiana (state), and Haley Reana 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 Nov. 30, 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 November 30, 2001 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

398

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 65
Page 718
11-30-01
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 _____
Name of Physician _____

MALE APPLICANT

Name: First Wayne Middle P. Last Scott
Date of Birth: Month 2 Day 27 Year 26
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 3700 Clarks Creek Road City Plfd County Hend. State In. 46168
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1965
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. _____
6. (a) Full name of applicant's father Everett Scott
   (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 Alma Purvis
   (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 Wayne P. Scott Date Nov. 30, 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) Wayne P. Scott I swear/affirm that the information given in this application is true and correct.
X Signed _____
X New Address SAME
Subscribed and sworn to before me this 30 day of November, 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Wilma Middle R. Last Mason
Date of Birth: Month 8 Day 5 Year 22
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 3700 Clarks Creek Road City Plfd County Hend. State In. 46168
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐ Date 1989
Date of Birth Verified By: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Goshorn
   (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 Addie Lillian Phelps
   (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 Wilma Mason Date 11-30 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) Wilma Mason I swear/affirm that the information given in this application is true and correct.
X Signed _____
X New Address same
Subscribed and sworn to before me this 30 day of November, 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Nov. 30, 2001, authorizing the marriage of Wayne Phillip Scott and Wilma Ruth Mason.
I further certify that the following marriage certificate was filed in my office: I, Rev. Karol Popoff (name), certify that on December 12, 2001 (date), at Plainfield in Hendricks County, Indiana, Wayne Phillip Scott of Hendricks County, Indiana (state), and Wilma Ruth Mason of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Nov. 30, 2001. Signed by: Rev. Karol Popoff, Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on December 18, 2001 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

399

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

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

Book 65
Page 719
11-30-01
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 11-22-00
Name of Physician Sparzo

MALE APPLICANT

Name: First Jeffery Middle Scott Last Thomas
Date of Birth: Month 12 Day 07 Year 80
Place of Birth (State or foreign country) Germany
Residence Address: Street or R.R. 1293 Kinross 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) Driver's Licenst

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

FEMALE APPLICANT

Name: First Candace Middle M. Last Fulkrod
Date of Birth: Month 8 Day 10 Year 81
Place of Birth (State or foreign country) Illinois
Residence Address: Street or R.R. 1293 Kinross Dr. City Avon County Hend. State In. 46123
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

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

ACKNOWLEDGEMENT

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

X Signature of Applicant Jeffery S Thomas Date 11-30-01

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.
X Signed Jeffery S Thomas
X New Address SAME AS ABOVE
Subscribed and sworn to before me this 30 day of November, 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 Candace M. Fulkrod Date 11/30/01

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.
X Signed Candace M. Fulkrod
X New Address Same as above
Subscribed and sworn to before me this 30 day of November, 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Nov. 30, 2001, authorizing the marriage of Jeffery Scott Thomas and Candace Marlene Fulkrod.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on November 30, 2001 (date), at Danville in Hendricks County, Indiana, Jeffery Scott Thomas of Hendricks County, Indiana (state), and Candace Marlene Fulkrod of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Nov. 30, 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 December 4, 2001 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

400

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 65
Page 720
11-30-01
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 1-23-02
Name of Physician David Hadley MD

MALE APPLICANT

Name: First Kerry Middle J. Last Moore
Date of Birth: Month 3 Day 7 Year 61
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 3992 S. Co Rd. 550 W. City Coatesville County Hend. State In. 46121
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 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. Mark Andrew Moore
6. (a) Full name of applicant's father Merle James Moore, 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 Billie Lou Skelton
   (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 Kerry J Moore Date 11/30/01

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 Kerry J Moore
New Address SAME AS ABOVE
Subscribed and sworn to before me this 30 day of November, 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Tina Middle M. Last Miller
Date of Birth: Month 5 Day 16 Year 61
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 3992 S. Co Rd. 550 W. City Coatesville County Hend. State In. 46121
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1991
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify)
Prison 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 James Russell Shoemaker
   (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 Edith Marie Overshiner
   (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 Tina Miller Date 11/30/01

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 Tina Miller
New Address same as above
Subscribed and sworn to before me this 30 day of November, 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Nov. 30, 2001, authorizing the marriage of Kerry Justin Moore and Tina Marie Miller.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on January 23, 2002 (date), at Danville in Hendricks County, Indiana, Kerry Justin Moore of Hendricks County, Indiana (state), and Tina Marie 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 Nov. 30, 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 January 23, 2002 (date).

Sharon Dugan
Signed _____ Clerk
Hendricks Circuit Court

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

401

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

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

Book 65
Page 721
11-30-01
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 10-25-01
Name of Physician Dr. Poe, MD

MALE APPLICANT

Name: First Donald Middle Edward Last Zelaya
Date of Birth: Month 3 Day 6 Year 73
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 639 Davis Ct City Indpls County Hend State IN 46234
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) drivers license

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [signature] Date 11-30-01

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
Subscribed and sworn to before me this 30 day of NOV, 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Dorie Middle Lynn Last Adams
Date of Birth: Month 4 Day 28 Year 71
Place of Birth (State or foreign country) Illinois
Residence Address: Street or R.R. 639 Davis Ct. (Hend) City Indpls County State IN 46234
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 3-2001
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. NA
6. (a) Full name of applicant's father Don E Blazejewski
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Illinois
   Birthplace of father (State or foreign country) Illinois
   (b) Full maiden name of applicant's mother Darlene Hitchcock
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Illinois
   Birthplace of mother (State or foreign country) Illinois

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [signature] Date 11-30-01

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
Subscribed and sworn to before me this 30 day of November 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Nov. 30, 2001, authorizing the marriage of Donald Edward Zelaya and Dorie Lynn Adams.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on November 30, 2001 (date), at Danville in Hendricks County, Indiana, Donald Edward Zelaya of Hendricks County, Indiana (state), and Dorie Lynn Adams of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Nov. 30, 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 December 4, 2001 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

402

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 65
Page 722
12-3-01
Date of Application

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

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 12-1-01
Name of Physician Health Facts

MALE APPLICANT

Name: First William Middle C. Last White III
Date of Birth: Month 3 Day 2 Year 57
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 3215 Prairie View Cr. 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 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. Trevor C. White, Alyssa White
6. (a) Full name of applicant's father William Carl White, 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 Carole Jane Wilson
   (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 Jenice Middle Last West
Date of Birth: Month 1 Day 21 Year 68
Place of Birth (State or foreign country) California
Residence Address: Street or R.R. 3215 Prairie View Cr. 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 1987
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify)
Texas 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 Joe Richard West
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Mississippi
   (b) Full maiden name of applicant's mother LoRa Ardella Henderson
   (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 [signature] Date 12-3-01

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 [signature]
✗ New Address SAME AS ABOVE
Subscribed and sworn to before me this 3 day of December, 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of 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 Jenice West Date 12/3/01

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 Jenice West
✗ New Address Same As Above
Subscribed and sworn to before me this 3 day of December, 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Dec. 3, 2001, authorizing the marriage of William Carl White III and Jenice West.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on December 3, 2001 (date), at Danville in Hendricks County, Indiana, William Carl White III of Hendricks County, Indiana (state), and Jenice West of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Dec. 3, 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 December 3 2001 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

403

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

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

Book 65
Page 723
11-30-01
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 11-20-01
Name of Physician Dr. Lisa Budsock

MALE APPLICANT

Name: First James Middle R. Last Burnicle
Date of Birth: Month 1 Day 27 Year 1973
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. PO Box 502 City Pittsboro 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) Drivers License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Burnicle Date 11-30-01

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 James R Burnicle
New Address SAME
Subscribed and sworn to before me this 30 day of November 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Alayne Middle R Last Medjesky
Date of Birth: Month 7 Day 4 Year 77
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. P.O. Box 502 City Pittsboro County Hendricks State Indiana
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date _____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Alayne R Medjesky Date 11-30-01

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 Alayne R Medjesky
New Address same
Subscribed and sworn to before me this 30 day of November, 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Nov. 30, 2001, authorizing the marriage of James Richard Burnicle and Alayne Renee Medjesky.
I further certify that the following marriage certificate was filed in my office: I, Rev. Susan N. Deverall (name), certify that on December 15, 2001 (date), at Lizton in Hendricks County, Indiana, James Richard Burnicle of Hendricks County, Indiana (state), and Alayne Renee Medjesky of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Nov. 30, 2001. Signed by: Rev. Susan N. Deverall, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on December 18, 2001 (date).

Sharon Dugan
Signed _____ Clerk
Hendricks Circuit Court

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

404

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 65
Page 724
12-3-01
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 11-9-01
Name of Physician M S Reisz

MALE APPLICANT

Name: First David Middle M. Last Hornell
Date of Birth: Month 6 Day 3 Year 73
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 6224 Turner Dr. 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 female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Michael Davis Taylor
6. (a) Full name of applicant's father Gerald Allen Hornell
   (If adopted, list adoptive parents only)
   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 Mae Seiger
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name: First Jennifer Middle Lynn Last Fisher
Date of Birth: Month 11 Day 20 Year 73
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 6224 Turner Dr. 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 Barry Joseph Fisher
   (If adopted, list adoptive parents only)
   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 Lynn Davis
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [signature] Date 12/3/01

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 [signature]
New Address 146 Lincoln Hills Coatesville, IN 46121
Subscribed and sworn to before me this 3 day of December, 2001
Sharon Dugan
Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of 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 L. Fisher Date 12/3/01

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 Jennifer L. Fisher
New Address 146 Lincoln Hills Coatesville, IN 46121
Subscribed and sworn to before me this 3 day of December, 2001
Sharon Dugan
Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Dec. 3, 2001, authorizing the marriage of David Mitchell Thornell and Jennifer Lynn Fisher.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on December 3, 2001 (date), at Danville in Hendricks County, Indiana, David Mitchell Thornell of Putnam County, Indiana (state), and Jennifer Lynn Fisher of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Dec. 3, 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 December 4, 2001 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

405

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 65
Page 725
12-3-01
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 11-28-01
Name of Physician John Dugan

MALE APPLICANT	FEMALE APPLICANT
Name: First Robert, Middle S., Last Williams	Name: First Deborah, Middle Ann, Last Wolf
Date of Birth: Month 11, Day 17, Year 75	Date of Birth: Month 4, Day 10, Year 78
Place of Birth (State or foreign country): Indiana	Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 1731 Monterrey, City Evansville, County Vanderburg, State IN 47725	Residence Address: Street or R.R. 48 Stonybrook Dr., City Brownsburg, County Hendricks, State IN 46112
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages	Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date	Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License	Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐	1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐	If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐	2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐	3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐	4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of applicant's father John Charles Williams	6. (a) Full name of applicant's father David Gibson Wolf
(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) Dec'd	Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Judith Ann Schwering	(b) Full maiden name of applicant's mother Darby Ellis
(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) 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 Robert Gordon Williams Date 03 DEC 01

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

Clerk 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 Gordon Williams
✗ New Address 2601 Soldier's Home Rd #6 W. Lafayette IN 47906

Subscribed and sworn to before me this 3 day of December, 2001

Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of 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 Deborah Ann Wolf Date 3 Dec 01

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

Clerk 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 Ann Wolf
✗ New Address 48 Stonybrook Drive Brownsburg IN 46112

Subscribed and sworn to before me this 3 day of December 2001

Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of Hendricks)

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Dec. 3, 2001, authorizing the marriage of Robert Gordon Williams and Deborah Ann Wolf.

I further certify that the following marriage certificate was filed in my office: I, Reverend Norman R. Nellis Jr. (name), certify that on December 29, 2001 (date), at Lafayette in Tippecanoe County, Indiana, Robert Gordon Williams of Vanderburgh County, Indiana (state), and Deborah Ann Wolf of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Dec. 3, 2001. Signed by: Rev. Norman R. Nellis Jr., Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on January 2, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

406

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 65
Page 726
12-4-01
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 11-23-01
Name of Physician Dr. Sparks

MALE APPLICANT

Name: First John Middle D Last Brown Jr.
Date of Birth: Month 3 Day 13 Year 1953
Place of Birth (State or foreign country) Montana 46122
Residence Address: Street or R.R. 195 W. Marion City Danville County Hend State IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 1980
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Driver's License

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

X Signature of Applicant John D. Brown Jr. Date 12-4-01

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 John D Brown Jr
New Address 10553 Howard St., Dexter MO 63841
Subscribed and sworn to before me this 4 day of December 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Misty Middle M. Last Copeland
Date of Birth: Month 1 Day 31 Year 1974
Place of Birth (State or foreign country) Texas 46122
Residence Address: Street or R.R. 195 W Marion 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 4-27-95
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Driver's License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding 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 Misty M Copeland Date 12-4-01

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 Misty M Copeland
New Address 10553 Howard St., Dexter MO 63841
Subscribed and sworn to before me this 4 day of December 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Dec. 4, 2001, authorizing the marriage of John Dee Brown Jr. and Misty Michelle Copeland.
I further certify that the following marriage certificate was filed in my office: I, Jonathan Lilly (name), certify that on December 15, 2001 (date), at Avon in Hendricks County, Indiana, John Dee Brown Jr. of Stoddard County, Missouri (state), and Misty Michelle Copeland of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Dec. 4, 2001. Signed by: Jonathan Lilly, Pastor (official designation) Filed and recorded in accordance with the laws of the State of Indiana on December 18, 2001 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

407

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 65
Page 727

Date of Application

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

Female Applicant > 50 No ☑ Yes ☐
If No, Medical Examination or Report Dated 11-30-01
Name of Physician Mary Jean Volwiler

MALE APPLICANT

Name: First Takao Middle Last Uno
Date of Birth: Month 04 Day 05 Year 73
Place of Birth (State or foreign country) Japan
Residence Address: Street or R.R. 1128 Pinewood 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 & 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. Ø
6. (a) Full name of applicant's father Yutaka Uno
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Japan
   Birthplace of father (State or foreign country) Japan
   (b) Full maiden name of applicant's mother Yuriko Miura
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Japan
   Birthplace of mother (State or foreign country) Japan

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 12/3/01

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 [signature]
New Address 1128 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 Yukiko Middle Last Sato
Date of Birth: Month 12 Day 28 Year 73
Place of Birth (State or foreign country) Japan
Residence Address: Street or R.R. Hokkaido City Japan County State
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Passport

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Yukiko Sato Date 12.3.01

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 Yukiko Sato
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 Dec. 3, 2001, authorizing the marriage of Takao Uno and Yukiko Sato.
I further certify that the following marriage certificate was filed in my office: I, Lee Reese (name), certify that on December 8, 2001 (date), at Indianapolis in Marion County, Indiana, Takao Uno of Hendricks County, Indiana (state), and Yukiko Sato of Japan County, Japan (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Dec. 3, 2001. Signed by: Lee Reese, Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on December 18, 2001 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

408

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 65
Page 728
12-4-01
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 11-29-01
Name of Physician Karen Johns MD.

MALE APPLICANT

Name: First Wayne Middle A. Last Smith
Date of Birth: Month 7 Day 19 Year 57
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 7916 Cedar 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 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 Meredith C. Smith
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Janet M. McCord
   (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 Deborah Middle K Last Pemberton
Date of Birth: Month 12 Day 26 Year 60
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 7916 Cedar 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 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. Rebecca Lynn Pemberton
6. (a) Full name of applicant's father Franklin D. Mills
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Kentucky
   (b) Full maiden name of applicant's mother Judith A. Hubbard
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Alan Smith Date 12/6/01

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 Wayne Alan Smith
✗ New Address SAME
Subscribed and sworn to before me this 6 day of December, 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of 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 Deborah K. Pemberton Date 12-6-01

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 Deborah K. Pemberton
✗ New Address same as above
Subscribed and sworn to before me this 6 day of December, 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Dec. 6, 2001, authorizing the marriage of Wayne Alan Smith and Deborah Kay Pemberton.
I further certify that the following marriage certificate was filed in my office: I, Michael B. Ross (name), certify that on January 12, 2002 (date), at Avon in Hendricks County, Indiana, Wayne Alan Smith of Hendricks County, Indiana (state), and Deborah Kay Pemberton of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Dec. 6, 2001. Signed by: Michael B. Ross, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on January 16, 2002 (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 65
Page 729
12-6-01
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 12-5-01
Name of Physician C R Kelly

MALE APPLICANT	FEMALE APPLICANT
Name: First Robert Middle M. Last Holder	Name: First Jennifer Middle A. Last Viles
Date of Birth: Month 4 Day 20 Year 77	Date of Birth: Month 11 Day 10 Year 77
Place of Birth (State or foreign country): Indiana	Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 1116 W. Lincoln St. City Danville County Hend. State In. 46122	Residence Address: Street or R.R. 3651 Pinecrest Rd. City Indpls. County Marion State In. 46234
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 1999	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. Austin Zachary Holder	5. List the full names of any dependent children. Noah Eugene Viles
6. (a) Full name of applicant's father James Dale Holder	6. (a) Full name of applicant's father Ronald Eugene Viles
(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 Debra Gail Means	(b) Full maiden name of applicant's mother Brenda Carolyn Spaid
(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) Minn	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 Robert Holder Date 12-6-01

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 Robert Holder
X New Address 7478 N. Co. Rd. 725E Brownsburg

Subscribed and sworn to before me this 6th day of December 2001

Sharon Dugan
Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of 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 Jennifer Viles Date 12-6-01

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 Jennifer Viles
X New Address 7498 N. Co. Rd. 725E Brownsburg

Subscribed and sworn to before me this 6th day of December 2001

Sharon Dugan
Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of Hendricks)

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____

_____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Dec. 6, 2001, authorizing the marriage of Robert Mark Holder and Jennifer Ann Viles.

I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on December 7, 2001 (date), at Danville in Hendricks County, Indiana, Robert Mark Holder of Hendricks County, Indiana (state), and Jennifer Ann Viles 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 Dec. 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 December 7, 2001 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

410

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 65
Page 730
12-6-01
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 9-27-01
Name of Physician Dwight D. Stumpf M.D.

MALE APPLICANT

Name: First Kevin Middle C. Last Bray
Date of Birth: Month 1 Day 5 Year 75
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 3615 Prairie View Circle Apt A 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 Christopher Charles Bray
   (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 Lena Odell Staggs
   (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 Kevin C. Bray Date 12-6-01

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 Kevin C. Bray
✗ New Address SAME AS ABOVE
Subscribed and sworn to before me this 6 day of December, 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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 S. Last Swank
Date of Birth: Month 1 Day 19 Year 75
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 2928 E. County Rd. 100N. 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 male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 P. Swank
   (If adopted, list adoptive parents only)
   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 M. Richardson
   (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 Melinda S. Swank Date 12/6/01

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 Melinda S. Swank
✗ New Address 3615 Prairie View Circle Apt A Danville, In 46122
Subscribed and sworn to before me this 6 day of December, 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Dec. 6, 2001, authorizing the marriage of Kevin Charles Bray and Melinda Sue Swank.
I further certify that the following marriage certificate was filed in my office: I, Dan Bidle (name), certify that on January 5, 2002 (date), at Brownsburg in Hendricks County, Indiana, Kevin Charles Bray of Hendricks County, Indiana (state), and Melinda Sue Swank of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Dec. 6, 2001. Signed by: Dan Bidle, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on January 9, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

411

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 65
Page 731
12-6-01
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 11-30-01
Name of Physician Donald L. Leedy M.D.

MALE APPLICANT

Name: First Jeffery Middle D. Last Scott
Date of Birth: Month 3 Day 24 Year 80
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 729 Chapel Hill 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) Drivers License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
✗ Signature of Applicant Jeffery D Scott Date 12/6/01

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 Jeffery D Scott
✗ New Address 3293 E CoRd 225N Danville IN 46122
Subscribed and sworn to before me this 6 day of December 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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 M. Last Grubb
Date of Birth: Month 12 Day 30 Year 79
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 3293 E. CoRd 225 N City Danville County Hendricks State In. 4622
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Dewey Grubb
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Dorothy L. Dunn
   (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 Kimberly M Grubb Date 12-6-01

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 Kimberly M Grubb
✗ New Address Same as above
Subscribed and sworn to before me this 6 day of December 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Dec. 6, 2001, authorizing the marriage of Jeffery David Scott and Kimberly Mae Grubb.
I further certify that the following marriage certificate was filed in my office: I, Kenneth L. Franklin (name), certify that on December 29, 2001 (date), at Plainfield in Hendricks County, Indiana, Jeffery David Scott of Marion County, Indiana (state), and Kimberly Mae Grubb of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Dec. 6, 2001. Signed by: Kenneth L. Franklin, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on February 12, 2002 (date).

Sharon Dugan
Signed _____ Clerk
Hendricks Circuit Court

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

412

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 65
Page 732
12/8/01
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 7-12-01
Name of Physician Kristine Bolz

FEMALE ~~MALE~~ APPLICANT

Name: First ALLYSON Middle PAIGE Last TAYLOR
Date of Birth: Month 05 Day 20 Year 83
Place of Birth (State or foreign country): IN
Residence Address: Street or R.R. 920 W CULLOM AVE, GARDEN APT City CHICAGO County COOK State ILL
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) DRIVERS LICENSE

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father RICHARD E. TAYLOR
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) IN
   Birthplace of father (State or foreign country) OHIO
   (b) Full maiden name of applicant's mother ELLEN STEED
   (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 Allyson P Taylor Date 12-8-01

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 Allyson P Taylor
New Address 1208 N. WASHINGTON ST, DANVILLE
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

MALE ~~FEMALE~~ APPLICANT

Name: First MICHAEL Middle D Last NEELY
Date of Birth: Month 06 Day 21 Year 81
Place of Birth (State or foreign country): INDIANA
Residence Address: Street or R.R. 1208 N WASHINGTON 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) DRIVERS LICENSE

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 David Neely Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 David Neely
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 Dec. 8, 2001, authorizing the marriage of Michael David Neely and Allyson Paige Taylor.
I further certify that the following marriage certificate was filed in my office: I, Dr. Billy Strother (name), certify that on December 22, 2001 (date), at Danville in Hendricks County, Indiana, Michael David Neely of Hendricks County, Indiana (state), and Allyson Paige Taylor 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 Dec. 8, 2001. Signed by: Dr. Billy Strother, Preacher (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on December 28, 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 65
Page 733
12-10-01
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 12-10-01
Name of Physician Thomas D. Jones

MALE APPLICANT

Name: First William Middle R. Last Shrewsbury
Date of Birth: Month 7 Day 29 Year 75
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 2010 Crossplaza Blvd 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) Drivers License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 12-10-01

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 [illegible] Carte
Subscribed and sworn to before me this 20th day of December, 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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 J. Last Whitaker
Date of Birth: Month 3 Day 5 Year 65
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 2010 Crossplaza Blvd 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) Drivers License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Karen J. Whitaker Date 12-10-01

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 Karen J. Whitaker
New Address Same
Subscribed and sworn to before me this 10 day of December 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Dec. 10, 2001, authorizing the marriage of William Robert Shrewsbury and Karen Jean Whitaker.
I further certify that the following marriage certificate was filed in my office: I, Rev. Charles W. Beard (name), certify that on December 22, 2001 (date), at Avon in Hendricks County, Indiana, William Robert Shrewsbury of Hendricks County, Indiana (state), and Karen Jean 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 Dec. 10, 2001. Signed by: Rev. Charles W. Beard, Ordained Elder (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on December 26, 2001 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

414

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 65
Page 734
12-10-01
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 1-19-01
Name of Physician Dr. Hatcher

MALE APPLICANT

Name First: Bruce Middle: N. Last: Quinn
Date of Birth Month: 11 Day: 6 Year: 1955
Place of Birth (State or foreign country): Indiana
Residence Address: 39 Northridge 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 Gerald Quinn
   (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 Helen Sparks
   (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 Bruce Quinn Date 12,10,01

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 Bruce Quinn
New Address Same as Above
Subscribed and sworn to before me this 10 day of December 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name First: Mitzi Middle: J. Last: Graham
Date of Birth Month: 3 Day: 23 Year: 1969
Place of Birth (State or foreign country): Indiana
Residence Address: 1217 Lafayette City: Columbus County: Bartholomew State: IN 47201
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) Driver's License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding 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 Mitzi Graham Date 12/10/01

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 Mitzi Graham
New Address 39 Northridge Ct. Brownsburg, IN 46112
Subscribed and sworn to before me this 10 day of December 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of Hendricks)
Father ____ ID # ____
Mother ____ ID # ____
Subscribed and sworn to before me this ____ day of ____
____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ____ County ____ Court, by written order issued ____ and filed in ____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Dec. 10, 2001, authorizing the marriage of Bruce Norman Quinn and Mitzi Jane Graham.
I further certify that the following marriage certificate was filed in my office: I, James H. Fienek (name), certify that on January 4, 2002 (date), at Brownsburg in Hendricks County, Indiana, Bruce Norman Quinn of Hendricks County, Indiana, (state), and Mitzi Jane Graham of Bartholomew County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Dec. 10, 2001. Signed by: James H. Fienek, Judge Pro Tempore (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on January 9, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

415

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 45
Page 735
12-11-01
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 12-11-01
Name of Physician K. Cohenour MD

MALE APPLICANT

Name: First John Middle J. Last Gehbauer
Date of Birth: Month 4 Day 25 Year 62
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 3705 Prairie View Cir Apt F City Danville County Hend State 46122
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 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. John Lawrence Gehbauer, Kimberly Ann Gehbauer
6. (a) Full name of applicant's father Laurence Franklin Gehbauer
   (If adopted, list adoptive parents only)
   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 Jeanne Miller
   (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 Tammy Middle J. Last Robinson
Date of Birth: Month 7 Day 16 Year 69
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1125 Sheffield Park City Avon County Hend State 46123
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 3
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1999
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Nathaniel Daniel Gaylenes, Amanda Jo Faulkner, Benson Lee Douglas
6. (a) Full name of applicant's father James Dillard Hurst
   (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 Nancy Jo Gabriel
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
X Signature of Applicant [signature] Date 12/11/01

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 Same As Above
Subscribed and sworn to before me this 11 day of December 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 Tammy J. Robinson Date 12-11-01

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 Tammy J. Robinson
X New Address 3705 Prairie View Circle Apt F Danville
Subscribed and sworn to before me this 11 day of December 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Dec. 11, 2001, authorizing the marriage of John Franklin Gehbauer and Tammy Jo Robinson.
I further certify that the following marriage certificate was filed in my office: I, Roger L. Stroup (name), certify that on December 29, 2001 (date), at Danville in Hendricks County, Indiana, John Franklin Gehbauer of Hendricks County, Indiana (state), and Tammy Jo Robinson of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Dec. 11, 2001. Signed by: Roger L. Stroup, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on January 2, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

416

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 65
Page 736
12-13-01
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 12-7-01
Name of Physician David Hadley MD

MALE APPLICANT

Name: First Philip Middle J. Last Herbertz
Date of Birth: Month 2 Day 24 Year 59
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 720 Irwin Circle 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) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Mellori L. Herbertz
6. (a) Full name of applicant's father Victor J. Herbertz
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Elizabeth A. Sadley
   (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 Philip J Herbertz Date 12-13-01

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.
X Signed Philip J Herbertz
X New Address SAME
Subscribed and sworn to before me this 13 day of December, 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

FEMALE APPLICANT

Name: First Katherine Middle L Last Parker
Date of Birth: Month 11 Day 2 Year 52
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 720 Irwin Circle 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) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. _____
6. (a) Full name of applicant's father Graham L. Meier
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Wilma L. Sims
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding 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 Katherine L. Parker Date 12/13/01

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.
X Signed Katherine L. Parker
X New Address Same
Subscribed and sworn to before me this 13 day of December, 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Dec. 13, 2001, authorizing the marriage of Philip John Herbertz and Katherine Louise Parker.
I further certify that the following marriage certificate was filed in my office: I, J. Franklin Dennis (name), certify that on December 15, 2001 (date), at New Albany in Floyd County, Indiana, Philip John Herbertz of Hendricks County, Indiana (state), and Katherine Louise Parker of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Dec. 13, 2001. Signed by: J. Franklin Dennis, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on December 28, 2001 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

417

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 45
Page 737
12-13-01
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 12-11-01
Name of Physician Health Traces

MALE APPLICANT

Name: First James, Middle S., Last Mc Canns
Date of Birth: Month 12, Day 4, Year 40
Place of Birth (State or foreign country): Ohio
Residence Address: Street or R.R. 1434 Temple Drive, 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 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.
6. (a) Full name of applicant's father Harry S. Mc Canns
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Pa
   (b) Full maiden name of applicant's mother Helen Kelly
   (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).
X Signature of Applicant [signature] Date 12/13/01

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.
X Signed [signature]
X New Address Same
Subscribed and sworn to before me this 13 day of December, 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

FEMALE APPLICANT

Name: First Yawen, Middle _____, Last Yuan
Date of Birth: Month 2, Day 6, Year 54
Place of Birth (State or foreign country): China
Residence Address: Street or R.R. 1434 Temple Drive, City Danville, County Hen., State IN 46122
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) 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. Yi Lai Yuan
6. (a) Full name of applicant's father Da Zheng Yuan
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) China
   (b) Full maiden name of applicant's mother _____
   (If adopted, list adoptive parents only) Qiu Feng Tang
   Residence of mother (if deceased, so state) Sheng Hai
   Birthplace of mother (State or foreign country) China

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
X Signature of Applicant Yawen Yuan Date 12-13-01

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.
X Signed Yawen Yuan
X New Address Same
Subscribed and sworn to before me this 13 day of December, 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Dec. 13, 2001, authorizing the marriage of James I. McCanns and Yawen Yuan.
I further certify that the following marriage certificate was filed in my office: I, J. Franklin Dennis (name), certify that on December 17, 2001 (date), at New Albany in Floyd County, Indiana, James I. McCanns of Hendricks County, Indiana (state), and Yawen Yuan of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Dec. 13, 2001. Signed by: J. Franklin Dennis, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on February 7, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

418

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 65
Page 738
12-14-01
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 12-5-01
Name of Physician Brownsburg Family Medical Center

MALE APPLICANT

Name: First Cesar; Middle; Last Garcia

Date of Birth: Month 2; Day 25; Year 76

Place of Birth (State or foreign country) Mexico

Residence Address: Street or R.R. 298 W. Whitcomb Ave; City Indpls; County Marion; State IN 46224

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify)

U.S. ID Card

Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
Are you now under the influence of a narcotic drug? No ☒ Yes ☐
List the full names of any dependent children.

6. (a) Full name of applicant's father Ezequiel Garcia
(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 Mercedes Perez
(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).

X Signature of Applicant Cesar Garcia Date 12-14-01

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.
X Signed Cesar Garcia
X New Address 298 W. Whitcomb Indpls IN 46224
Subscribed and sworn to before me this 14 day of December 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

FEMALE APPLICANT

Name: First Rachael; Middle A.; Last Pierson

Date of Birth: Month 5; Day 10; Year 78

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 4405 Wilshire Dr.; City Brownsburg; County Hendricks; State IN 46112

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify)

Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Sierra Opal Pierson, Sheryl Robert Kidd

6. (a) Full name of applicant's father
(If adopted, list adoptive parents only) Donald L Pierson
Residence of father (if deceased, so state) Florida
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Debra A. Dye
(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 Rachael A Pierson Date 12-14-01

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.
X Signed Rachael A Pierson
X New Address 298 W. Whitcomb Indpls IN 46224
Subscribed and sworn to before me this 14 day of December 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Dec. 14, 2001, authorizing the marriage of Cesar Garcia and Rachael Anna Pierson.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on December 14, 2001 (date), at Danville in Hendricks County, Indiana, Cesar Garcia of Marion County, Indiana (state), and Rachael Anna Pierson of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Dec. 14, 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 December 18, 2001 (date).

Sharon Dugan
Signed _____ Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

418

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 65
Page 738
12-14-01
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 12-5-01
Name of Physician Brownsburg Family Medical Center

MALE APPLICANT

Name: First Cesar Middle Last Garcia
Date of Birth: Month 2 Day 25 Year 76
Place of Birth (State or foreign country) Mexico
Residence Address: Street or R.R. 298 N. Whitcomb Ave City Indpls County Marion State In. 46224
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last ... ☐ Divorce ☐ Annulment ☐ Date ____
Dat...

1. ...
2. ...
3. ...
4. ...
5. ...

...seases that ...(acquired ...
...-14-01

...to the above ...

...ormation given ...ue and correct.
...rv. 46224 ...ber, 2001
...cks Circuit Court

...y one parent signs, ...

...
...
...
... Clerk

FEMALE APPLICANT

Name: First Rachael Middle A. Last Pierson
Date of Birth: Month 5 Day 10 Year 78
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 4405 Wilshire 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. Sierra Opal Pierson, Sheryl Robert Kidd
6. (a) Full name of applicant's father ____
   (If adopted, list adoptive parents only) Donald L Pierson
   Residence of father (if deceased, so state) Florida
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Debra A. Dye
   (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 Rachael A Pierson Date 12-14-01

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.
X Signed Rachael A Pierson
X New Address 298 N. Whitcomb Indpls In 46224
Subscribed and sworn to before me this 14 day of December, 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____

State of Indiana)
County of Hendricks)
Father ____ ID # ____
Mother ____ ID # ____
Subscribed and sworn to before me this ____ day of ____ Clerk

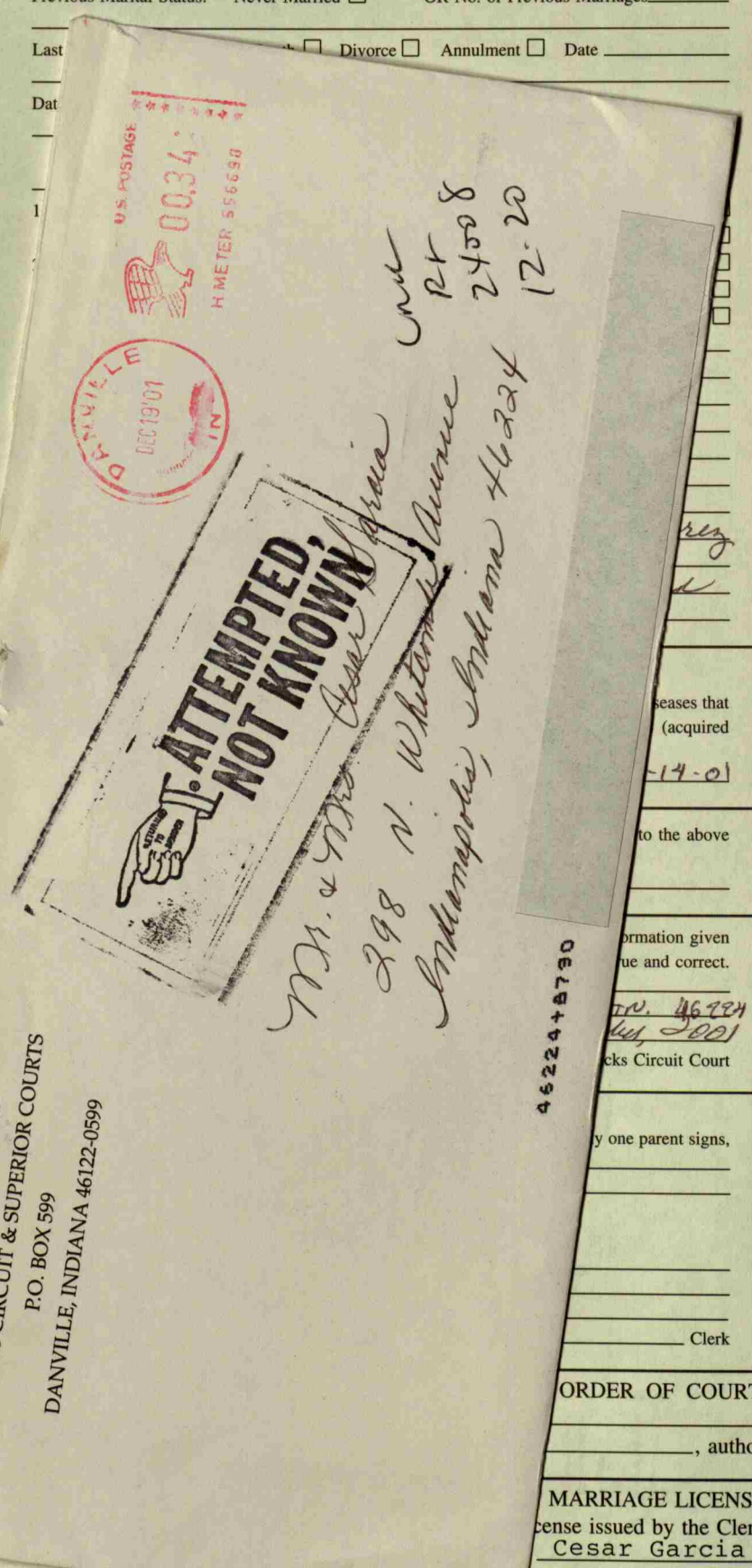
ORDER OF COURT. A marriage license having been refused to the above named parties, the ____ Court, by written order issued ____, authorizes and directs the issuance of a marriage license to the above named parties.

MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

...cense issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Dec. 14, ... Cesar Garcia and Rachael Anna Pierson.
I further certify ... was filed in my office: I, Janet S. Smith (name), certify that on December ... (date), at Danville in Hendricks County, Indiana, Cesar Garcia of Marion County, Indiana (state), and Rachael Anna Pierson of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Dec. 14, 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 December 18, 2001 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477



Clerk's Office, P.O. Box 599, Danville, Indiana 46122. An envelope was provided to the Bride and Groom at the time of application.

The Bride and Groom must sign the Record of Marriage.

The Place and Date of Marriage must be completed.

A Certified Copy of the Marriage License will be mailed to the Bride and Groom as soon as the Marriage License and Record of Marriage has been received from you.

If you have any questions or comments, you may contact us at (317) 745-9388.

_____ County,

_____ County,

by me united in marriage as authorized by a marriage

urt of HENDRICKS County,

, in the year _____.

gned _____

nation _____

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 65

Page 739

12-14-01

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 ☐ 12-14-01

If No, Medical Examination or Report Dated

Name of Physician Warren Macy

MALE APPLICANT

Name: First Michael Middle Douglas Last Baker Jr.

Date of Birth: Month January Day 26 Year 1977

Place of Birth (State or foreign country): Indiana

Residence Address: Street or R.R. 82 South St. City County State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of Birth Verified By: ☐ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state)
   Birthplace of father (State or foreign country)
   (b) Full maiden name of applicant's mother
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state)
   Birthplace of mother (State or foreign country)

FEMALE APPLICANT

Name: First ~~Lisa~~ Ann Middle Last Sanders

Date of Birth: Month August Day 25 Year 1970

Place of Birth (State or foreign country): Indiana

Residence Address: Street or R.R. 236 W. CR 300 S City Greencastle County Hn. State Ind

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 4

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 12/01

Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Indiana Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
5. List the full names of any dependent children. Michael Paul Busch Joseph Alan Selke, Marisa Lynn Hurst, Cheyenne Marie Hurst
6. (a) Full name of applicant's father Larry Gene Folck
   (If adopted, list adoptive parents only)
   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 Marie Reed
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of Hendricks)

Father ID #

Mother ID #

Subscribed and sworn to before me this day of

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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

420

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 65
Page 740
12-14-01
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 12-10-01
Name of Physician Bokney

MALE APPLICANT

Name: First John Middle R. Last Rogers
Date of Birth: Month 6 Day 17 Year 47
Place of Birth (State or foreign country) Tennessee
Residence Address: Street or R.R. 7417 A Chapel Villas Dr City Indpls County Marion State IN 46214
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 Randolph Rogers Sr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Tennessee
   Birthplace of father (State or foreign country) Tennessee
   (b) Full maiden name of applicant's mother Mary E. Frost
   (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).
X Signature of Applicant John R Rogers Jr Date 12/14/01

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.
X Signed John R Rogers Jr
X New Address 7417 A Chapel Villas Dr, Indianapolis, IN
Subscribed and sworn to before me this 14 day of December 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

FEMALE APPLICANT

Name: First Marlena Middle J. Last Tucker
Date of Birth: Month 11 Day 10 Year 52
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 268 Fairmount Ct #E 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 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 Marvin J. 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 Annabelle Lee
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
X Signature of Applicant Marlena J. Tucker Date 12-14-01

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.
X Signed Marlena J. Tucker
X New Address 7417 A Chapel Villas Dr Indpls, In 46214
Subscribed and sworn to before me this 14 day of December 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Dec. 14, 2001, authorizing the marriage of John Randolph Rogers, Jr. and Marlena Joyce Tucker.
I further certify that the following marriage certificate was filed in my office: I, Dr. Charles W. Sullivan (name), certify that on December 31, 2001 (date), at Martinsville in Morgan County, Indiana, John Randolph Rogers Jr. of Marion County, Indiana (state), and Marlena Joyce Tucker of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Dec. 14, 2001. Signed by: Dr. Charles W. Sullivan, Executive Director, SCBI (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on January 3, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

421

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 65
Page 741
12-14-01
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 12-13-01
Name of Physician J. Scott Reis

MALE APPLICANT

Name: First Jay Middle C. Last Stroup

Date of Birth: Month 10 Day 3 Year 75

Place of Birth (State or foreign country) Florida

Residence Address: Street or R.R. 3013 Biddle St. City Cartersburg County Hend. State 46168

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____

Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Cameron Jay Stroup
6. (a) Full name of applicant's father Gary Richard Stroup
   (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 Betty Ruth Sheets
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 12-14-01

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 [signature]
✗ New Address 3013 BIDDLE ST.

Subscribed and sworn to before me this 14 day of Dec., 2001

Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____

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 CJ Last Stone

Date of Birth: Month 5 Day 13 Year 79

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 3013 Biddle St. City Cartersburg County Hend. Co. State 46168

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____

Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Indiana 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. Cameron Jay Stroup
6. (a) Full name of applicant's father Arthur Stone
   (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 Dorothy Mitchell
   (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 Amanda Stone Date 12-14-01

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 Amanda Stone
✗ New Address same.

Subscribed and sworn to before me this 14 day of Dec., 2001

Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____

State of Indiana)
County of Hendricks)

Father ____ ID # ____
Mother ____ ID # ____

Subscribed and sworn to before me this ____ day of ____

____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ____ County ____ Court, by written order issued ____ and filed in ____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Dec. 14, 2001, authorizing the marriage of Jay Clayton Stroup and Amanda Elizabeth Jo Stone.

I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on December 14, 2001 (date), at Danville in Hendricks County, Indiana, Jay Clayton Stroup of Hendricks County, Indiana (state), and Amanda Elizabeth Jo Stone of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Dec. 14, 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 December 18, 2001 (date).

Sharon Dugan

Signed ____ Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

422

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 65
Page 742
12-17-01
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 11-30-01
Name of Physician I-U Medical Group

MALE APPLICANT

Name: First Adolfo Middle Angeles Last Morales
Date of Birth: Month 10 Day 3 Year 71
Place of Birth (State or foreign country) Mexico
Residence Address: Street or R.R. 2426 E. Main St City Plfd County Hend. St. 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)

Maria Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. ____

6. (a) Full name of applicant's father Martin Angeles Chavez
   (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 Leonila Morales Gutierrez
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Mexico

FEMALE APPLICANT

Name: First Carolyn Middle Faye Last Baker
Date of Birth: Month 9 Day 30 Year 76
Place of Birth (State or foreign country) Kentucky
Residence Address: Street or R.R. 2426 E. Main St City Plfd County Hend. St 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. Carmen Zuniga

6. (a) Full name of applicant's father Jerry Baker
   (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 Anna Elizabeth Spurlock
   (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 Adolfo Angeles Morales Date 12-17-01

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 Adolfo Angeles Morales
X New Address Same
Subscribed and sworn to before me this 17 day of December, 2001
Sharon Dugan
Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of 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 Carolyn Baker Date 12-17-01

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 Carolyn Baker
X New Address Same
Subscribed and sworn to before me this 17 day of December, 2001
Sharon Dugan
Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____

State of Indiana)
County of Hendricks)
Father ____ ID # ____
Mother ____ ID # ____
Subscribed and sworn to before me this ____ day of ____
____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ____ County ____ Court, by written order issued ____ and filed in ____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Dec. 17, 2001, authorizing the marriage of Adolfo Angeles Morales and Carolyn F. Baker.
I further certify that the following marriage certificate was filed in my office: I, Charles E. Linton (name), certify that on February 14, 2002 (date), at Indianapolis in Marion County, Indiana, Adolfo Angeles Morales of Hendricks County, Indiana (state), and Carolyn F. Baker of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Dec. 17, 2001. Signed by: Charles E. Linton, Elder (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on February 20, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

423

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 65
Page 743
12-17-01
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 12-5-01
Name of Physician Ronald Stigmiller M.D.

MALE APPLICANT

Name: First William Middle Joseph Last Pearcy Jr.
Date of Birth: Month 08 Day 13 Year 57
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 7341 N Co Rd 300 W City Liztor County Hendricks State IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Joseph Pearcy III, Allyson Suzanne Pearcy
6. (a) Full name of applicant's father William Joseph Pearcy, 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 Vivian Mae Moore
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Deceased.

FEMALE APPLICANT

Name: First Cynthia Middle S. Last Johns
Date of Birth: Month 4 Day 5 Year 61
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1561 W. Co. Rd 800 N 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) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
5. List the full names of any dependent children. Tabatha Johns, Kimberly Johns
6. (a) Full name of applicant's father Melvin Jeffers
   (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 LaSondra 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 [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
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 Cynthia S. Johns Date 12-17-01

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 Cynthia S. Johns
New Address 7341 N Co 300W Liztor, Ind 46149
Subscribed and sworn to before me this 17 day of December 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Dec. 17, 2001, authorizing the marriage of William Joseph Pearcy, Jr. and Cynthia Sue Johns.
I further certify that the following marriage certificate was filed in my office: I, Arthur L. Thomas (name), certify that on January 4, 2002 (date), at Clayton in Hendricks County, Indiana, William Joseph Pearcy Jr. of Hendricks County, Indiana (state), and Cynthia Sue Johns of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Dec. 17, 2001. Signed by: Arthur L. Thomas, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on January 9, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

425

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 65
Page 745
12-18-01
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 12-17-01
Name of Physician Gregory T Stolyhwo M.D.

MALE APPLICANT

Name: First Warren Middle J. Last Sherman
Date of Birth: Month 4 Day 28 Year 80
Place of Birth (State or foreign country) Kansas
Residence Address: Street or R.R. 2394 W. Co. Rd 200 N City Danville County Hendricks State IN 46122
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. ____
6. (a) Full name of applicant's father Warren Jesse Sherman
   (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 Dellena Kay Brock
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Kansas

FEMALE APPLICANT

Name: First Kymberly Middle Jo Last Schlangen
Date of Birth: Month 10 Day 10 Year 80
Place of Birth (State or foreign country) Iowa
Residence Address: Street or R.R. 4520 N. Benton Ct. City Bloomington County Monroe State IN 47408
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Schlangen
   (If adopted, list adoptive parents only) ____
   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 L. Tooley
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding 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 W. Jeremy Sherman Date 12-18-01

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 W. Jeremy Sherman
X New Address 4520 N. Benton Ct. Bloomington IN 47408
Subscribed and sworn to before me this 18 day of December, 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of 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 Kymberly Jo Schlangen Date 12-18-01

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 Kymberly Jo Schlangen
X New Address 4520 N. Benton Ct., Bloomington, IN. 47408
Subscribed and sworn to before me this 18 day of December, 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____

State of Indiana)
County of Hendricks)
Father ____ ID # ____
Mother ____ ID # ____
Subscribed and sworn to before me this ____ day of ____
____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ____ County ____ Court, by written order issued ____ and filed in ____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Dec. 18, 2001, authorizing the marriage of Warren Jeremy Sherman and Kymberly Jo Schlangen.
I further certify that the following marriage certificate was filed in my office: I, Rev. Kenneth D. Wells (name), certify that on January 4, 2002 (date), at Avon in Hendricks County, Indiana, Warren Jeremy Sherman of Hendricks County, Indiana (state), and Kymberly Jo Schlangen of Monroe County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Dec. 18, 2001. Signed by: Rev. Kenneth D. Wells, Elder (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on January 8, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

426

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 65
Page 746
12-18-01
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 Joseph Middle Glenn Last Jackson
Date of Birth: Month 11 Day 4 Year 46
Place of Birth (State or foreign country) Missouri
Residence Address: Street or R.R. 8446 Campbell Ct. City Mooresville County Hend. State IN 46158
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 5-2001
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. NA
6. (a) Full name of applicant's father Ralph Emil Jackson
   (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 Hermina Teresa Rueth
   (If adopted, list adoptive parents only) _____
   Residence of mother (if deceased, so state) Arizona
   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 ✍ Joseph Glenn Jackson Date 12-18-01

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 ✍ Joseph Glenn Jackson
New Address 8446 Campbell Ct Mooresville IN 46158
Subscribed and sworn to before me this 18 day of December 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

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 Scallions Last Robinson
Date of Birth: Month 4 Day 18 Year 48
Place of Birth (State or foreign country) Tennessee
Residence Address: Street or R.R. 8446 Campbell Ct City Mooresville County Hend State IN 46158
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐ Date 1997
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) FL drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Lindsey Anne Robinson
6. (a) Full name of applicant's father Buford Odell Scallions
   (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 Neva Mae Johnson
   (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 ✍ Linda Robinson Date 12/18/01

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 ✍ Linda S Robinson
New Address Same
Subscribed and sworn to before me this 18 day of DEC. 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Dec. 18, 2001, authorizing the marriage of Joseph Glenn Jackson and Linda Scallions Robinson.
I further certify that the following marriage certificate was filed in my office: I, Rev. Timothy B. Leach (name), certify that on December 24, 2001 (date), at Mooresville in Hendricks County, Indiana, Joseph Glenn Jackson of Hendricks County, Indiana (state), and Linda Scallions Robinson of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Dec. 18, 2001. Signed by: Rev. Timothy B. Leach, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on December 28, 2001 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

427

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 65
Page 747
12-19-01
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 12-20-01
Name of Physician L. Kindesman

MALE APPLICANT

Name: First Richard Middle Dwane Last Lyons
Date of Birth: Month 8 Day 1 Year 64
Place of Birth (State or foreign country) California
Residence Address: Street or R.R. 9772 S. St Rd 39 City Mooresville County Hendricks State 46158
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Cassandra Lynn Lyons Michaela Ann Lyons Trystan Taylor Lyons Payton Nicole Lyons
6. (a) Full name of applicant's father Truman Lyons
   (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 Patricia Ann Milker
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Texas
   Birthplace of mother (State or foreign country) Minnesota

FEMALE APPLICANT

Name: First Shannon Middle Marie Last Spurling
Date of Birth: Month 10 Day 30 Year 70
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 9772 S. St. Rd 39 City Mooresville County Hend. State IN 7705
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1994
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Issue Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Spurling
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Linda Sue Edwards
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding 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 D Lyons Date 12-19-01

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 Richard D Lyons
New Address SAME AS ABOVE
Subscribed and sworn to before me this 19 day of December 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 Shannon M Spurling Date 12-20-01

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 Shannon M Spurling
X New Address Same As Above
Subscribed and sworn to before me this 20 day of December 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Dec. 20, 2001, authorizing the marriage of Richard Dwane Lyons and Shannon Marie Spurling.
I further certify that the following marriage certificate was filed in my office: I, John P. Roof (name), certify that on December 29, 2001 (date), at Mooresville in Hendricks County, Indiana, Richard Dwane Lyons of Hendricks County, Indiana (state), and Shannon Marie Spurling of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Dec. 20, 2001. Signed by: John P. Roof, Priest (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on January 2, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

428

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 65
Page 748
12-20-01
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 8-3-95
Name of Physician Dr. Driggs

MALE APPLICANT

Name: First John Middle Oliver Last Norris
Date of Birth: Month 08 Day 08 Year 82
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 547 S. Harris Cove City Indpls County Marion State IN
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) 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 Ricky Joe Norris
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Patricia Lee Elam
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Oliver Norris Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Oliver Norris
New Address 2315 E. Main St Apt 3, Plfd 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 Crystal Middle Dawn Last Walker
Date of Birth: Month 08 Day 15 Year 83
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 2315 E. Main St. Apt 3 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. N/A
6. (a) Full name of applicant's father Christopher Michael Walker
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Melinda Marie 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 Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 D Walker
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 Dec. 20, 2001, authorizing the marriage of John Oliver Norris and Crystal Dawn Walker.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on December 20, 2001 (date), at Danville in Hendricks County, Indiana, John Oliver Norris of Marion County, Indiana (state), and Crystal Dawn 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 Dec. 20, 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 December 28, 2001 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

429

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 65
Page 749
12-19-01
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 12-19-01
Name of Physician Dr. Gaddy

MALE APPLICANT

Name First Edward Middle John Last Podgorski Jr.
Date of Birth Month 07 Day 05 Year 70
Place of Birth (State or foreign country) Ohio
Residence Address Street or R.R. 6417 Capital Lane Apt D City Avon County Hendricks State IN
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Drivers

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Edward John Podgorski, Sr.
   (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 Barbara Jean Szymaina
   (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 Edward Podgorski Date 12-19-01

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 Edward Podgorski
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 Nancy Middle Alison Last Blair
Date of Birth Month 11 Day 03 Year 66
Place of Birth (State or foreign country) Ohio
Residence Address Street or R.R. 6417 Capital Lane Apt D City Avon County Hendricks State IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 1997
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Charles Vincent Blair
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Washington
   Birthplace of father (State or foreign country) New York
   (b) Full maiden name of applicant's mother Janis Joann Bigdon
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Oregon
   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 Nancy A. Blair Date 12-19-01

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 Nancy A. Blair
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 Dec. 19, 2001, authorizing the marriage of Edward John Podgorski, Jr. and Nancy Alison Blair.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on January 4, 2002 (date), at Danville in Hendricks County, Indiana, Edward John Podgorski Jr. of Hendricks County, Indiana (state), and Nancy Alison Blair of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Dec. 19, 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 January 4, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

430

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 65
Page 750
12-21-01
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 11-26-01
Name of Physician Steven Hagger

MALE APPLICANT

Name: First C. Middle Charles Last Day
Date of Birth: Month 4 Day 15 Year 60
Place of Birth (State or foreign country) Illinois
Residence Address: Street or R.R. 1316 N. 6th City Springfield County Sangamon State Ill 62702
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. Christopher Charles Day, Rachel Claire Day
6. (a) Full name of applicant's father Clifton A. Day
   (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 Lucile M. Drumke
   (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 C. Charles Day Date 12-26-01

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 C. Charles Day
New Address 296 N. Mill St. #1 Plainfield IN 46168
Subscribed and sworn to before me this 21 day of December, 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

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 K. Last Fishel
Date of Birth: Month 8 Day 22 Year 71
Place of Birth (State or foreign country) Illinois
Residence Address: Street or R.R. 296 N. Mill St. apt #1 City Plfd County Hen State Ind 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 male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Kaitlin Renee Lipsword, Amber Nicole Delaney
6. (a) Full name of applicant's father Ronald O. Fishel
   (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 Sheila Kay Young
   (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 Lisa K. Fishel Date 12/21/01

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 Lisa K. Fishel
New Address same
Subscribed and sworn to before me this 21 day of December 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 605
Page 751
12-21-01
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 11-30-01
Name of Physician Dr. Harrison

MALE APPLICANT

Name: First James Middle B Last Frazier

Date of Birth: Month 7 Day 9 Year 1964

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 7575 Willsey Lane City Plainfield County Hendricks State Ind.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 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. Tiffany Ann Ridenour
6. (a) Full name of applicant's father Robert Ray Frazier
   (If adopted, list adoptive parents only)
   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 Jean Best
   (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).

X Signature of Applicant James B Fraz Date 12-21-01

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 James B Fraz
X 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 Tammy Middle _____ Last Baullosa

Date of Birth: Month 10 Day 30 Year 1973

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 7575 Willsey Lane City Plainfield County Hendricks State Ind.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 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. Alexis Belle Ponnanoki
6. (a) Full name of applicant's father Abraham BAULLOSA Sr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Cuba
   (b) Full maiden name of applicant's mother Roberta Louise Ostheimer
   (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 Tammy Baullosa Date 12-21-01

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 Tammy Baullosa
X 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 Dec. 21, 2001, authorizing the marriage of James Brien Fraizer and Tammy Baullosa.

I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on December 21, 2001 (date), at Danville in Hendricks County, Indiana, James Brien Fraizer of Hendricks County, Indiana (state), and Tammy Baullosa of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Dec. 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 December 28, 2001 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

432

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 65
Page 752
12-21-01
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 11-19-01
Name of Physician Dana Dudley M.D.

MALE APPLICANT

Name First: Joshua Middle: P. Last: Strychalski
Date of Birth Month: 1 Day: 2 Year: 77
Place of Birth (State or foreign country): Indiana
Residence Address Street or R.R.: 6256 Brookshire 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 Paul David Strychalski
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Mary Ann Walker
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
X Signature of Applicant Josh Strychalski Date 12/21/01

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 Josh Strychalski
X New Address 215 N. Indiana St. Apt# 10 Plainfield, IN
Subscribed and sworn to before me this 21 day of December, 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____

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: R. Last: Reeves
Date of Birth Month: 3 Day: 9 Year: 82
Place of Birth (State or foreign country): Indiana
Residence Address Street or R.R.: 10758 Bakeway Dr. City: Scipio Township County: Hend. State: In. 47231
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Reeves
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Joy 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).
X Signature of Applicant Kristen Reeves Date 12/21/01

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 Reeves
X New Address 215 N. Indiana st Plainfield, IN 46168
Subscribed and sworn to before me this 21 day of December, 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____

State of Indiana)
County of Hendricks)
Father ____ ID # ____
Mother ____ ID # ____
Subscribed and sworn to before me this ____ day of ____
____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ____ County ____ Court, by written order issued ____ and filed in ____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Dec. 21, 2001, authorizing the marriage of Joshua Paul Strychalski and Kristen Rae Reeves.
I further certify that the following marriage certificate was filed in my office: I, Donald Moran (name), certify that on December 22, 2001 (date), at Brownsburg in Hendricks County, Indiana, Joshua Paul Strychalski of Hendricks County, Indiana (state), and Kristen Rae Reeves of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Dec. 21, 2001. Signed by: Donald Moran, Reverend (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on January 2, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

433

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 65
Page 753
12-26-01
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 _____
Name of Physician _____

MALE APPLICANT

Name: First Joseph Middle J. Last Vrabec

Date of Birth: Month 11 Day 25 Year 50

Place of Birth (State or foreign country) Illinois

Residence Address: Street or R.R. 1005 Lakewood S. Dr. City S'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 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 Joseph Vrabec
   (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 Romona Kasmerski
   (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 Joseph J. Vrabec Date 12/26/02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 J. Vrabec
✗ New Address SAME AS ABOVE
Subscribed and sworn to before me this 26 day of December 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

FEMALE APPLICANT

Name: First Joy Middle L. Last Alley

Date of Birth: Month 5 Day 28 Year 51

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 5691 Hammons Dr. City S'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 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. _____
6. (a) Full name of applicant's father George L. Leedy
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Texas
   (b) Full maiden name of applicant's mother Leona L. Jenkins
   (If adopted, list adoptive parents only) _____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

✗ Signature of Applicant Joy L Alley Date 12-26-01

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 L Alley
✗ New Address 5005 Lakewood Dr, S'burg, In
Subscribed and sworn to before me this 26 day of December 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Dec. 26, 2001, authorizing the marriage of Joseph John Vrabec and Joy Lynn Alley.

I further certify that the following marriage certificate was filed in my office: I, Michelle L. Knight (name), certify that on December 28, 2001 (date), at Brownsburg in Hendricks County, Indiana, Joseph John Vrabec of Hendricks County, Indiana (state), and Joy Lynn Alley of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Dec. 26, 2001. Signed by: Michelle L. Knight, Pastor (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on January 2, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

434

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 65
Page 754
12-26-01
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 12-5-01
Name of Physician Michelle Dakerson

MALE APPLICANT

Name: First Travis Middle J. Last Barrick
Date of Birth: Month 6 Day 20 Year 72
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. P.O. Box 264 City Coatesville County Hend. State In. 46121
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 Barrick
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Charla Jo Brawner
   (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 Leslie Middle J. Last Stout
Date of Birth: Month 10 Day 23 Year 71
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1538 N. Somerset City Indpls. County Marion State In. 46222
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 1997
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. ____
6. (a) Full name of applicant's father Wesley Jr Stout 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 Karen Lynne 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 Travis Barrick Date 12-26-01

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 Travis Barrick
✗ New Address P.O. Box 264 Coatesville In 46121
Subscribed and sworn to before me this 26 day of December, 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 Leslie Stout Date 12/26/01

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 Leslie Stout
✗ New Address 1538 N. Somerset Ave. Indpls, In 46222
Subscribed and sworn to before me this 26 day of December, 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____

State of Indiana)
County of Hendricks)
Father ____ ID # ____
Mother ____ ID # ____
Subscribed and sworn to before me this ____ day of ____
____ Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____

State of Indiana)
County of Hendricks)
Father ____ ID # ____
Mother ____ ID # ____
Subscribed and sworn to before me this ____ day of ____
____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ____ County ____ Court, by written order issued ____ and filed in ____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Dec. 26, 2001, authorizing the marriage of Travis Jason Barrick and Leslie Jo Stout.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on December 26, 2001 (date), at Danville in Hendricks County, Indiana, Travis Jason Barrick of Hendricks County, Indiana (state), and Leslie Jo Stout 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 Dec. 26, 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 December 26, 2001 (date).

Sharon Dugan
Signed ____ Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

435

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 65
Page 755
12-26-01
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 12-20-01
Name of Physician Kristine A. Knapp MD

MALE APPLICANT

Name: First Patrick Middle J. Last Romoser
Date of Birth: Month 3 Day 9 Year 62
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 3490 E. Main St. City Cartersburg County Hend. St. IN 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 female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Romoser
   (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 Ford
   (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 Deborah Middle a. Last Herbert
Date of Birth: Month 1 Day 31 Year 65
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 3490 E. Main St. City Cartersburg County Hend. St. 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 male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Richard Lee Herbert
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Jane Alice Brimbridge
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant Patrick J Romoser Date 12-26-01

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 Patrick J Romoser
X New Address Same

Subscribed and sworn to before me this 26 day of December 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of 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 Deborah Ann Herbert Date 12-26-01

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 Deborah Ann Herbert
X New Address SAME

Subscribed and sworn to before me this 26 day of December 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Dec. 26, 2001, authorizing the marriage of Patrick Joseph Romoser and Deborah Ann Herbert.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on December 31, 2001 (date), at Danville in Hendricks County, Indiana, Patrick Joseph Romoser of Hendricks County, Indiana (state), and Deborah Ann Herbert of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Dec. 26, 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 January 2, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

436

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 65
Page 756
12-26-01
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 12-13-01
Name of Physician Dr. Boothe

MALE APPLICANT

Name First: Steven Middle: Douglas Last: Talley
Date of Birth Month: 8 Day: 12 Year: 81
Place of Birth (State or foreign country): Indiana
Residence Address: 177 Queensway Dr. Street or R.R. Danville City Hendricks County IN State 46122
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify)
Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Talley
   (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 Cindy Cole
   (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: Lindsay Middle: Rae Last: Bledsoe
Date of Birth Month: 10 Day: 15 Year: 81
Place of Birth (State or foreign country): Indiana
Residence Address: 6016 English Drive Street or R.R. Ava City Hendricks County IN State 46168
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☐ Other (Specify)
Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Timothy Bledsoe
   (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 Pamela Nelso
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
☒ Signature of Applicant [signature] Date 12-26-01

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 DECEMBER 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of 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 Bledsoe Date 12-26-01

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 Lindsay Bledsoe
New Address SAME AS GROOM
Subscribed and sworn to before me this 26 day of December 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of Hendricks)
Father ID #
Mother ID #
Subscribed and sworn to before me this day of
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Dec. 26, 2001, authorizing the marriage of Steven Douglas Talley and Lindsay Rae Bledsoe.
I further certify that the following marriage certificate was filed in my office: I, Douglas L. Talley (name), certify that on December 29, 2001 (date), at Indianapolis in Marion County, Indiana, Steven Douglas Talley of Hendricks County, Indiana (state), and Lindsay Rae Bledsoe of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Dec. 26, 2001. Signed by: Douglas L. Talley, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on January 14, 2002 (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 65
Page 757
12-27-01
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 Ernest Middle Alan Last Fischer

Date of Birth: Month 3 Day 11 Year 48

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 4745 Bamfield Rd. City Alcona County Mi State 48737

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) Michigan Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. _____
6. (a) Full name of applicant's father Ernest Gilbert Fischer
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Florence Elsie Oberkotter
   (If adopted, list adoptive parents only) _____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

✗ Signature of Applicant Ernest Alan Fischer Date 12-27-01

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 Ernest Alan Fischer
✗ New Address same

Subscribed and sworn to before me this 27 day of December 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

FEMALE APPLICANT

Name: First Mabel Middle Irene Last Kappen

Date of Birth: Month 11 Day 14 Year 50

Place of Birth (State or foreign country) North Carolina

Residence Address: Street or R.R. 4745 Bamfield Rd. City Alcona County Mi State 48737

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) Michigan Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you now under the 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 Wylie Riddle
   (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 Kathleen Maye Hankins
   (If adopted, list adoptive parents only) _____
   Residence of mother (if deceased, so state) Deceased
   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 Mabel Irene Kappen Date 12-27-01

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 Mabel Irene Kappen
✗ New Address same

Subscribed and sworn to before me this 27 day of December 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Dec. 27, 2001, authorizing the marriage of Ernest Alan Fischer and Mabel Irene Kappen.

I further certify that the following marriage certificate was filed in my office: I, John William Fischer, Jr. (name), certify that on December 29, 2001 (date), at Plainfield in Hendricks County, Indiana, Ernest Alan Fischer of Alcona County, Michigan (state), and Mabel Irene Kappen of Alcona County, Michigan (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Dec. 27, 2001. Signed by: John William Fischer, Jr., Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on January 4, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

438

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 65
Page 758
12-27-01
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 12-27-01
Name of Physician Dr. Edward L. Langston

MALE APPLICANT

Name First: James Middle: Charles Last: Kulp
Date of Birth Month: 9 Day: 4 Year: 68
Place of Birth (State or foreign country): Indiana
Residence Address: 3315 Prairie View Circle Apt. C Street or R.R. Danville City Hendricks County 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
   (If adopted, list adoptive parents only) Nicholas I. Kulp
   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) Susan L. Beeson
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 C. Kulp Date 12/27/01

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 James C. Kulp
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: Courtney Middle: Noelle Last: Boyd
Date of Birth Month: 10 Day: 11 Year: 67
Place of Birth (State or foreign country): Illinois
Residence Address: 3315 Prairie View Circle Apt. C Street or R.R. Danville City Hendricks County IN State 46122
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 6/95
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify)
Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. ____

6. (a) Full name of applicant's father Daryl Charles Boyd
   (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 Daryl Ann Davis
   (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 Courtney N Boyd Date 12/27/01

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 Courtney N 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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ____ County ____ Court, by written order issued ____ and filed in ____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Dec. 27, 2001, authorizing the marriage of James Charles Kulp and Courtney Noelle Boyd.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on January 2, 2002 (date), at Danville in Hendricks County, Indiana, James Charles Kulp of Hendricks County, Indiana (state), and Courtney Noelle Boyd of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Dec. 27, 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 January 2, 2002 (date).

Sharon Dugan
Signed ____ Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

439

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 65
Page 759
12-27-01
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 Glenn Middle E. Last Pearcy
Date of Birth: Month 5 Day 25 Year 43
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 2008 E. US Hwy 40 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 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. _____
6. (a) Full name of applicant's father William Pearcy
   (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 Vivian Moore
   (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 Glenn E Pearcy Date 12-28-01

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 Glenn E Pearcy
New Address SAME
Subscribed and sworn to before me this 28 day of December, 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

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 a. Last Miller
Date of Birth: Month 4 Day 4 Year 43
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 2008 E. U.S. 40 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 1975
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. _____
6. (a) Full name of applicant's father NA
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) NA
   Birthplace of father (State or foreign country) NA
   (b) Full maiden name of applicant's mother Luvena Mae 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 Phyllis a. Miller Date 12-27-01

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 Phyllis a. Miller
New Address Same
Subscribed and sworn to before me this 27 day of December 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Dec. 27, 2001, authorizing the marriage of Glenn Eugene Pearcy and Phyllis A. Miller.
I further certify that the following marriage certificate was filed in my office: I, Arthur L. Thomas (name), certify that on January 4, 2002 (date), at Clayton in Hendricks County, Indiana, Glenn Eugene Pearcy of Hendricks County, Indiana (state), and Phyllis A. 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 Dec. 27, 2001. Signed by: Arthur L. Thomas, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on January 9, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

440

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 65
Page 760
12-28-01
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 12-14-01
Name of Physician Steven Hartman, M.D.

MALE APPLICANT

Name: First Lynn Middle C. Last Graves
Date of Birth: Month 8 Day 15 Year 54
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 5912 South St. City Stilesville County Hend. State In 46180
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.
6. (a) Full name of applicant's father George Lewis Graves
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Betty Jean Aldridge
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 C. Graves Date 12-28-01

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 Lynn C. Graves
New Address Same
Subscribed and sworn to before me this 28 day of December, 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

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 Maxey
Date of Birth: Month 9 Day 27 Year 55
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 5912 South St. City Stilesville County Hend. State In 46180
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 3
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1997
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Don J. 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 Mary K. Martin
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Rhode Island

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Maxey Date 12-28-01

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 Sherry L Maxey
New Address Same
Subscribed and sworn to before me this 28 day of December, 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Dec. 28, 2001, authorizing the marriage of Lynn C. Graves and Sherry L. Maxey.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on December 28, 2001 (date), at Danville in Hendricks County, Indiana, Lynn C. Graves of Hendricks County, Indiana (state), and Sherry L. Maxey of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Dec. 28, 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 December 28, 2001 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

441

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 65
Page 761
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☐ Yes ☒
If No, Medical Examination or Report Dated _____
Name of Physician _____

MALE APPLICANT

Name First Middle Last: Leon Thomas Jones
Date of Birth Month Day Year: January 7, 1930
Place of Birth (State or foreign country): Indiana
Residence Address Street or R.R. City County State: 526 Harding Blvd. Indpls. Marion IN
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) Indiana Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. _____
6. (a) Full name of applicant's father Weldon Albert Jones
   (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 Elizabeth Loutte Jackson
   (If adopted, list adoptive parents only) _____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Leon T. Jones Date 12/28/01

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 X Leon T. Jones
New Address 758 S. Raceway RD
Subscribed and sworn to before me this 28 day 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 Middle Last: Betty Sue Mabry
Date of Birth Month Day Year: August 14, 1949
Place of Birth (State or foreign country): Indiana
Residence Address Street or R.R. City County State: 758 S. Raceway Rd. Indpls. Hendricks IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1996
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Indiana Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. _____
6. (a) Full name of applicant's father William Eugene Crum
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) NA
   (b) Full maiden name of applicant's mother Edith French
   (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).
Signature of Applicant X Betty Sue Mabry Date 12/28/01

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 X Betty Sue Mabry
New Address 758 S Raceway Rd
Subscribed and sworn to before me this 28 day 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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Dec. 28, 2001, authorizing the marriage of Leon Thomas Jones and Betty Sue Mabry.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on December 28, 2001 (date), at Danville in Hendricks County, Indiana, Leon Thomas Jones of Hendricks County, Indiana (state), and Betty Sue Mabry of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Dec. 28, 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 December 28, 2001 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

442

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 65
Page 762
12-28-01
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 12-21-01
Name of Physician Jim Poe MD

MALE APPLICANT

Name: First Ronald Middle A. Last Dageforde
Date of Birth: Month 11 Day 5 Year 54
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 4133 Alpine Dr. City Anderson County Madison State In. 46013
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. ____
6. (a) Full name of applicant's father Alvin Ernst Dageforde
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Nebraska
   (b) Full maiden name of applicant's mother Elizabeth Robinson
   (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 Ronald A. Dageforde Date 28 DEC 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 Ronald A. Dageforde
✗ New Address Same as above
Subscribed and sworn to before me this 28 day of December 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____

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 M. Last Reynolds
Date of Birth: Month 7 Day 14 Year 56
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 443 E Douglas Dr. City Brownsburg County Hendricks State In. 46112
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1981
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Daniel Reser
6. (a) Full name of applicant's father John Fred Lydic
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Pa
   (b) Full maiden name of applicant's mother Edna Leonora Fetterman
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Deceased
   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 Debra M Reynolds Date 12-28-01

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 Debra M Reynolds
✗ New Address 4133 Alpine Drive Anderson IN 46013
Subscribed and sworn to before me this 28 day of December 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____

State of Indiana)
County of Hendricks)
Father ____ ID # ____
Mother ____ ID # ____
Subscribed and sworn to before me this ____ day of ____
____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ____ County ____ Court, by written order issued ____ and filed in ____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Dec. 28, 2001, authorizing the marriage of Ronald Arthur Dageforde and Debra Manette Reynolds.
I further certify that the following marriage certificate was filed in my office: I, Stephen A. Yeaton (name), certify that on January 5, 2002 (date), at Brownsburg in Hendricks County, Indiana, Ronald Arthur Dageforde of Madison County, Indiana (state), and Debra Manette 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 Dec. 28, 2001. Signed by: Stephen A. Yeaton, Preacher (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on January 9, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

443

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 65
Page 763
12-28-01
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 12-13-01
Name of Physician Lewis Star

MALE APPLICANT

Name: First Christopher Middle M. Last Price
Date of Birth: Month 11 Day 9 Year 1982
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 706 Andrea Drive City Beech Grove County Marion State In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify)
Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Haven Adrianna Price
6. (a) Full name of applicant's father Jack M. Price 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 Robin Kay Evans
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Texas

FEMALE APPLICANT

Name: First Shelley Middle R. Last Brandon
Date of Birth: Month 7 Day 17 Year 83
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 5493 E. Co. Rd. 1005. 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 Bill Brandon
   (If adopted, list adoptive parents only)
   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 Wilson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Texas

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Christopher M. Price Date Feb 5th 02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Martin Price
New Address Same as Above
Subscribed and sworn to before me this _____ day of _____
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Shelley R. Brandon Date 12-28-01

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 Shelley Brandon
New Address Same as above
Subscribed and sworn to before me this 28 day of December 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Dec. 28, 2001, authorizing the marriage of Christopher Martin Price and Shelley Renee Brandon.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on February 5, 2002 (date), at Danville in Hendricks County, Indiana, Christopher Martin Price of Marion County, Indiana (state), and Shelley Renee Brandon of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Dec. 28, 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 February 6, 2002 (date).

Sharon Dugan
Signed _____ Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

444

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 65
Page 764
12-31-01
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 12-21-99
Name of Physician Rebecca Hauk MD.

MALE APPLICANT

Name: First Charles Middle T Last McCormick
Date of Birth: Month 5 Day 3 Year 75
Place of Birth (State or foreign country) Missouri
Residence Address: Street or R.R. 1713 Hemlock Ln. 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 female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Colin Travis McCormick
6. (a) Full name of applicant's father Charles Clarence McCormick
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Texas
   Birthplace of father (State or foreign country) Kansas
   (b) Full maiden name of applicant's mother Ida Bell Laughlin
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Missouri
   Birthplace of mother (State or foreign country) Texas

FEMALE APPLICANT

Name: First Jennifer Middle A. Last Schmitt
Date of Birth: Month 3 Day 31 Year 74
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1713 Hemlock Ln. 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 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. Colin Travis McCormick, Paige Elizabeth Schmitt
6. (a) Full name of applicant's father Donald Hull
   (If adopted, list adoptive parents only) ____
   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 Ann Agee
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Travis McCormick Date 12-31-01

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 Charles Travis McCormick
✗ New Address Same
Subscribed and sworn to before me this 31 day of December 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of 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 Ann Schmitt 12-31-01

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 Jennifer Ann Schmitt
✗ New Address Same
Subscribed and sworn to before me this 31 day of December 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____

State of Indiana)
County of Hendricks)
Father ____ ID # ____
Mother ____ ID # ____
Subscribed and sworn to before me this ____ day of ____
____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ____ County ____ Court, by written order issued ____ and filed in ____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Dec. 31, 2001, authorizing the marriage of Charles Travis McCormick and Jennifer Ann Schmitt.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on December 31, 2001 (date), at Danville in Hendricks County, Indiana, Charles Travis McCormick of Hendricks County, Indiana (state), and Jennifer Ann Schmitt of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Dec. 31, 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 January 2, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

445

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 65
Page 765
12-31-01
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 12-28-01
Name of Physician Health Trails

MALE APPLICANT	FEMALE APPLICANT
Name: First Michael Middle A. Last Minnick	Name: First Kimberly Middle Ann Last Ellis
Date of Birth: Month 8 Day 28 Year 53	Date of Birth: Month 10 Day 13 Year 62
Place of Birth (State or foreign country): Indiana	Place of Birth (State or foreign country): Michigan
Residence Address: Street or R.R. 9179 Leroy Road City Brownsburg County Hendricks State IN 46112	Residence Address: Street or R.R. 7147 Quintara Dr. NE City Comstock Park County Kent State MI 49321
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 1993
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 William G. Minnick	6. (a) Full name of applicant's father Lawrence A. Ellis
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Florida	Residence of father (if deceased, so state) Illinois
Birthplace of father (State or foreign country) Indiana	Birthplace of father (State or foreign country) Michigan
(b) Full maiden name of applicant's mother Mary Ann Dudley	(b) Full maiden name of applicant's mother Sharon Marie McFadden
(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) Illinois
Birthplace of mother (State or foreign country) 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 Michael A Minnick Date 12/31/01

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 Michael A Minnick
✗ New Address SAME

Subscribed and sworn to before me this 31 day of December 2001

Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____

_____ Clerk

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

✗ Signature of Applicant Kimberly A. Ellis Date 12/31/01

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 Kimberly A. Ellis
✗ New Address 9179 Leroy Road, Brownsburg, IN 46112

Subscribed and sworn to before me this 31 day of December 2001

Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Dec. 31, 2001, authorizing the marriage of Michael Alan Minnick and Kimberly Ann Ellis.

I further certify that the following marriage certificate was filed in my office: I, Timothy H. Gillespie (name), certify that on February 16, 2002 (date), at Indianapolis in Marion County, Indiana, Michael Alan Minnick of Hendricks County, Indiana (state), and Kimberly Ann Ellis of Kent County, Michigan (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Dec. 31, 2001. Signed by: Timothy H. Gillespie, Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on February 20, 2002 (date).

Sharon Dugan

Signed _____ Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

446

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 65
Page 766
12-31-01
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 11-16-01
Name of Physician MS King

MALE APPLICANT

Name: First James Middle K. Last Allan
Date of Birth: Month 7 Day 30 Year 64
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1242 Edgewood Ln. City Avon County Hend State 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 James David Allan
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Oklahoma
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Trudy Jane Adkins
   (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 Linda Middle G. Last White
Date of Birth: Month 2 Day 1 Year 60
Place of Birth (State or foreign country) Kansas
Residence Address: Street or R.R. 1242 Edgewood Lane City Avon County Hend St. 46123
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1989
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Tracy White
6. (a) Full name of applicant's father Russell Anderson
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Oregon
   Birthplace of father (State or foreign country) Kansas
   (b) Full maiden name of applicant's mother Dolores Clara Sorrell
   (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 James K. Allan Date 31 Dec 01

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 K. Allan
✗ New Address Same
Subscribed and sworn to before me this 31 day of December 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 Linda G White Date 12-31-01

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 Linda G White
✗ New Address Same
Subscribed and sworn to before me this 31 day of December 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.

A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Dec. 31, 2001, authorizing the marriage of James K. Allan and Linda G. White.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on December 31, 2001 (date), at Danville in Hendricks County, Indiana, James K. Allan (state), and Linda G. 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 Dec. 31, 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 January 2, 2002 (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 65
Page 767
12-31-01
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 12-27-01
Name of Physician Karen Johns MD

MALE APPLICANT

Name: First Todd Middle A. Last McKee
Date of Birth: Month 4 Day 23 Year 64
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 2124 Fullwood Dr. City Brownsburg County Hendricks State Ind. 46112
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 4
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. Zackary T. McKee
6. (a) Full name of applicant's father John McKee
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Della Donaldson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

✗ Signature of Applicant Todd McKee Date 12/31/01

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 Todd McKee
✗ New Address SAME
Subscribed and sworn to before me this 31 day of December 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

FEMALE APPLICANT

Name: First Janice Middle M. Last McKee
Date of Birth: Month 1 Day 23 Year 65
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 2124 Fullwood Dr. City Brownsburg County Hendricks State Ind. 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) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 T. McKee Travis J. Summers, Andrew J. Summers
6. (a) Full name of applicant's father Harry Stock
   (If adopted, list adoptive parents only)
   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 Ballard
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

✗ Signature of Applicant Janice McKee Date 12/31/01

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 Janice McKee
✗ New Address Same
Subscribed and sworn to before me this 31 day of December, 2001
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Dec. 31, 2001, authorizing the marriage of Todd A. McKee and Janice M. McKee.

I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on December 31, 2001 (date), at Danville in Hendricks County, Indiana, Todd A. McKee of Hendricks County, Indiana (state), and Janice M. McKee of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Dec. 31, 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 January 2, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

449

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 65
Page 1
1-3-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 1-3-2
Name of Physician Karen D. Johns MD

MALE APPLICANT

Name: First Daniel Middle J. Last Braun
Date of Birth: Month 4 Day 26 Year 78
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 7813 Acre Lane City Brownsburg County Hend. St. 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 Donavon Daniel Braun
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Gillian Ann Gillis
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding 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 Braun Date 1/3/02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
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 Braun
New Address Same
Subscribed and sworn to before me this 3 day of January 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of Hendricks)
Father ID #
Mother ID #
Subscribed and sworn to before me this day of
Clerk

FEMALE APPLICANT

Name: First Cheri Middle A. Last Sulecki
Date of Birth: Month 10 Day 23 Year 77
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 7813 Acre Lane 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 Robert J. Sulecki
   (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 Vivian Ann Stivers
   (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 Cheri Ann Sulecki Date 1/3/02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
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 Cheri Ann Sulecki
New Address same
Subscribed and sworn to before me this 3 day of January 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of Hendricks)
Father ID #
Mother ID #
Subscribed and sworn to before me this day of
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Jan. 3, 2002, authorizing the marriage of Daniel John Braun and Cheri Ann Sulecki.
I further certify that the following marriage certificate was filed in my office: I, Rev. Daniel J. Staublin (name), certify that on February 9, 2002 (date), at Brownsburg in Hendricks County, Indiana, Daniel John Braun of Pasco County, Florida (state), and Cheri Ann Sulecki of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Jan. 3, 2002. Signed by: Rev. Daniel J. Staublin, Priest (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on February 20, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

450

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 65
Page 7
12-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 12-29-01
Name of Physician Linda Smiley

MALE APPLICANT

Name: First Thomas Middle J. Last Keefer
Date of Birth: Month 9 Day 20 Year 61
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 531 E. Main St. City Pltfd. County Hend. State In 46168
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1987
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Jamie Nathan Keefer,
6. (a) Full name of applicant's father Russell Drue Keefer
   (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 B. Jones
   (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 Thomas F. Keefer Date 1-2-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
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 F. Keefer
X New Address Same
Subscribed and sworn to before me this 2 day of January 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

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 Cason
Date of Birth: Month 4 Day 14 Year 66
Place of Birth (State or foreign country) Maine
Residence Address: Street or R.R. 531 E. Main St. City Pltfd. 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 male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Janet Cason, Zoie Carlyn Cason
6. (a) Full name of applicant's father Michael Joseph Hetman
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Florida
   Birthplace of father (State or foreign country) Pa. Soon W Ranz
   (b) Full maiden name of applicant's mother Keh
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Florida
   Birthplace of mother (State or foreign country) Korea

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding 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 Catherine M. Cason Date 1-8-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
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 Catherine M. Cason
X New Address Same
Subscribed and sworn to before me this 2 day of January 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Jan. 2, 2002, authorizing the marriage of Thomas Franklin Keefer and Catherine Mary Cason.
I further certify that the following marriage certificate was filed in my office: I, J. Mark VanValin (name), certify that on January 5, 2002 (date), at Indianapolis in Marion County, Indiana, Thomas Franklin Keefer of Hendricks County, Indiana (state), and Catherine Mary Cason of Hendricks County, Indiana (state) were 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. 2, 2002. Signed by: J. Mark VanValin, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on January 9, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

451

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 65
Page 3
1-4-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 12-18-01
Name of Physician Michael Boothe MD

MALE APPLICANT

Name: First Robert Middle Tracy Last Ryan
Date of Birth: Month 3 Day 21 Year 64
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 6640 Dunsdin Dr. City Sfld 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. Courtney Ann Ryan, Austin Dakota Ryan
6. (a) Full name of applicant's father Robert Thomas Ryan
   (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 Erma June Buck
   (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 L. Last Stone
Date of Birth: Month 5 Day 6 Year 70
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 6640 Dunsdin Dr. City Sfld 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. Courtney Ann Ryan, Austin Dakota Ryan
6. (a) Full name of applicant's father William Thomas Stone
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Edna Faye Robinson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Robert Tracy Ryan Date 1-4-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Tracy Ryan
New Address SAME
Subscribed and sworn to before me this 4 day of January 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of 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 Stone Date 1-4-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Stone
New Address Same
Subscribed and sworn to before me this 4 day of January 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Jan. 4, 2002, authorizing the marriage of Robert Tracy Ryan and Dawn Louise Stone.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on January 4, 2002 (date), at Danville in Hendricks County, Indiana, Robert Tracy Ryan of Hendricks County, Indiana (state), and Dawn Louise Stone of Hendricks County, Indiana (state) were 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. 4, 2002. 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 January 4, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

452

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 65
Page 4
1-7-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 12-31-01
Name of Physician Jenni Billey

MALE APPLICANT

Name: First Clarence Middle R. Last Reames
Date of Birth: Month 1 Day 11 Year 50
Place of Birth (State or foreign country) Iowa
Residence Address: Street or R.R. 4057 Locust Lane City D'Burg County Wash. State 47112
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
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 female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Alison Reames, Randy Reames, Lindsey Reams
6. (a) Full name of applicant's father Randel Reames
   (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 Jane E. Horne
   (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 Clarence R. Reames Date 1/7/02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
✗ Signed Clarence R. Reames
✗ New Address SAME
Subscribed and sworn to before me this 7 day of January 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

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 I. Last Costello
Date of Birth: Month 10 Day 01 Year 59
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 4057 Locust Lane City D'Burg County Wash. State 47112
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date _____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Randy Reames, Lindsey Reams
6. (a) Full name of applicant's father John R. Costello
   (If adopted, list adoptive parents only)
   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 R. Beeman
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 I Costello Date 1/7/02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 I Costello
✗ New Address same
Subscribed and sworn to before me this 7 day of January 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Jan. 7, 2002, authorizing the marriage of Clarence Rodney Reames and Lynn Terese Costello.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on January 7, 2002 (date), at Danville in Hendricks County, Indiana, Clarence Rodney Reames of Hendricks County, Indiana (state), and Lynn Terese Costello of Hendricks County, Indiana (state) were 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. 7, 2002. 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 January 9, 2002 (date).

Sharon Dugan
Signed _____ Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

453

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 65
Page 5
1-7-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☐ Yes ☑
If No, Medical Examination or Report Dated 1-4-02
Name of Physician Dr. King

MALE APPLICANT

Name: First David Middle R Last Gee
Date of Birth: Month 7 Day 5 Year 1963
Place of Birth (State or foreign country) Indiana 46234
Residence Address: Street or R.R. 2310 Bruland Dr. City Indpls. County Hend State IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 1984
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify)
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. Michael Brandon Gee; Michelle Rachel Gee
6. (a) Full name of applicant's father David G. Gee
   (If adopted, list adoptive parents only)
   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 A. Etchison
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 1-7-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 7 day of January 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

FEMALE APPLICANT

Name: First Billi Middle L Last Newgent
Date of Birth: Month 12 Day 25 Year 1969
Place of Birth (State or foreign country) California 46234
Residence Address: Street or R.R. 2310 Bruland Dr. City Indpls. County Hend State IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 1990
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify)
Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Chase Allen Mendenhall; Miles Anthony Thomas
6. (a) Full name of applicant's father Skip Newgent
   (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 Linda Westbrook
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Billi Newgent Date 1-7-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Billi Newgent
New Address same as above
Subscribed and sworn to before me this 7 day of January 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Jan. 7, 2002, authorizing the marriage of David R. Gee and Billi L. Newgent.
I further certify that the following marriage certificate was filed in my office: I, Sharon Dugan (name), certify that on January 7, 2002 (date), at Danville in Hendricks County, Indiana, David R. Gee of Hendricks County, Indiana (state), and Billi L. Newgent of Hendricks County, Indiana (state) were 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. 7, 2002. Signed by: Sharon Dugan, Hend. Co. Clerk (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on January 9, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

454

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 65
Page 6
1-7-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 12-19-01
Name of Physician Georgetown Medical Care

MALE APPLICANT

Name: First Christopher Middle L. Last Huskisson
Date of Birth: Month 2 Day 22 Year 77
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 10601 Northern Dancer Dr. City Indpls County Hendricks State Indiana 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 female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Zephary Lee Huskisson, Andrew Paul Huskisson
6. (a) Full name of applicant's father Kenneth Lee Huskisson
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Maryann Huffman
   (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 Angie Middle K. Last Barker
Date of Birth: Month 12 Day 25 Year 73
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 10601 Northern Dancer Dr. City Indpls County Hendricks State Indiana 46234
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Evan James Barker
6. (a) Full name of applicant's father James Barker
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Vanessa Keillor
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 1-7-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
✗ Signed _____
✗ New Address SAME
Subscribed and sworn to before me this 7 day of January 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of 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 Angie Barker Date 1-7-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
✗ Signed Angie Barker
✗ New Address Same
Subscribed and sworn to before me this 7 day of January 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Jan. 7 2002, authorizing the marriage of Christopher Lee Huskisson and Angie Kay Barker.
I further certify that the following marriage certificate was filed in my office: I, Reverend John H. Smalls (name), certify that on February 2, 2002 (date), at Indianapolis in Marion County, Indiana, Christopher Lee Huskisson of Hendricks County, Indiana (state), and Angie Kay Barker of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Jan. 7, 2002. Signed by: Reverend John H. Smalls, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on February 6, 2002 (date).

Sharon Dugan
Signed _____ Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 65
Page 7
1-8-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☑ Yes ☐
If No, Medical Examination or Report Dated 1-2-02
Name of Physician Dr. Wymer

MALE APPLICANT

Name: First Michael Middle R Last Sutton
Date of Birth: Month 6 Day 6 Year 1962
Place of Birth (State or foreign country) Indiana 46113
Residence Address: Street or R.R. 10893 Glenayr Dr. 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 10-98
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Jennifer Rochelle Sutton
6. (a) Full name of applicant's father Robert Sutton
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Emma Simpson
   (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 Michael Sutton Date 01-08-2002

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Sutton
New Address Same as above
Subscribed and sworn to before me this 8 day of January 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

FEMALE APPLICANT

Name: First Reba Middle S Last Hastings
Date of Birth: Month 3 Day 1 Year 1962
Place of Birth (State or foreign country) Louisiana 46113
Residence Address: Street or R.R. 10893 Glenayr Dr. 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 July 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 Charles Lewis Stappy
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) deceased
   Birthplace of father (State or foreign country) Louisiana
   (b) Full maiden name of applicant's mother Maebelle Henslee
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Louisiana
   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 Reba S Hastings Date 01-08-2002

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Reba S Hastings
New Address Same as above
Subscribed and sworn to before me this 8 day of January 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Jan, 8, 2002, authorizing the marriage of Michael Robert Sutton and Reba Sue Hastings.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on January 8, 2002 (date), at Danville in Hendricks County, Indiana, Michael Robert Sutton of Hendricks County, Indiana (state), and Reba Sue Hastings of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Jan. 8, 2002. 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 January 9, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

456

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 65
Page 8
1-8-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage 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 Thomas Middle C. Last Beck
Date of Birth: Month 7 Day 10 Year 27
Place of Birth (State or foreign country) Oklahoma
Residence Address: Street or R.R. 170 N. State Rd 75 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 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 Thomas Taylor Beck
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Texas
   (b) Full maiden name of applicant's mother Onie Lee Kitchens
   (If adopted, list adoptive parents only) _____
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Oklahoma

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
✗ Signature of Applicant Thomas C. Beck Date 1-8-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
✗ Signed Thomas C. Beck
✗ New Address 4402 CLOVELLY CT INDPLS
Subscribed and sworn to before me this 8 day of January 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

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 R. Last Scott
Date of Birth: Month 9 Day 19 Year 42
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 4402 Clovelly Court City Indpls/Marion County Marion State In 46254
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1985
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Ira Crane
   (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 Jessie Marie Haynes
   (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 Phyllis R. Scott Date 1-8-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 R. Scott
✗ New Address 4402 CLOVELLY CT INDPLS, IN 46254
Subscribed and sworn to before me this 8 day of January 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Jan. 8, 2002, authorizing the marriage of Thomas Clifford Beck and Phyllis Rae Scott.
I further certify that the following marriage certificate was filed in my office: I, Bettie Barta (name), certify that on January 25, 2002 (date), at Indianapolis in Marion County, Indiana, Thomas Clifford Beck of Hendricks County, Indiana (state), and Phyllis Rae 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 Jan. 8, 2002. Signed by: Bettie Barta, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on January 29, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

457

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 65
Page 9
1-9-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☐ Yes ☑
If No, Medical Examination or Report Dated _____
Name of Physician _____

MALE APPLICANT	FEMALE APPLICANT
Name: First Charles Middle D. Last Beasley	Name: First Jean Middle R. Last Kelly
Date of Birth: Month 7 Day 8 Year 42	Date of Birth: Month 7 Day 16 Year 38
Place of Birth (State or foreign country): Indiana	Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 109 N. St. Rd. 267 City Avon County Hend. State In 46123	Residence Address: Street or R.R. 477 Turnberry Ct. City Avon County Hend. State In 46123
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 1981	Last Marriage Ended By: Death ☑ Divorce ☑ Annulment ☐ Date 1999
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 Charles Lester Beasley	6. (a) Full name of applicant's father Russell Fielden Lawson
(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) Indiana
(b) Full maiden name of applicant's mother Evelyn M. Hall	(b) Full maiden name of applicant's mother Esther Roberta Beasley
(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) Illinois	Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant Charles D Beasley Date Jan 9, 2002

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)

I swear/affirm that the information given in this application is true and correct.

X Signed Charles D Beasley
X New Address _____

Subscribed and sworn to before me this 9 day of January 2002

Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of 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 Jean R. Kelly Date 1-9-2002

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

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 Jean R Kelly
X New Address Same

Subscribed and sworn to before me this 9 day of January 2002

Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Jan. 9, 2002, authorizing the marriage of Charles Dean Beasley and Jean Rosetta Kelly.

I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on January 9, 2002 (date), at Danville in Hendricks County, Indiana, Charles Dean Beasley of Hendricks County, Indiana (state), and Jean Rosetta Kelly of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Jan. 9, 2002. 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 January 9, 2002 (date).

Sharon Dugan
Signed _____ Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

458

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 65
Page 10
1-10-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 1-3-2
Name of Physician [illegible]

MALE APPLICANT

Name: First Leander Middle S. Last Haddock
Date of Birth: Month 9 Day 18 Year 47
Place of Birth (State or foreign country) Colorado
Residence Address: Street or R.R. 2035 Crown Plaza Blvd. City Tlfd. 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) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. ____
6. (a) Full name of applicant's father Leander Gilbert Haddock, Jr.
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Pa.
   (b) Full maiden name of applicant's mother Elizabeth Curry
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Kentucky
   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 Leander G Haddock Date 1/10/02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court ____ Date ____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
✗Signed Leander G Haddock
✗New Address same
Subscribed and sworn to before me this 10 day of January 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____

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 E. Last Hall
Date of Birth: Month 7 Day 14 Year 59
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 2035 Crown Plaza Blvd City Tlfd. 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. Richard Wayne Sterling, Jr.
6. (a) Full name of applicant's father Carl Wayne Hall
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Shelia Kay 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 Mary E Hall Date 1/10/02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court ____ Date ____

State of Indiana) Same
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
✗Signed Mary E Hall
✗New Address Same
Subscribed and sworn to before me this 10 day of January, 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____

State of Indiana)
County of Hendricks)
Father ____ ID # ____
Mother ____ ID # ____
Subscribed and sworn to before me this ____ day of ____
____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ____ County ____ Court, by written order issued ____ and filed in ____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Jan. 10, 2002, authorizing the marriage of Leander Gilbert Haddock and Mary Evelyn Hall.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on January 10, 2002 (date), at Danville in Hendricks County, Indiana, Leander Gilbert Haddock of Hendricks County, Indiana (state), and Mary Evelyn 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 Jan. 10, 2002. 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 January 10, 2002 (date).

Sharon Dugan
Signed ____ Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

459

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 65
Page 11
1-10-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 1-8-02
Name of Physician Masembiane MD.

MALE APPLICANT

Name: First Glen Middle M. Last Broyles
Date of Birth: Month 7 Day 18 Year 72
Place of Birth (State or foreign country) * Indiana
Residence Address: Street or R.R. 4212 S. CoRd 550W City Coatesville County Hend. State Ind. 46121
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Makenley Jade Broyles

* 6. (a) Full name of applicant's father Jerry Broyles
   (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 Sandra Jewel York
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Arizona
   Birthplace of mother (State or foreign country) Tennessee

FEMALE APPLICANT

Name: First Tamara Middle D. Last Bohlander
Date of Birth: Month 11 Day 5 Year 63
Place of Birth (State or foreign country) Florida
Residence Address: Street or R.R. 2246 S. CoRd 550W City Coatesville County Hend. State Ind. 46121
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Eugene Bohlander
   (If adopted, list adoptive parents only)
   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 Marie Wood
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

* Signature of Applicant Glen Broyles Date 1-11-01

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 Glen Broyles
* 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 Tamara Dee Bohlander Date 1/10/2002

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Dee Bohlander
* New Address 4223 S. Co Rd. 550 W. Coatesville, IN 46121
Subscribed and sworn to before me this 10 day of January, 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Jan. 10, 2002, authorizing the marriage of Glen Michael Broyles and Tamara Dee Bohlander.

I further certify that the following marriage certificate was filed in my office: I, Howard Cupp (name), certify that on February 14, 2002 (date), at Hadley in Hendricks County, Indiana, Glen Michael Broyles of Hendricks County, Indiana, and Tamara Dee Bohlander of Hendricks County, Indiana (state) were 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. 10, 2002. Signed by: Howard Cupp, Pastor (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on February 20, 2002 (date).

Sharon Dugan
Signed _____ Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

460

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 65
Page 12
1-11-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☑ Yes ☐
If No, Medical Examination or Report Dated 12-14-01
Name of Physician Michelle McLaughlin

MALE APPLICANT

Name: First Eddie Middle W. Last Agal
Date of Birth: Month 11 Day 14 Year 55
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1060 Lake Dr. East 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 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 William Edward Agal
   (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 Susie Viola Horton
   (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 Eddie Agal Date 1-11-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court ____ Date ____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
✗Signed Eddie Agal
New Address Same
Subscribed and sworn to before me this 11 day of January 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____

State of Indiana)
County of Hendricks)
Father ____ ID # ____
Mother ____ ID # ____
Subscribed and sworn to before me this ____ day of ____
____ Clerk

FEMALE APPLICANT

Name: First Jeane Middle M. Last Mantle
Date of Birth: Month 11 Day 28 Year 52
Place of Birth (State or foreign country) New York
Residence Address: Street or R.R. 1060 Lake Dr. East 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) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 Walter Shannon
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) New York
   (b) Full maiden name of applicant's mother Theresa Catherine Oakleaf
   (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 Jeane Mantle Date 1-11-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court ____ Date ____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
✗Signed Jeane Mantle
New Address Same as above
Subscribed and sworn to before me this 11 day of January 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____

State of Indiana)
County of Hendricks)
Father ____ ID # ____
Mother ____ ID # ____
Subscribed and sworn to before me this ____ day of ____
____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ____ County ____ Court, by written order issued ____ and filed in ____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Jan. 11, 2002, authorizing the marriage of Eddie Wayne Agal and Jeane Marie Mantle.

I further certify that the following marriage certificate was filed in my office: I, Charles E. Hostetter (name), certify that on February 2, 2002 (date), at Indianapolis in Marion County, Indiana, Eddie Wayne Agal of Hendricks County, Indiana (state), and Jeane Marie Mantle of Hendricks County, Indiana (state) were 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. 11, 2002. Signed by: Charles E. Hostetter, Brownsburg Town Ct. Judge (official designation) Filed and recorded in accordance with the laws of the State of Indiana on February 6, 2002 (date).

Sharon Dugan
Signed ____ Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

461

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 65
Page 13
1-11-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☑ Yes ☐
If No, Medical Examination or Report Dated 1-9-2
Name of Physician Stephen D. Kennedy

MALE APPLICANT

Name: First Brian Middle J. Last Giles
Date of Birth: Month 11 Day 27 Year 74
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 911 Dodle Ridge Lane City B'Burg County Hend. State In. 46112
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father George Anson Giles
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Mass.
   (b) Full maiden name of applicant's mother Ellen Jo Meeks
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 1-11-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
✗ Signed [signature]
✗ New Address Same
Subscribed and sworn to before me this 11 day of January 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

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 J. Last Traut
Date of Birth: Month 4 Day 14 Year 73
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 911 Dodle Ridge Lane 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 2000
Date of Birth Verified By: ☐ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Taylor Madison Traut
6. (a) Full name of applicant's father Michael Garrison
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Cheryl Harris
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 1/11/02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
✗ Signed [signature]
✗ New Address Same
Subscribed and sworn to before me this 11 day of January, 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Jan. 11, 2002, authorizing the marriage of Brian Joseph Giles and Tiffany Jo Traut.
I further certify that the following marriage certificate was filed in my office: I, Norman W. Campbell (name), certify that on January 26, 2002 (date), at Pittsboro in Hendricks County, Indiana, Brian Joseph Giles of Hendricks County, Indiana (state), and Tiffany Jo Traut of Hendricks County, Indiana (state) were 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 11, 2002. Signed by: Norman W. Campbell, Elder (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on January 29, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

462

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 65
Page 14
1-11-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 12-14-01
Name of Physician Robin Eldin

MALE APPLICANT

Name First: William Middle: Dennis Last: Bray
Date of Birth Month: August Day: 3 Year: 1957
Place of Birth (State or foreign country): Indiana
Residence Address Street or R.R.: 10641 Patriot Ln. 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: 11/93
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify): Indiana Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father: William Wayne Bray
   (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: Hermie Cobylee Kirby
   (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 X William Dennis Bray Date Jan 11, 2002

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 William Dennis Bray
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: Elizabeth Middle: Ann Last: Barstow
Date of Birth Month: February Day: 01 Year: 1968
Place of Birth (State or foreign country): Missouri
Residence Address Street or R.R.: 10641 Patriot Ln Indpls. City: Hendricks County: State: IN
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages: _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date: _____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify): Indiana Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father: Kenneth Turner Barstow
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state): Missouri
   Birthplace of father (State or foreign country): Massachusetts
   (b) Full maiden name of applicant's mother: Irene Kay Giedinghagen
   (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 X Elizabeth Ann Barstow Date Jan 11, 2002

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Elizabeth Ann Barstow
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 Jan. 11, 2002, authorizing the marriage of William Dennis Bray and Elizabeth Ann Barstow.
I further certify that the following marriage certificate was filed in my office: I, Rev. Petros Roukas (name), certify that on February 16, 2002 (date), at Indianapolis in Marion County, Indiana, William Dennis Bray of Hendricks County, Indiana (state), and Elizabeth Ann Barstow of Hendricks County, Indiana (state) were 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. 11, 2002. Signed by: Rev. Petros Roukas, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on February 19, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

463

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 65
Page 15
1-15-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage 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 LYNN Middle W Last MAY

Date of Birth: Month 8 Day 10 Year 51

Place of Birth (State or foreign country): Indiana

Residence Address: Street or R.R. 2054 Allison St. City Greenwood County Marion State Ind 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)

Dennis Ranier

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 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 Patricia Rothrock
   (If adopted, list adoptive parents only) _____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 W. May Date 1-15-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 W. May
✗ New Address SAME AS BRIDE

Subscribed and sworn to before me this 15 day of January, 2002
Sharon Dugan _____ Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

FEMALE APPLICANT

Name: First Helene Middle LaVina Last Carter

Date of Birth: Month 3 Day 5 Year 36

Place of Birth (State or foreign country): Iowa

Residence Address: Street or R.R. 2463 Harvest Way Apt H City Shelbyville County Shelby State Ind 46168

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐ Date 1966

Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify)

Dennis Ranier

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. _____
6. (a) Full name of applicant's father Teddy R. Collins
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Iowa
   (b) Full maiden name of applicant's mother Viola D. Krogh Lane
   (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 Helene LaVina Carter Date 1-15-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)

I swear/affirm that the information given in this application is true and correct.

✗ Signed Helene LaVina Carter
✗ New Address SAME AS ABOVE

Subscribed and sworn to before me this 15 day of January, 2002
Sharon Dugan _____ Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Jan. 15, 2002, authorizing the marriage of Lynn Warren May and Helene LaVina Carter.

I further certify that the following marriage certificate was filed in my office: I, Rev. Ronald P. May (name), certify that on February 2, 2002 (date), at Indianapolis in Marion County, Indiana, Lynn Warren May of Marion County, Indiana (state), and Helene LaVina Carter of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Jan. 15, 2002. Signed by: Rev. Ronald P. May, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on February 6, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

464

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 65
Page 16
1-15-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☑ Yes ☐
If No, Medical Examination or Report Dated 1-9-02
Name of Physician A+N Family Medical Center

MALE APPLICANT

Name: First Ahmad Middle Kabir Last Sharify
Date of Birth: Month 6 Day 14 Year 59
Place of Birth (State or foreign country) Afghanistan
Residence Address: Street or R.R. 407 N. Lebanon St. 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 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. Ahmad James Sharify, Ahmad Daniel Sharify
6. (a) Full name of applicant's father Abdul Latif Sharify
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Switzerland
   Birthplace of father (State or foreign country) Afghanistan
   (b) Full maiden name of applicant's mother Muzdasa Aziz
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Switzerland
   Birthplace of mother (State or foreign country) Afghanistan

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant A. K. Sharify Date 1-15-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed A. K. Sharify
New Address P.O. Box 303 Lizton IN 46149
Subscribed and sworn to before me this 15 day of January 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

FEMALE APPLICANT

Name: First Shaima Middle _____ Last Mirzad
Date of Birth: Month 10 Day 18 Year 66
Place of Birth (State or foreign country) Afghanistan
Residence Address: Street or R.R. 407 N. Lebanon St. 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 1990
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. Fereshta Mirzad
6. (a) Full name of applicant's father Mirabdul Wodood
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Afghanistan
   (b) Full maiden name of applicant's mother Aqisa Sidiqie
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Afghanistan

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 1-15-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 P.O Box 303 Lizton IN 46149
Subscribed and sworn to before me this 15 day of January 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Jan. 15, 2002, authorizing the marriage of Ahmad Kabir Sharify and Shaima Mirzad.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on January 15, 2002 (date), at Danville in Hendricks County, Indiana, Ahmad Kabir Sharify of Hendricks County, Indiana (state), and Shaima Mirzad of Hendricks County, Indiana (state) were 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. 15, 2002. 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 January 16, 2002 (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 65
Page 17
1-15-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 1-8-02
Name of Physician Bruce Durell

MALE APPLICANT	FEMALE APPLICANT
Name: First Timothy Middle S. Last Callahan	Name: First Deborah Middle Catherine Last Lamb
Date of Birth: Month 12 Day 22 Year 68	Date of Birth: Month 6 Day 13 Year 69
Place of Birth (State or foreign country): Indiana	Place of Birth (State or foreign country): Scotland
Residence Address: Street or R.R. 3042 Clover Dr. City Pfld County Hend State In. 46168	Residence Address: Street or R.R. 3042 Clover Dr. City Pfld 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) 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. Catherine Rebecca Butler
6. (a) Full name of applicant's father Charles Eugene Callahan	6. (a) Full name of applicant's father Ian Lamb
(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) Australia
Birthplace of father (State or foreign country) Kentucky	Birthplace of father (State or foreign country) Scotland
(b) Full maiden name of applicant's mother Wilma Jo Carr	(b) Full maiden name of applicant's mother Irene Gordon Moffat
(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) Australia
Birthplace of mother (State or foreign country) Kentucky	Birthplace of mother (State or foreign country) Scotland

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Gene Callahan Date 1-15-2001

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 Timothy Gene Callahan
✓ New Address SAME

Subscribed and sworn to before me this 15 day of January 2002

Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of 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 DdLs Date 1/15/2001

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 DdLs
✓ New Address same

Subscribed and sworn to before me this 15 day of January 2002

Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Jan. 15, 2002, authorizing the marriage of Timothy Gene Callahan and Deborah Catherine Lamb.

I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on February 5, 2002 (date), at Danville in Hendricks County, Indiana, Timothy Gene Callahan of Hendricks County, Indiana (state), and Deborah Catherine Lamb of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Jan. 15, 2002 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 February 6, 2002 (date).

Sharon Dugan
Signed _____ Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

466

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 65
Page 18
1-15-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 1-15-02
Name of Physician Virginia A. Caine, M.D.

MALE APPLICANT

Name: First Paul Middle D. Last Oliphant
Date of Birth: Month 12 Day 16 Year 53
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1453 N. CoRd 200 E 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. Storm David Oliphant
6. (a) Full name of applicant's father Charles Oliphant
   (If adopted, list adoptive parents only) ____
   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 Giles
   (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 Paul D Oliphant Date 1-15-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
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 Oliphant
X New Address SAME
Subscribed and sworn to before me this 15 day of January 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____

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 Solgot
Date of Birth: Month 4 Day 7 Year 70
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1453 N CoRd 200E 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 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 Ronald L. Solgot
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) MI
   (b) Full maiden name of applicant's mother Marjorie M. Westell
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) MI

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding 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 Catherine Solgot Date 1/15/2002

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
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 Catherine Solgot
X New Address Same
Subscribed and sworn to before me this 15 day of January 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____

State of Indiana)
County of Hendricks)
Father ____ ID # ____
Mother ____ ID # ____
Subscribed and sworn to before me this ____ day of ____
____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ____ County ____ Court, by written order issued ____ and filed in ____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Jan. 15, 2002, authorizing the marriage of Paul David Oliphant and Catherine Marie Solgot.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on January 15, 2002 (date), at Danville in Hendricks County, Indiana, Paul David Oliphant of Hendricks County, Indiana (state), and Catherine Marie Solgot of Hendricks County, Indiana (state) were 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. 15, 2002. 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 January 16, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

467

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 65
Page 19
1-16-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 12-28-01
Name of Physician Dennis Hadley M.D.

MALE APPLICANT

Name: First David Middle E. Last Swanson
Date of Birth: Month 6 Day 13 Year 79
Place of Birth (State or foreign country) Iowa
Residence Address: Street or R.R. 710 Butternut Court 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 Dennis Leroy Swanson
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Iowa
   (b) Full maiden name of applicant's mother Cheryl Ryan Staats
   (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 David E. Swanson Date 1/16/02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
✗ Signed David E. Swanson
✗ New Address SAME
Subscribed and sworn to before me this 16 day of January, 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

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 M. Last Alise
Date of Birth: Month 4 Day 24 Year 79
Place of Birth (State or foreign country) California
Residence Address: Street or R.R. 411 S. Kentucky St. 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 male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Alise
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Louisiana
   Birthplace of father (State or foreign country) New York
   (b) Full maiden name of applicant's mother Beverly Huff
   (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 Erin M Alise Date 1/16/02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 M Alise
✗ New Address 710 Butternut Ct. Danville, IN 46122
Subscribed and sworn to before me this 16 day of January, 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Jan. 16, 2002, authorizing the marriage of David Eric Swanson and Erin Marie Alise.
I further certify that the following marriage certificate was filed in my office: I, Pastor Donald R. Swanson (name), certify that on January 26, 2002 (date), at Danville in Hendricks County, Indiana, David Eric Swanson of Hendricks County, Indiana (state), and Erin Marie Alise of Hendricks County, Indiana (state) were 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, 2002. Signed by: Pastor Donald R. Swanson, Sr. Pastor (official designation) Filed and recorded in accordance with the laws of the State of Indiana on January 29, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

468

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 65
Page 20
1-16-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☑ Yes ☐
If No, Medical Examination or Report Dated 1-15-02
Name of Physician Dr. Linda Scott

MALE APPLICANT

Name: First David Middle A. Last Blackburn
Date of Birth: Month 3 Day 9 Year 74
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 7649 Quail Creek Trace City Pittsboro County Hend. St. 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 Bobby Blackburn
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Theresa Boyce
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Blackburn Date 1-16-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Blackburn
✗New Address [redacted] Same
Subscribed and sworn to before me this 16 day of January 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____

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 L. Last McLellen
Date of Birth: Month 6 Day 28 Year 76
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 7649 Quail Creek Trace City Pittsboro County Hend. St. 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 Michael R. McLellen
   (If adopted, list adoptive parents only) ____
   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 E. Buis
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 L. McLellen Date 1-16-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 L. McLellen
✗New Address Same
Subscribed and sworn to before me this 16 day of January 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____

State of Indiana)
County of Hendricks)
Father ____ ID # ____
Mother ____ ID # ____
Subscribed and sworn to before me this ____ day of ____
____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ____ County ____ Court, by written order issued ____ and filed in ____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Jan. 16, 2002, authorizing the marriage of David Alan Blackburn and Christina Lynn McLellen.
I further certify that the following marriage certificate was filed in my office: I, Rev. Dennis L. DeWitt (name), certify that on Januray 19, 2002 (date), at Brownsburg in Hendricks County, Indiana, David Alan Blackburn of Hendricks County, Indiana (state), and Christina Lynn McLellen of Hendricks County, Indiana (state) were 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, 2002. Signed by: Rev. Dennis L. DeWitt, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on January 25, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

469

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 65
Page 21
1-17-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 12-29-01
Name of Physician James Cromer

MALE APPLICANT

Name: First Richard Middle Franklin Last Branch
Date of Birth: Month 12 Day 3 Year 76
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 307 Sycamore Street City Brownsburg County Hendricks State In
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. ____
6. (a) Full name of applicant's father Richard Joseph Branch
   (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 Bessie Ann Bishop
   (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 1/17/02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 17 day of January 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____

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 Hagans
Date of Birth: Month 11 Day 8 Year 77
Place of Birth (State or foreign country) Pennsylvania
Residence Address: Street or R.R. 307 Sycamore Street City Brownsburg County Hendricks State In
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. ____
6. (a) Full name of applicant's father Matthew Dean Hagans
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Cathellin Jean Butler
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 1/17/02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 17 day of January 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____

State of Indiana)
County of Hendricks)
Father ____ ID # ____
Mother ____ ID # ____
Subscribed and sworn to before me this ____ day of ____
____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ____ County ____ Court, by written order issued ____ and filed in ____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Jan. 17, 2002, authorizing the marriage of Richard Franklin Branch and Jennifer Marie Hagans.
I further certify that the following marriage certificate was filed in my office: I, Carolyn J. Scanlan (name), certify that on February 2, 2002 (date), at Indianapolis in Marion County, Indiana, Richard Franklin Branch of Hendricks County, Indiana (state), and Jennifer Marie Hagans of Hendricks County, Indiana (state) were 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. 17, 2002 Signed by: Carolyn J. Scanlan, Reverend (official designation) Filed and recorded in accordance with the laws of the State of Indiana on February 6, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

470

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 65
Page 22
1-17-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 1-15-02
Name of Physician Bradley Hemrick

MALE APPLICANT

Name: First Donald Middle W. Last Wilson Jr.
Date of Birth: Month 7 Day 21 Year 71
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 201 S. California St. 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 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. Justin Ryan Wilson, Chase Thomas Wilson
6. (a) Full name of applicant's father Donald Wayne Wilson 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 Donna Sue Minton
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Wilson Date 1-17-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Wilson
✗ New Address SAME
Subscribed and sworn to before me this 17 day of January 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

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 K. Last Sullivan
Date of Birth: Month 10 Day 25 Year 69
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 201 S. California St. 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 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 Steven R. Hand
   (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 Theresa Ann Grillo
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Sullivan Date 1-17-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Sullivan
✗ New Address SAME
Subscribed and sworn to before me this 17 day of January 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Jan. 17, 2002, authorizing the marriage of Donald Wayne Wilson, Jr. and Michelle Kristine Sullivan. I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on February 1, 2002 (date), at Danville in Hendricks County, Indiana, Donald Wayne Wilson, Jr. of Hendricks County, Indiana (state), and Michelle Kristine Sullivan of Hendricks County, Indiana (state) were 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. 17, 2002. 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 February 6, 2002 (date).

Sharon Dugan
Signed _____ Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 65
Page 23
1-17-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 1-17-02
Name of Physician L. Hammell M.D.

MALE APPLICANT

Name: First Eric Middle Lee Last Scott
Date of Birth: Month 7 Day 22 Year 75
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 2924/1 S. Co. Rd. 1050 E City Indpls County Hend. State In. 46231
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Lee 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 Cynthia Sue Scott
   (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 K. Last Royer
Date of Birth: Month 5 Day 10 Year 78
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 2924/1 S. Co. Rd. 1050 E. City Indpls County Hendricks State 46231
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Allen Dale Royer
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Kathryn Lynn Miess
   (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 Eric L Scott Date 1-17-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 L Scott
✗ New Address same
Subscribed and sworn to before me this 17 day of January 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

✗ Signature of Applicant Lisa K. Royer Date 1-17-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 K. Royer
✗ New Address same
Subscribed and sworn to before me this 17 day of January 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Jan. 17, 2002, authorizing the marriage of Eric Lee Scott and Lisa Kay Royer.
I further certify that the following marriage certificate was filed in my office: I, Andrew Szakaly (name), certify that on January 27, 2002 (date), at Nashville in Brown County, Indiana, Eric Lee Scott of Hendricks County, Indiana (state), and Lisa Kay Royer of Hendricks County, Indiana (state) were 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. 17, 2002. Signed by: Andrew Szakaly, Clergy (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on January 30, 2002 (date).

Sharon Dugan
Signed _____ Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

472

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 65
Page 24
1-18-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 1-16-02
Name of Physician M. Hamlet

MALE APPLICANT

Name: First Jeffrey Middle Louis Last Chalkley

Date of Birth: Month 3 Day 12 Year 78

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 524 Brentwood Dr. E. City Plfd 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 Roger Stacy Chalkley
   (If adopted, list adoptive parents only) ____
   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 Jean Dagliardi
   (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 Jeffrey Chalkley Date 1-18-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Chalkley
✗ New Address 3467 Beluga Ln Apt 1B Indpls, IN 46214

Subscribed and sworn to before me this 18 day of January, 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____

State of Indiana)
County of Hendricks)
Father ____ ID # ____
Mother ____ ID # ____
Subscribed and sworn to before me this ____ day of ____
____ Clerk

FEMALE APPLICANT

Name: First Jenay Middle L. Last Horn

Date of Birth: Month 9 Day 26 Year 78

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 628 Weesner 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)

Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Mark Horn
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Linda Sue Ludlow
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) NC

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

✗ Signature of Applicant Jenay L Horn Date 1-18-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court ____ Date ____

State of Indiana)
County of Hendricks)

I swear/affirm that the information given in this application is true and correct.

✗ Signed Jenay L Horn
✗ New Address 3467 Beluga Ln Apt 1B Indpls, IN 46214

Subscribed and sworn to before me this 18 day of January, 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____

State of Indiana)
County of Hendricks)
Father ____ ID # ____
Mother ____ ID # ____
Subscribed and sworn to before me this ____ day of ____
____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ____ County ____ Court, by written order issued ____ and filed in ____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Jan. 18, 2002, authorizing the marriage of Jeffrey Louis Chalkley and Jenay Leigh Horn.
I further certify that the following marriage certificate was filed in my office: I, Kevin Morris (name), certify that on February 2, 2002 (date), at Plainfield in Hendricks County, Indiana, Jeffrey Louis Chalkley of Hendricks County, Indiana (state), and Jenay Leigh Horn of Hendricks County, Indiana (state) were 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, 2002. Signed by: Kevin Morris, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on February 6, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

473

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 605
Page 25
1-18-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 1-8-02
Name of Physician David Dudley M.D.

MALE APPLICANT

Name: First Anthony Middle L. Last Chappell
Date of Birth: Month 1 Day 18 Year 79
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 9847 Hines Dr. 77 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 female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Eugene Chappell
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Sue Ellen Ballard
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Lee Chappell Date 1/18/02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Lee Chappell
✗New Address same
Subscribed and sworn to before me this 18 day of January, 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

FEMALE APPLICANT

Name: First Shannon Middle Marie Last Linsday
Date of Birth: Month 8 Day 8 Year 78
Place of Birth (State or foreign country) Michigan
Residence Address: Street or R.R. 25449 Audrey Ave. City Warren County Macomb State Mi 48091
Previous Marital Status: 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 Edward Linsday
   (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 Cindy Marie Johnson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Michigan
   Birthplace of mother (State or foreign country) Michigan

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
✗Signature of Applicant Shannon Linsday Date 1-18-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
✗Signed Shannon Linsday
✗New Address 9847 Hines #77
Subscribed and sworn to before me this 18 day of January, 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Jan. 18, 2002, authorizing the marriage of Anthony Lee Chappell and Shannon Marie Linsday.
I further certify that the following marriage certificate was filed in my office: I, Andrew Szakaly (name), certify that on January 19, 2002 (date), at Nashville in Brown County, Indiana, Anthony Lee Chappell of Hendricks County, Indiana (state), and Shannon Marie Linsday of Macomb County, Michigan (state) were 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, 2002. Signed by: Andrew Szakaly, Clergy (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on January 25, 2002 (date).

Sharon Dugan
Signed _____ Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

474

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 65
Page 96
1-18-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 1-15-02
Name of Physician Brian Sperl

MALE APPLICANT

Name: First Alec Middle Richard Last Crabbe
Date of Birth: Month September Day 18 Year 1964
Place of Birth (State or foreign country) England
Residence Address: Street or R.R. 1241 Constitution 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) Indiana Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Victoria Ashley Bright
6. (a) Full name of applicant's father Geoffrey Richard Crabbe
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Georgia
   Birthplace of father (State or foreign country) England
   (b) Full maiden name of applicant's mother Jean Allison
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Georgia
   Birthplace of mother (State or foreign country) England

FEMALE APPLICANT

Name: First Kimberly Middle Alese Last McAfee
Date of Birth: Month February Day 5 Year 1972
Place of Birth (State or foreign country) Georgia
Residence Address: Street or R.R. 710 Upper Hembree Rd. City Roswell County Fulton State GA
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 10/00
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Georgia Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Brooke Elizabeth Wade
6. (a) Full name of applicant's father James Kenneth McAfee
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Georgia
   Birthplace of father (State or foreign country) Georgia
   (b) Full maiden name of applicant's mother Carol Alesa Wood
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Georgia
   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 X Alec R Crabbe Date 1-18-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Alec R Crabbe
New Address 1241 Constitution Dr. Indpls IN 46234
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 Kimberly Alese McAfee Date 1/18/02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Kimberly Alese McAfee
New Address 1241 Constitution Dr. 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

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____

State of Indiana)
County of Hendricks)
Father ____ ID # ____
Mother ____ ID # ____
Subscribed and sworn to before me this ____ day of ____
____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ____ County ____ Court, by written order issued ____ and filed in ____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Jan. 18, 2002, authorizing the marriage of Alec Richard Crabbe and Kimberly Alese McAfee.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on January 18, 2002 (date), at Danville in Hendricks County, Indiana, Alec Richard Crabbe of Hendricks County, Indiana (state), and Kimberly Alese McAfee of Hendricks County, Indiana (state) were 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, 2002. 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 January 23, 2002 (date).

Sharon Dugan
Signed ____ Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

475

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 65
Page 27
1-22-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 1-22-02
Name of Physician David Hadley MD

MALE APPLICANT

Name: First Carlos Middle Scott Last Hawkins
Date of Birth: Month 7 Day 24 Year 80
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1216 Eldin Dr. City Clfd 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 Carlos Semuel Hawkins
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Kentucky
   (b) Full maiden name of applicant's mother Sandra Sue Dobbs
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
✗ Signature of Applicant [signature] Date 1-22-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 738 S BILTMORE ST Indpls 46241
Subscribed and sworn to before me this 22 day of January 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____

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 Violet Last Hazelbaker
Date of Birth: Month 9 Day 26 Year 82
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 612 Brentwood Dr. W. City Clfd 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 Jeffrey Hazelbaker
   (If adopted, list adoptive parents only) ____
   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 Stern
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
✗ Signature of Applicant [signature] Date 1-22-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 738 S Biltmore Ave Indps 46241
Subscribed and sworn to before me this 22 day of January 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____

State of Indiana)
County of Hendricks)
Father ____ ID # ____
Mother ____ ID # ____
Subscribed and sworn to before me this ____ day of ____
____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ____ County ____ Court, by written order issued ____ and filed in ____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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).

Sharon Dugan
Signed ____ Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

476

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 65
Page 28
1-22-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 1-14-02
Name of Physician Alan Gillespy

MALE APPLICANT

Name: First Ronald Middle Howard Last White
Date of Birth: Month January Day 27 Year 1960
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 8300 Winton Ave. 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 7/95
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Indiana Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Howard William White
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Mass.
   (b) Full maiden name of applicant's mother Helene Geraldine Frankenbush
   (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 x Ronald White Date 1-22-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Ronald White
New Address 1627 Blue Phlox Dr Avon IN.
Subscribed and sworn to before me this _____ day of _____
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

FEMALE APPLICANT

Name: First Kimberly Middle Ann Last Theiss
Date of Birth: Month May Day 31 Year 1968
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1627 Blue Phlox Dr. 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 9/96
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Indiana Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Conor Laine Theiss
6. (a) Full name of applicant's father Thomas Charles Roseman
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Francis Ann Harper
   (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 x Kimberly A. Theiss Date 1-22-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Kimberly A. Theiss
New Address 1627 Blue Phlox 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 Jan. 22, 2002, authorizing the marriage of Ronald Howard White and Kimberly Ann Theiss.
I further certify that the following marriage certificate was filed in my office: I, Robert A. Burns (name), certify that on January 26, 2002 (date), at Fillmore in Putnam County, Indiana, Ronald Howard White of Hendricks County, Indiana (state), and Kimberly Ann Theiss of Hendricks County, Indiana (state) were 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, 2002. Signed by: Robert A. Burns, Judge Pro-Tempore (official designation) Filed and recorded in accordance with the laws of the State of Indiana on January 29, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

477

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 605
Page 29
1-22-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 1-22-02
Name of Physician David Hadley M.D.

MALE APPLICANT	FEMALE APPLICANT
Name: First James, Middle Isaac, Last Compton III	Name: First Mary, Middle Ellen, Last Greeson
Date of Birth: Month 8, Day 13, Year 69	Date of Birth: Month 7, Day 20, Year 61
Place of Birth (State or foreign country): Indiana	Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 6212 Vigo Dr., City Clayton, County Hend., State In. 46118	Residence Address: Street or R.R. 6212 Vigo Dr., City Clayton, County Hend., 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 1999	Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1997
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. Karissa R. Compton	5. List the full names of any dependent children. Margaret E. Greeson
6. (a) Full name of applicant's father James Isaac Compton Jr.	6. (a) Full name of applicant's father David L. Volz
(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 Linda Lee Thompson	(b) Full maiden name of applicant's mother Judith A. Ward
(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) Illinois	Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant James I. Compton Date 1-22-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

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 I. Compton
X New Address Same

Subscribed and sworn to before me this 22 day of January, 2002

Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of 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 Mary Greeson Date 1-22-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

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 Mary Greeson
X New Address Same

Subscribed and sworn to before me this 22 day of January, 2002

Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Jan. 22, 2002, authorizing the marriage of James Isaac Campton, III and Mary Ellen Greeson.

I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on January 22, 2002 (date), at Danville in Hendricks County, Indiana, James Isaac Campton, III of Hendricks County, Indiana (state), and Mary Ellen Greeson of Hendricks County, Indiana (state) were 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, 2002. 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 January 23, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

478

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 605
Page 30
1-23-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☐ Yes ☒
If No, Medical Examination or Report Dated 1-21-02
Name of Physician Dr. Tague

MALE APPLICANT

Name: First Jeffrey Middle Joseph Last Silko
Date of Birth: Month 9 Day 29 Year 60
Place of Birth (State or foreign country) Michigan
Residence Address: Street or R.R. 4737 Iowa St 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 female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Summer Joy Silko; Jeremy Joseph Silko
6. (a) Full name of applicant's father Vincent John Silko
   (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 Norma Jean Lattin
   (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 (s) Jeffrey Joseph Silko Date 01/23/02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed (s) Jeffrey Joseph Silko
New Address same
Subscribed and sworn to before me this 23 day of Jan. 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

FEMALE APPLICANT

Name: First Roxana Middle Jolene Last Beebe
Date of Birth: Month 1 Day 22 Year 60
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 4737 Iowa St 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 male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. NA
6. (a) Full name of applicant's father Donald Eugene Redden
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Shirley Maxine 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 (s) Roxana Jolene Beebe Date 1/23/02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed (s) Roxana Jolene Beebe
New Address same
Subscribed and sworn to before me this 23 day of Jan. 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Jan. 23, 2002, authorizing the marriage of Jeffrey Joseph Silko and Roxana Jolene Beebe.
I further certify that the following marriage certificate was filed in my office: I, Michael E. Morken (name), certify that on February 14, 2002 (date), at Indianapolis in Marion County, Indiana, Jeffrey Joseph Silko of Hendricks County, Indiana (state), and Roxana Jolene Beebe of Hendricks County, Indiana (state) were 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, 2002. Signed by: Michael E. Morken, Judge Pro Tempore (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on February 20, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

479

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 605
Page 31
1-22-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☑ Yes ☐
If No, Medical Examination or Report Dated 1-18-02
Name of Physician Dr. Borhan

MALE APPLICANT	FEMALE APPLICANT
Name: First James Middle J. Last Dupire	Name: First Lisa Middle K Last Holzbog
Date of Birth: Month 7 Day 31 Year 1972	Date of Birth: Month 4 Day 13 Year 1975
Place of Birth (State or foreign country): Indiana 46168	Place of Birth (State or foreign country): Indiana 47118
Residence Address Street or R.R.: 2013 Crown Plaza Blvd City: Pinfld County: Hend State: IN	Residence Address Street or R.R.: 410 W Church St City: English County: Crawford 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) Driver's License	Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Driver's License
1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐	1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐	If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐	2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐	3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐	4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of applicant's father Loren William Dupire	6. (a) Full name of applicant's father Roy Holzbog
(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 Joan Marie Gift	(b) Full maiden name of applicant's mother Janice S. Fraze
(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) Pennsylvania	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 1-22-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)

I swear/affirm that the information given in this application is true and correct.

Signed [signature]
New Address same as above

Subscribed and sworn to before me this 22 day of January 2002

Sharon Dugan
Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)

Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____

_____ Clerk

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Lisa Holzbog Date 1-22-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk 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 Holzbog
New Address 2013 Crown Plaza Blvd Pinfld IN 46168

Subscribed and sworn to before me this 22 day of January 2002

Sharon Dugan
Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)

Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Jan. 22, 2002, authorizing the marriage of James Joseph Dupire and Lisa Kay Holzbog.

I further certify that the following marriage certificate was filed in my office: I, Timothy A. Tenbarge (name), certify that on February 2, 2002 (date), at St. Anthony in Dubois County, Indiana, James Joseph Dupire of Hendricks County, Indiana (state), and Lisa Kay Holzbog of Crawford County, Indiana (state) were 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, 2002. Signed by: Timothy A. Tenbarge, Priest (official designation) Filed and recorded in accordance with the laws of the State of Indiana on February 7, 2002 (date).

Sharon Dugan
Signed _____ Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

480

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 65
Page 32
1-23-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 1-21-02
Name of Physician M. Lamb

MALE APPLICANT

Name: First Bryan Middle Alan Last Turner
Date of Birth: Month 9 Day 12 Year 77
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 7460 Waterfront Dr. Apt #308 City Indpls. County Marion State 46234
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 2002
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Lee Turner
   (If adopted, list adoptive parents only)
   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 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 Bryan Turner Date 1-23-02

above applicant has objected to verifying by oath or affirmation or signature to the above owledgment because of religious beliefs.
of Court _____ Date _____

Indiana)
of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Bryan Turner
New Address 10420 S. C.R. 0 Clayton IN. 46118
and sworn to before me this 23 day of January 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

OF PARENTS, PARENT, OR GUARDIAN
nts of this applicant, hereby give consent for this marriage. If only one parent signs, hich make the consent of the other parent unnecessary _____
na)
ndricks)
_____ ID # _____
_____ ID # _____
sworn to before me this _____ day of _____
_____ Clerk

FEMALE APPLICANT

Name: First Nicole Middle Renee Last Arnold
Date of Birth: Month 2 Day 29 Year 76
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 10420 S. CR 0 City Clayton County Hend. Co. State 46118
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. Alexander James Arnold
6. (a) Full name of applicant's father Keith L. Sutton
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Patricia Jan Ogle
   (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 Nicole R Arnold Date 1-23-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Nicole R Arnold
New Address SAME
Subscribed and sworn to before me this 23 day of January 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Jan. 23, 2002, authorizing the marriage of Bryan Alan Turner and Nicole Renee Arnold.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on January 23, 2002 (date), at Danville in Hendricks County, Indiana, Bryan Alan Turner of Marion County, Indiana (state), and Nicole Renee Arnold of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Jan. 23, 2002. 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 January 23, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

480

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 65
Page 32
1-23-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 1-21-02
Name of Physician M. Hamlin

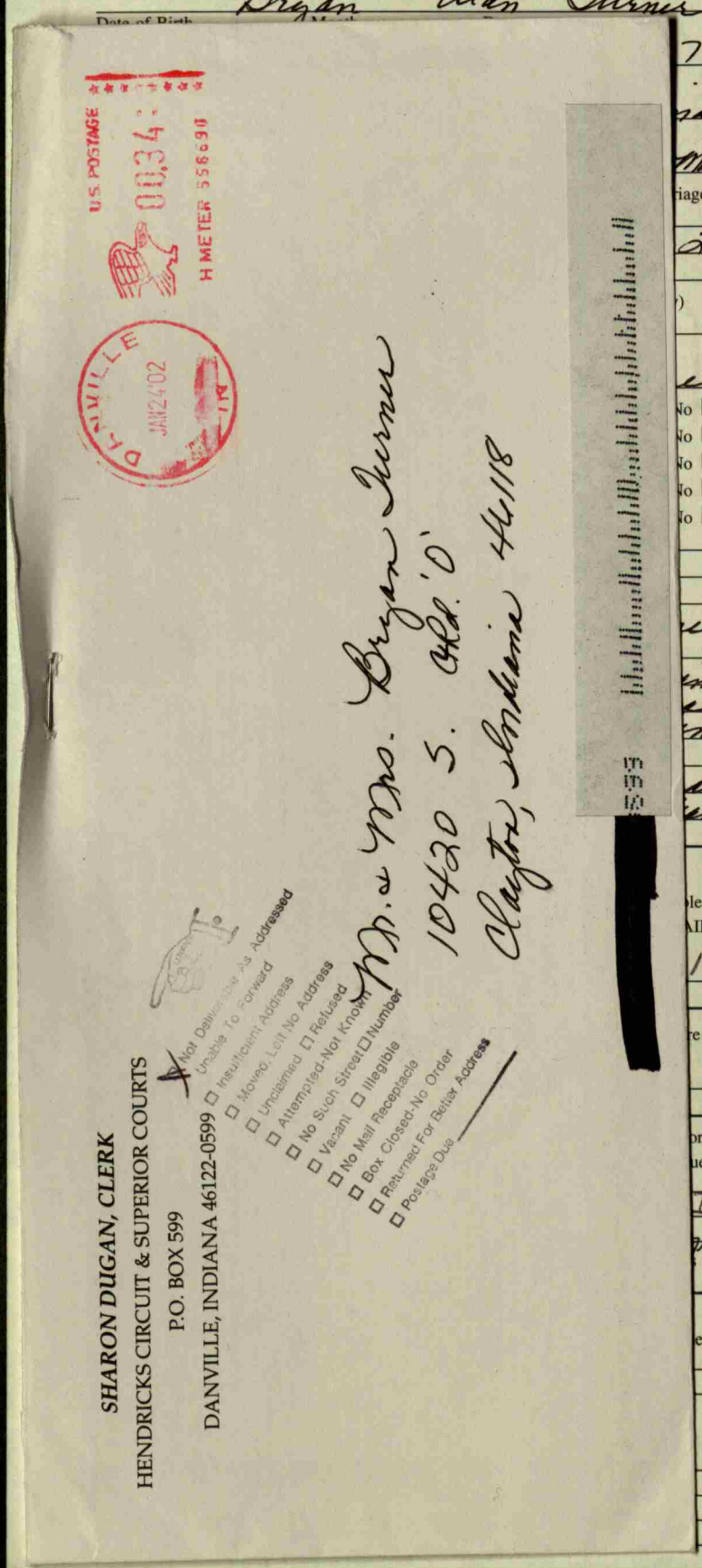
MALE APPLICANT

Name: First Bryan Middle Alan Last Turner
Date of Birth: Month 7
State 46224
Marriages 1
2002
No ☒ Yes ☐
No ☐ Yes ☐
No ☒ Yes ☐
No ☒ Yes ☐
No ☒ Yes ☐
Bennett
Clerk

FEMALE APPLICANT

Name: First Nicole Middle Renee Last Arnold
Date of Birth: Month 2 Day 29 Year 76
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 10420 S. CR 0 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 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. Alexander James Arnold
6. (a) Full name of applicant's father Keith L. Stubbs
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Patricia Jan Ogle
   (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 Nicole R Arnold Date 1-23-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Nicole R Arnold
New Address SAME
Subscribed and sworn to before me this 23 day of January 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Jan. 23, 2002, authorizing the marriage of Bryan Alan Turner and Nicole Renee Arnold.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on January 23, 2002 (date), at Danville in Hendricks County, Indiana, Bryan Alan Turner of Marion County, Indiana (state), and Nicole Renee Arnold of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Jan. 23, 2002. 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 January 23, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

481

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 65
Page 33
1-23-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 1-10-02
Name of Physician Kirtley M.D.

MALE APPLICANT

Name: First James Middle — Last Rollison
Date of Birth: Month 9 Day 17 Year 66
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 3122 Rickridge Lane 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 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 Byron Lee Rollison
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Monise Sue Drake
   (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 Lisa Middle R. Last Bellomy
Date of Birth: Month 4 Day 30 Year 68
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 3122 Rickridge Lane 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 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. Ashley Danielle Uhler
6. (a) Full name of applicant's father Steve Don Lohn
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Bonnie Lynnallen
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

✗ Signature of Applicant [signature] Date 1/23/02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 23 day of January 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

✗ Signature of Applicant Lisa R Bellomy Date 1-23-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 R. Bellomy
✗ New Address Same
Subscribed and sworn to before me this 23 day of January 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Jan. 23, 2002, authorizing the marriage of James Rollison and Lisa Renee' Bellomy.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on January 23, 2002 (date), at Danville in Hendricks County, Indiana, James Rollison of Hendricks County, Indiana (state), and Lisa Renee' Bellomy of Hendricks County, Indiana (state) were 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, 2002. 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 January 23, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

482

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 605
Page 34
1-23-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☑ Yes ☐
If No, Medical Examination or Report Dated 01-11-02
Name of Physician Dr. Harris

MALE APPLICANT	FEMALE APPLICANT
Name: First Kenneth Middle Robert Last Wallace	Name: First Shannon Middle Patricia Last Allen
Date of Birth: Month 07 Day 27 Year 61	Date of Birth: Month 09 Day 01 Year 59
Place of Birth (State or foreign country) Indiana	Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 2403 S Co Rd 1050 E City Indpls. County Hendricks State IN	Residence Address: Street or R.R. 354 C Great Lakes Circle W City Avon County Hendricks State IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1	Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 1997	Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 12-01
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. N/A	5. List the full names of any dependent children. N/A
6. (a) Full name of applicant's father Robert Theodore Wallace	6. (a) Full name of applicant's father Roy McGowan IV
(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 Juanita Mae Tucker	(b) Full maiden name of applicant's mother Katharine Lucille Baldwin
(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) 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).

MALE APPLICANT
Signature of Applicant Kenneth Wallace KRW Date 1-23-02

FEMALE APPLICANT
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 _____

MALE APPLICANT

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Kenneth Wallace
New Address 354 Great Lakes Circle W Apt C
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 Shannon Allen
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 Jan. 23, 2002, authorizing the marriage of Kenneth Robert Wallace and Shannon Patricia Allen.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on February 15, 2002 (date), at Danville in Hendricks County, Indiana, Kenneth Robert Wallace of Hendricks County, Indiana (state), and Shannon Patricia 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 Jan. 23, 2002. 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 February 20, 2002 (date).

Sharon Dugan
Signed _____ Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 65
Page 35
1-24-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☑ Yes ☐
If No, Medical Examination or Report Dated 1-24-02
Name of Physician Dr. Mandel

MALE APPLICANT

Name: First Anthony Middle Ramon Last Volpatti
Date of Birth: Month 06 Day 08 Year 70
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 9404 Enclave Dr. 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 1995
Date of Birth Verified By: ☐ Birth Certificate ☐ Other (Specify) Driver's

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Ire Hunter Volpatti
6. (a) Full name of applicant's father Ron Volpatti
   (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 Gwen Wildey
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 1-24-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed [signature]
New Address _____
Subscribed and sworn to before me this 24 day of Jan 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

FEMALE APPLICANT

Name: First Cami Middle Michelle Last Hartzell
Date of Birth: Month 03 Day 15 Year 74
Place of Birth (State or foreign country) Washington
Residence Address: Street or R.R. 9404 Enclave 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 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. Ire Hunter Volpatti
6. (a) Full name of applicant's father Don Hartzell
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Washington
   Birthplace of father (State or foreign country)
   (b) Full maiden name of applicant's mother Evelyn Kay Hogle
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Washington
   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 Cami Hartzell Date 1-24-024

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Cami Hartzell
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 Jan. 24, 2002, authorizing the marriage of Anthony Ramon Volpatti and Cami Michelle Hartzell.
I further certify that the following marriage certificate was filed in my office: I, M. Kay Sidey (name), certify that on January 26, 2002 (date), at Yorktown in Delaware County, Indiana, Anthony Ramon Volpatti of Hendricks County, Indiana (state), and Cami Michelle Hartzell of Hendricks County, Indiana (state) were 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, 2202. Signed by: M. Kay Sidey, Clerk-Treasurer (official designation) Filed and recorded in accordance with the laws of the State of Indiana on January 30, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

484

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 65
Page 36
January 25, 2002
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 1-21-02
Name of Physician Dr. Barbara Matakevich

MALE APPLICANT

Name: First Timothy Middle Thomas Last Timmings
Date of Birth: Month 8 Day 10 Year 69
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 4271 Allen Dr. City Brownsburg County Hendricks State IN
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Timothy Timmings
6. (a) Full name of applicant's father William Timmings
   (If adopted, list adoptive parents only)
   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 Moran
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Timmings Date 1-25-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Timmings
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 Ruth Middle Ann Last Fields
Date of Birth: Month 10 Day 25 Year 70
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 601 Cedar Run Dr. City Brownsburg County Hendricks State IN
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Fields, Timothy Timmings
6. (a) Full name of applicant's father Joseph Fields
   (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 Betty Manuel
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
☒ Signature of Applicant Ruth Fields Date 1-25-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
☒ Signed Ruth Fields
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 Jan. 25, 2002, authorizing the marriage of Timothy Thomas Timmings and Ruth Ann Fields.
I further certify that the following marriage certificate was filed in my office: I, Sharon Dugan (name), certify that on January 25, 2002 (date), at Danville in Hendricks County, Indiana, Timothy Thomas Timmings of Hendricks County, Indiana (state), and Ruth Ann Fields of Hendricks County, Indiana (state) were 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, 2002. Signed by: Sharon Dugan, Hend. County Clerk (official designation) Filed and recorded in accordance with the laws of the State of Indiana on January 25, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

485

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 65
Page 37
1-25-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 1-25-02
Name of Physician Dr. Daddy

MALE APPLICANT

Name First: Michael Middle: Joe Last: Hubble
Date of Birth Month: 4 Day: 2 Year: 54
Place of Birth (State or foreign country): Indiana
Residence Address: 8214 Water Street City: Coatesville County: Hendricks State: In
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages: 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify): Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father: John A. Hubble
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state): Indiana
   Birthplace of father (State or foreign country): Indiana
   (b) Full maiden name of applicant's mother: Evelyn F. Witt
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state): Indiana
   Birthplace of mother (State or foreign country): Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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. Hubble Date: 1/25/02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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. Hubble
New Address: Same As Above
Subscribed and sworn to before me this 25 day of January 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

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: Sue Last: Lassonde
Date of Birth Month: 9 Day: 6 Year: 56
Place of Birth (State or foreign country): Indiana
Residence Address: 8214 Water Street City: Coatesville County: Hendricks State: In
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages: 3
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify): Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Wyatt Walker
   (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: Barbara Jean Sherman
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state): Deceased
   Birthplace of mother (State or foreign country): Nebraska

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: Pamela Lassonde Date _____

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed: Pamela Lassonde
New Address: Same As Above
Subscribed and sworn to before me this 25 day of January 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Jan. 25, 2002, authorizing the marriage of Michael Joe Hubble and Pamela Sue Lassonde.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on January 25, 2002 (date), at Danville in Hendricks County, Indiana, Michael Joe Hubble of Hendricks County, Indiana (state), and Pamela Sue Lassonde of Hendricks County, Indiana (state) were 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, 2002. 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 January 25, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

486

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 65
Page 38
1-28-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 1-20-02
Name of Physician IU Medical Center

MALE APPLICANT

Name: First Kenneth Middle A. Last Gross

Date of Birth: Month 3 Day 26 Year 71

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 3344 S. St Rd 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 Kenneth W. Gross
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Vicki Patterson
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

✗ Signature of Applicant Kenneth A Gross Date 1-28-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court ____ Date ____

State of Indiana)
County of Hendricks)

I swear/affirm that the information given in this application is true and correct.

✗ Signed Kenneth A Gross
✗ New Address Same as above

Subscribed and sworn to before me this 28 day of January, 2002

Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____

State of Indiana)
County of Hendricks)

Father ____ ID # ____
Mother ____ ID # ____

Subscribed and sworn to before me this ____ day of ____

____ Clerk

FEMALE APPLICANT

Name: First Tia Middle R. Last Gilliland

Date of Birth: Month 9 Day 20 Year 62

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 3344 St Rd 39 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 1989

Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Gross
   (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 Jeane Sexton
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

✗ Signature of Applicant Tia R Gilliland Date 1/28/02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court ____ Date ____

State of Indiana)
County of Hendricks)

I swear/affirm that the information given in this application is true and correct.

✗ Signed Tia R Gilliland
✗ New Address Same as above

Subscribed and sworn to before me this 28 day of January, 2002

Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____

State of Indiana)
County of Hendricks)

Father ____ ID # ____
Mother ____ ID # ____

Subscribed and sworn to before me this ____ day of ____

____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ____ County ____ Court, by written order issued ____ and filed in ____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Jan. 28, 2002, authorizing the marriage of Kenneth Alan Gross and Tia Rachel Gilliland.

I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on January 28, 2002 (date), at Danville in Hendricks County, Indiana, Kenneth Alan Gross of Hendricks County, Indiana (state), and Tia Rachel Gilliland of Hendricks County, Indiana (state) were 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. 28, 2002. 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 January 29, 2002 (date).

Sharon Dugan

Signed ____ Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

487

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 65
Page 39
1-30-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 1-29-02
Name of Physician Dr. Noland

MALE APPLICANT	FEMALE APPLICANT
Name: First Gregory, Middle S., Last Timmons	Name: First Lisa, Middle D., Last Lyon
Date of Birth: Month 8, Day 10, Year 68	Date of Birth: Month 1, Day 3, Year 66
Place of Birth (State or foreign country): Indiana	Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 1113 Golfview Dr. Apt D, City Carmel, County Hamilton, State Ind. 46032	Residence Address: Street or R.R. 715 S. Grant St., City Brownsburg, County Hend., State Ind. 46112
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 1996
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. Derek Scott Timmons	5. List the full names of any dependent children. Kaitlyn Breanne Lyon, Lukas Robert Lyon
6. (a) Full name of applicant's father Richard Lee Timmons	6. (a) Full name of applicant's father Robert Williams
(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 Saundra Sue Hankins	(b) Full maiden name of applicant's mother Barbara Louise Martin
(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 Gregory S. Timmons Date 1/30/02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk 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 S. Timmons
✗ New Address 8037 Parkview Dr. Brownsburg, IN 46112

Subscribed and sworn to before me this 30 day of January 2002

Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)

Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

✗ Signature of Applicant Lisa G. Lyon Date 1-30-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk 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 G. Lyon
✗ New Address 8037 Parkview Dr Brownsburg IN 46112

Subscribed and sworn to before me this 30 day of January 2002

Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)

Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Jan. 30, 2002, authorizing the marriage of Gregory Scott Timmons and Lisa Gayle Lyon.

I further certify that the following marriage certificate was filed in my office: I, Gary L. Baker (name), certify that on March 23, 2002 (date), at Brownsburg in Hendricks County, Indiana, Gregory Scott Timmons of Hamilton County, Indiana (state), and Lisa Gayle Lyon of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Jan. 30, 2002. Signed by: Gary L. Baker, Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on April 2, 2002 (date).

Sharon Dugan
Signed _____ Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

488

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 65
Page 40
1-30-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☐ Yes ☑
If No, Medical Examination or Report Dated _____
Name of Physician _____

MALE APPLICANT

Name: First James Middle L. Last Coppers
Date of Birth: Month 8 Day 8 Year 36
Place of Birth (State or foreign country) Colorado
Residence Address: Street or R.R. 1178 W. Lincoln St. 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 1990
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 A. Coppers
   (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 Charlene N. Rupe
   (If adopted, list adoptive parents only) _____
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Colorado

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
X Signature of Applicant James L. Coppers Date 1-30-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
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 L. Coppers
X New Address Same
Subscribed and sworn to before me this 30 day of January 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

FEMALE APPLICANT

Name: First Thelma Middle L. Last Bryant
Date of Birth: Month 7 Day 23 Year 39
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1154 W. Lincoln St. City Danville County Hend. State In. 46122
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 3
Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐ Date 1999
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 H. Swank
   (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 Myla Margaret Lentz
   (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 Thelma Irene Bryant Date 1-30-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
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 Thelma Irene Bryant
X New Address SAME
Subscribed and sworn to before me this 30 day of January 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Jan. 30, 2002, authorizing the marriage of James Leon Coppers and Thelma Irene Bryant.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on February 13, 2002 (date), at Danville in Hendricks County, Indiana, James Leon Coppers of Hendricks County, Indiana (state), and Thelma Irene Bryant of Hendricks County, Indiana (state) were 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. 30, 2002. 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 February 13, 2002 (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 65
Page 41
1-31-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 1-29-02
Name of Physician Holly Cooper MD

MALE APPLICANT	FEMALE APPLICANT
Name: First Alexander Middle K. Last Andersen	Name: First Kanitha Middle Last Phalakornkule
Date of Birth: Month 10 Day 8 Year 77	Date of Birth: Month 5 Day 7 Year 71
Place of Birth (State or foreign country): Indiana	Place of Birth (State or foreign country): Thailand
Residence Address: Street or R.R. 1146 E Windchaser Circle City B'Burg County Hend. State In. 46112	Residence Address: Street or R.R. 1146 E Windchaser Circle City B'Burg County Hend. State In. 46112
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____	Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____	Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ 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 Homer Lee Andersen	6. (a) Full name of applicant's father Suchin Phalakornkule
(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) Thailand
Birthplace of father (State or foreign country) Nebraska	Birthplace of father (State or foreign country) Thailand
(b) Full maiden name of applicant's mother Jeanette Fay Creek	(b) Full maiden name of applicant's mother Kalaya Phantcharoenwong
(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) Thailand
Birthplace of mother (State or foreign country) Kentucky	Birthplace of mother (State or foreign country) Thailand

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

✗ Signature of Applicant Alex Andersen Date 1/31/02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court ____ Date ____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
✗ Signed Alex Andersen
✗ New Address same
Subscribed and sworn to before me this 31 day of January 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of 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 Kanitha Phalakornkule Date 1/31/02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court ____ Date ____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
✗ Signed Kanitha Phalakornkule
✗ New Address SAME
Subscribed and sworn to before me this 31 day of January 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____

State of Indiana)
County of Hendricks)
Father ____ ID # ____
Mother ____ ID # ____
Subscribed and sworn to before me this ____ day of ____
____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ____ County ____ Court, by written order issued ____ and filed in ____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Jan. 31, 2002, authorizing the marriage of Alexander Kristian Andersen and Kanitha Phalakornkule.

I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on January 31, 2002 (date), at Danville in Hendricks County, Indiana, Alexander K. Andersen of Hendricks County, Indiana (state), and Kanitha Phalakornkule of Hendricks County, Indiana (state) were 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, 2002. 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 January 31, 2002 (date).

Sharon Dugan
Signed ____ Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

490

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 65
Page 42
1-31-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☑ Yes ☐
If No, Medical Examination or Report Dated 8-20-01
Name of Physician David Hadley MD

MALE APPLICANT

Name: First William Middle C. Last Russell
Date of Birth: Month 8 Day 8 Year 74
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 115 N. Penn. St. #4 City Danville County Hend State Ind. 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) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Sergie Sutherlin Russell
6. (a) Full name of applicant's father
   (If adopted, list adoptive parents only) Terry P. Russell
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Missouri
   (b) Full maiden name of applicant's mother Linda Sutherlin
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding 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 C. Russell Date 31 JAN 02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
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 C. Russell
X New Address same
Subscribed and sworn to before me this 31 day of January 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

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 Stafford
Date of Birth: Month 1 Day 24 Year 82
Place of Birth (State or foreign country) Washington
Residence Address: Street or R.R. 115 N. Penn apt 4 St. City Danville County Hend 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 Timothy L. Stafford
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) Montana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Sheryl G. Peyton
   (If adopted, list adoptive parents only) _____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant Christina Stafford Date 1-31-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
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 Christina Stafford
X New Address same
Subscribed and sworn to before me this 31 day of January 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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

491

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 65
Page 43
2-1-2
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 10-18-96
Name of Physician Dr. Paul Stroud

MALE APPLICANT

Name: First William Middle J. Last Drabek
Date of Birth: Month 8 Day 10 Year 46
Place of Birth (State or foreign country) New York
Residence Address: Street or R.R. 1241 Normandie 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) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Dorian Drabek
6. (a) Full name of applicant's father Edwin J. Drabek
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) New York
   (b) Full maiden name of applicant's mother NA
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) NA
   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 William J Drabek Date 2-1-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
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 J Drabek
X New Address Same
Subscribed and sworn to before me this 1 day of February 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

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 K. Last Anstaett
Date of Birth: Month 6 Day 29 Year 53
Place of Birth (State or foreign country) Ohio
Residence Address: Street or R.R. 1241 Normandie Dr. 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 1992
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Haley Dorian Drabek
6. (a) Full name of applicant's father Edmund L. Cook, Jr.
   (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 Dorothy Krotsch
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) North Carolina
   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).

X Signature of Applicant Patricia K Anstaett Date 2-1-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
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 Patricia K Anstaett
X New Address SAME
Subscribed and sworn to before me this 1 day of February 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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. 1, 2002, authorizing the marriage of William John Drabek and Patricia Kim Anstaett.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on February 1, 2002 (date), at Danville in Hendricks County, Indiana, William John Drabek of Hendricks County, Indiana (state), and Patricia Kim Anstaett of Hendricks County, Indiana (state) were 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, 2002. 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 February 6, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

492

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 65
Page 44
2-1-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☑ Yes ☐
If No, Medical Examination or Report Dated 2-1-02
Name of Physician Burns Wisler MD.

MALE APPLICANT

Name: First Dennis Middle W. Last Tallent
Date of Birth: Month 8 Day 5 Year 78
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 824 Wayside Dr. City Plfd 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 Donald Willis Tallent
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Arkansas
   (b) Full maiden name of applicant's mother Donna Newland
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding 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 Dennis Tallent Date 2/1/02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
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 Dennis Tallent
X New Address 6400 E. Old Otto Ct. S Camby, IN 46113
Subscribed and sworn to before me this 1 day of February 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

FEMALE APPLICANT

Name: First Kari Middle L. Last Howard
Date of Birth: Month 9 Day 21 Year 82
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 6400 E. Old Otto Ct. S. City Camby County Morgan 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 Delbert M. Howard
   (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 Joan Linne Carver
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding 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 Kari L Howard Date 2-1-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
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 Kari L Howard
X New Address 6400 E. Old Otto Ct. S Camby IN. 46113
Subscribed and sworn to before me this 1 day of February 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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. 1, 2002, authorizing the marriage of Dennise Wesley Tallent and Kari Linne Howard.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on February 1, 2002 (date), at Danville in Hendricks County, Indiana, Dennise Wesley Tallent of Hendricks County, Indiana (state), and Kari Linne Howard 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 Feb. 1, 2002. 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 February 6, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

493

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 65
Page 45

Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☐ Yes ☒
If No, Medical Examination or Report Dated _____
Name of Physician _____

MALE APPLICANT

Name First: James Middle: Dennis Last: Duke
Date of Birth Month: October Day: 24 Year: 1938
Place of Birth (State or foreign country): Indiana
Residence Address: 7836 Patterson Dr. City: Avon County: Hendricks State: IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages: 1
Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐ Date: 2-19-94
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify): Indiana Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. _____
6. (a) Full name of applicant's father: Harlan Albert 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: Evelyn DelorisShroyer
   (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: Linda Middle: Marie Last: Endres
Date of Birth Month: September Day: 17 Year: 1950
Place of Birth (State or foreign country): Indiana
Residence Address: 7836 Patterson 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): Indiana Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. _____
6. (a) Full name of applicant's father: Harry William Endres
   (If adopted, list adoptive parents only) _____
   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 Wallace
   (If adopted, list adoptive parents only) _____
   Residence of mother (if deceased, so state): Indiana
   Birthplace of mother (State or foreign country): Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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. Duke Date 2/1/02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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. Duke
New Address 7836 Patterson Dr. Avon 46123
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 ✗ Linda M. Endres 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 ✗ Linda M. Endres
New Address 7836 Patterson Dr. Avon 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

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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. 1, 2002, authorizing the marriage of James Dennis Duke and Linda Marie Endres.
I further certify that the following marriage certificate was filed in my office: I, Raymond H. Duff (name), certify that on February 10, 2002 (date), at Lebanon in Boone County, Indiana, James Dennis Duke of Hendricks County, Indiana (state), and Linda Marie Endres of Hendricks County, Indiana (state) were 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, 2002. Signed by: Raymond H. Duff, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on February 21, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

494

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 65
Page 46
2-1-2
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☑ Yes ☐
If No, Medical Examination or Report Dated 1-15-02
Name of Physician Brett Graham

MALE APPLICANT

Name: First Donald Middle H. Last Baughman
Date of Birth: Month 5 Day 13 Year 53
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 9035 E. US 136 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 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 Russell S. Baughman Sr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Florence O. Taylor
   (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 H Baughman Date 2-1-2002

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 H Baughman
✗ New Address SAME AS ABOVE
Subscribed and sworn to before me this 1 day of February 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

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 L. Last Henry
Date of Birth: Month 9 Day 24 Year 54
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 946 Letterman Hill Rd. City Paragon County Morgan State In. 46166
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 2002
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Jackson L. Hightshoe 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 Julia Sarah 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 Cynthia L. Henry Date 2/1/02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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. Henry
✗ New Address 9035 E. U.S 136 Brownsburg, In. 46112
Subscribed and sworn to before me this 1 day of February 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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. 1, 2002, authorizing the marriage of Donald Halden Baughman and Cynthia Lee Henry.
I further certify that the following marriage certificate was filed in my office: I, David M. Dalton (name), certify that on February 1, 2002 (date), at Indianapolis in Marion County, Indiana, Donald Halden Baughman of Hendricks County, Indiana (state), and Cynthia Lee Henry 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 Feb. 1, 2002. Signed by: David M. Dalton, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on February 6, 2002 (date).

Sharon Dugan
Signed _____ Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

495

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 605
Page 47
2-4-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 2-4-02
Name of Physician David Hadley M.D.

MALE APPLICANT

Name: First Jess Middle Garrington Last Ray
Date of Birth: Month 7 Day 10 Year 76
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 142 East Main 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. Spencer Thomas Ray
6. (a) Full name of applicant's father Jess Dorian Ray
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Teresa Ann Corbette
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding 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 Jess D. Ray Date 02-04-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
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 Jess D. Ray
X New Address 142 East Main
Subscribed and sworn to before me this 4 day of February 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

FEMALE APPLICANT

Name: First Marcia Middle L. Last Hoyt
Date of Birth: Month 8 Day 24 Year 64
Place of Birth (State or foreign country) Pennsylvania
Residence Address: Street or R.R. 142 East Main 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 male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children Samuel Graven Hoyt, Benjamin Patrick Hoyt, Spencer Thomas Ray
6. (a) Full name of applicant's father Gary D. Hoyt
   (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 Lynda A. Hughes
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Pa.
   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 Marcia L. Hoyt Date 2/4/02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
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 Marcia L. Hoyt
X New Address Same
Subscribed and sworn to before me this 4 day of February 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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. 4, 2002, authorizing the marriage of Jess Farrington Ray and Marcia Lynn Hoyt.
I further certify that the following marriage certificate was filed in my office: I, Michelle L. Knight (name), certify that on February 9, 2002 (date), at Brownsburg in Hendricks County, Indiana, Jess Farrington Ray of Hendricks County, Indiana (state), and Marcia Lynn Hoyt of Hendricks County, Indiana (state) were 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. 4, 2002. Signed by: Michelle L. Knight, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on March 19, 2002 (date).

Sharon Dugan
Signed _____ Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

496

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 65
Page 48
2-4-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☑ Yes ☐
If No, Medical Examination or Report Dated 1-31-02
Name of Physician Dolly Cooper M.D.

MALE APPLICANT

Name: First Michael Middle R. Last Marsee
Date of Birth: Month 8 Day 11 Year 65
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 22 E. College Ave 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) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Arielle Marsee, Dustin Marsee, Mariah Marsee
6. (a) Full name of applicant's father Bruce Allen Marsee
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Sherie Lynn Montgomery
   (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).
X Signature of Applicant Michael R. Marsee Date 2-4-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
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. Marsee
X New Address same
Subscribed and sworn to before me this 4 day of February 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

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 B. Last Gabriel
Date of Birth: Month 8 Day 15 Year 74
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 22 E. College Ave. 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 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. Jake Mason, Julia Mason, Jenna Mason
6. (a) Full name of applicant's father Philip J. Gabriel
   (If adopted, list adoptive parents only)
   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 K. Wood
   (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).
X Signature of Applicant Stephanie B Gabriel Date 2-4-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
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 Stephanie B Gabriel
X New Address same
Subscribed and sworn to before me this 4 day of February 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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. 4, 2002, authorizing the marriage of Michael Ray Marsee and Stephanie Brooke Gabriel.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on February 4, 2002 (date), at Danville in Hendricks County, Indiana, Michael Ray Marsee of Hendricks County, Indiana (state), and Stephanie Brooke Gabriel of Hendricks County, Indiana (state) were 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. 4, 2002. 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 February 7, 2002 (date).

Signed Sharon 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 65
Page 49
2-4-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 2-4-02
Name of Physician People's Health Center

MALE APPLICANT

Name: First Jose Middle ~~Middle~~ De La Flor Last Serca
Date of Birth: Month 3 Day 17 Year 79
Place of Birth (State or foreign country) Mexico
Residence Address: Street or R.R. 515 S. Locust Lane City B'burg County Hend. State In. 46112
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ ~~Other~~ (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Juan De La Flor Serca
   (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 Emma Serca Castro
   (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 Jose De La Flor Serca Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Y Signed Jose De La Flor Serca
✗ New Address Same
Subscribed and sworn to before me this 4 day of February 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

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 D. Last Barnes
Date of Birth: Month 4 Day 26 Year 80
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 515 S. Locust Lane 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. Alejandro Grimaldo, Angel Barnes
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) N/A
   (b) Full maiden name of applicant's mother Roseanna Barnes
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Darlene Barnes Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Y Signed Amanda Darlene Barnes
✗ New Address Same
Subscribed and sworn to before me this 4 day of February 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of Hendricks)
Father ID #
Mother ID #
Subscribed and sworn to before me this day of
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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. 4, 2002, authorizing the marriage of Jose De La Flor Serca and Amanda Darlene Barnes.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on February 14, 2002 (date), at Danville in Hendricks County, Indiana, Jose De La Flor Serca of Hendricks County, Indiana (state), and Amanda Darlene 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 Feb. 4, 2002. 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 February 21, 2002 (date).

Sharon Dugan
Signed _____ Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

498

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 65
Page 50
2-4-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☐ ~~Yes~~ Yes ☑
If No, Medical Examination or Report Dated _____
Name of Physician _____

MALE APPLICANT

Name: First Robert Middle C. Last Tyler

Date of Birth: Month 8. Day 14 Year 48

Place of Birth (State or foreign country): Indiana

Residence Address: Street or R.R. 6 N. California 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 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 Willie Tyler
   (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 Alberta Severe
   (If adopted, list adoptive parents only) _____
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

✗ Signature of Applicant Robert C. Tyler Date 2/4/02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 C. Tyler
✗ New Address PO Box 135 North Salem
Subscribed and sworn to before me this 4 day of February 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

FEMALE APPLICANT

Name: First Jannis Middle Vay Last Larkin

Date of Birth: Month 2 Day 8 Year 38

Place of Birth (State or foreign country): Indiana

Residence Address: Street or R.R. 5 S. Broadway City North Salem County Hend. State Ind. 46165

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 8

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 Versel Nicholas Larkin
   (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 Frances Pauline Powell
   (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 Jannis Larkin Date 2-4-2002

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
✗ Signed Jannis Larkin
✗ New Address Box 35 North Salem In. 46165
Subscribed and sworn to before me this 4 day of February 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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. 4, 2002, authorizing the marriage of Robert Charles Tyler and Jannis Vay Larkin.
I further certify that the following marriage certificate was filed in my office: I, John D. Gossett (name), certify that on February 8, 2002 (date), at North Salem in Hendricks County, Indiana, Robert Charles Tyler of Hendricks County, Indiana (state), and Jannis Vay Larkin of Hendricks County, Indiana (state) were 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. 4, 2002. Signed by: John D. Gossett, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on February 21, 2002 (date).

Sharon Dugan
Signed _____ Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

499

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 65
Page 51
2-5-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 1-25-02
Name of Physician John Olson, M.D.

MALE APPLICANT

Name: First Samuel Middle B. Last Scott
Date of Birth: Month 4 Day 9 Year 70
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 607 S. Green St. 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 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. Jayden Ann Scott, Braydon Samuel Scott, Austin Samuel Scott
6. (a) Full name of applicant's father William Thomas 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 Connie Sue 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 Samuel B Scott Date 2-5-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
✗ Signed Samuel B Scott
✗ New Address SAME
Subscribed and sworn to before me this 5 day of February 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

FEMALE APPLICANT

Name: First Jody Middle D. Last Lofton
Date of Birth: Month 10 Day 14 Year 69
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 607 S. Green 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. Jacob Edward Deagen
6. (a) Full name of applicant's father Ron Lofton
   (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 Betty June Peyton
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

✗ Signature of Applicant Jody Lofton Date 2-5-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
✗ Signed Jody Lofton
✗ New Address Same as above
Subscribed and sworn to before me this 5 day of February 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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. 5, 2002, authorizing the marriage of Samuel Bart Scott and Jody Denese Lofton.
I further certify that the following marriage certificate was filed in my office: I, David Rose (name), certify that on February 23, 2002 (date), at Lebanon in Boone County, Indiana, Samuel Bart Scott of Hendricks County, Indiana (state), and Jody Denese Lofton of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Feb. 5, 2002. Signed by: David Rose, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on February 26, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

500

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 65
Page 52
2-5-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 2-5-02
Name of Physician Dr. Urmila Patel MD.

MALE APPLICANT

Name: First Chad Middle A. Last Steenbergen

Date of Birth: Month 2 Day 5 Year 1971

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 802 Lawndale Drive City Greenwood County Johnson State In.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 2000

Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify)

Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Ethen Cole Steenberger, Mariah Kaleen Steenberger, Elizabeth anne Steenberger
6. (a) Full name of applicant's father Danny Steenberger
   (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 Karan Stewart
   (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 Chad A Steenbergen Date 2-5-2002

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 A Steenbergen
New Address 3921 S County Rd 475 W 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 Pamela Middle S. Last Earls

Date of Birth: Month 2 Day 28 Year 1969

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 3921 S. CR. 475 W. 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 2001

Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify)

Driver's Licensl

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Bailey Robert Earls
6. (a) Full name of applicant's father Robert Eugene Ray
   (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 Frances Irene Look
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Pamela S. Earls Date 02-05-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Pamela S. Earls
New Address 3921 S CR 475W 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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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. 5, 2002, authorizing the marriage of Chad A. Steenbergen and Pamela Sue Earls.
I further certify that the following marriage certificate was filed in my office: I, Dr. Billy Strother (name), certify that on February 15, 2002 (date), at Danville in Hendricks County, Indiana, Chad A. Steenbergen of Johnson County, Indiana (state), and Pamela Sue Earls of Hendricks County, Indiana (state) were 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, 2002. Signed by: Dr. Billy Strother, Preacher (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on February 21, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

501

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 65
Page 53
2-5-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☑ Yes ☐
If No, Medical Examination or Report Dated 1-11-02
Name of Physician Dr. Stouffer

MALE APPLICANT

Name: First Leonard Middle E. Last Parker II
Date of Birth: Month 6 Day 1 Year 69
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 510 N. Duffey St. City Rlfd County Hendricks State In
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.
6. (a) Full name of applicant's father John Lloyd Kimbley
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Judy Pennington
   (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 Trisha Middle P. Last Baker
Date of Birth: Month 10 Day 31 Year 76
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 510 N Duffey St City Rlfd County Hendricks State In
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.
6. (a) Full name of applicant's father Paul A. Baker
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Betty L. Crane
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant Leonard E Parker Date 2-5-2

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
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 Leonard E Parker
X New Address "Same"
Subscribed and sworn to before me this 5 day of February 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of 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 Trisha Baker Date 2/5/02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
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 Trisha Baker
X New Address SAME
Subscribed and sworn to before me this 5 day of February 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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. 5, 2002, authorizing the marriage of Leonard Eugne Parker and Trisha Paulette Baker.
I further certify that the following marriage certificate was filed in my office: I, Rev. Millard Jones (name), certify that on February 13, 2002 (date), at Bedford in Lawrence County, Indiana, Leonard Eugene Parker of Hendricks County, Indiana (state), and Trisha Paulette 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 Feb. 5, 2002. Signed by: Rev. Millard Jones, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on February 21, 2002 (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 65
Page 54
2-8-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☐ Yes ☒
If No, Medical Examination or Report Dated 2-7-02
Name of Physician Health Tracks

MALE APPLICANT

Name: First Eliot Middle Scott Last Logan
Date of Birth: Month 5 Day 21 Year 70
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 2168 Fairmount Circle Apt. F 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) drivers license

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. NA
6. (a) Full name of applicant's father Daniel Joseph Logan
   (If adopted, list adoptive parents only) ____
   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 Lynn Herndon
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Eliot S. Logan Date 2/8/02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court ____ Date ____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Eliot S. Logan
New Address same
Subscribed and sworn to before me this 8 day of Feb, 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____

State of Indiana)
County of Hendricks)
Father ____ ID # ____
Mother ____ ID # ____
Subscribed and sworn to before me this ____ day of ____
____ Clerk

FEMALE APPLICANT

Name: First Cindie Middle Ann Last DeVilbiss
Date of Birth: Month 7 Day 16 Year 66
Place of Birth (State or foreign country) Illinois
Residence Address: Street or R.R. 2168 Fairmount Ct. Apt. F City Avon County Hend. State IN 46123
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) drivers license

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. NA
6. (a) Full name of applicant's father Charles Edward DeVilbiss
   (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 Kathleen Mary Allman
   (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 Cindie A. DeVilbiss Date 2/8/02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court ____ Date ____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Cindie A. DeVilbiss
New Address same
Subscribed and sworn to before me this 8 day of Feb, 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____

State of Indiana)
County of Hendricks)
Father ____ ID # ____
Mother ____ ID # ____
Subscribed and sworn to before me this ____ day of ____
____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ____ County ____ Court, by written order issued ____ and filed in ____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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. 8, 2002, authorizing the marriage of Eliot Scott Logan and Cindie Ann DeVilbiss.
I further certify that the following marriage certificate was filed in my office: I, Anthony Volz (name), certify that on March 2, 2002 (date), at Indianapolis in Marion County, Indiana, Eliot Scott Logan of Hendricks County, Indiana (state), and Cindie Ann DeVilbiss of Hendricks County, Indiana (state) were 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. 8, 2002. Signed by: Anthony Volz, Priest (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on March 7, 2002 (date).

Sharon Dugan
Signed ____ Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

503

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 65
Page 55
2-6-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 1-31-02
Name of Physician D. Davis

MALE APPLICANT	FEMALE APPLICANT
Name: First Gus, Middle M., Last Toney	Name: First Christina, Middle M., Last Tyler
Date of Birth: Month 12, Day 30, Year 60	Date of Birth: Month 4, Day 29, Year 75
Place of Birth (State or foreign country): Indiana	Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 7275 E. CoRd 400N, City Brownsburg, County Hend., State In. 46112	Residence Address: Street or R.R. 539 Chestnut Dr., City Danville, County Hend., State In. 46122
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 1999	Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 2001
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. Natasha Toney, Jaclyn Toney, Elijah Toney, Noah Toney	5. List the full names of any dependent children. Austin Scott Tyler, Avery Larkin Tyler
6. (a) Full name of applicant's father Marcus A. Toney Jr.	6. (a) Full name of applicant's father Richard M. Larkin
(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) Louisiana	Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Linda L. Bonewitz	(b) Full maiden name of applicant's mother Shirley M. Brown
(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 [signature] Date 2-6-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk 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] 2-6-02
New Address Same as above

Subscribed and sworn to before me this 6 day of February 2002

Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of 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 Christina M. Tyler Date 2-6-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk 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 M. Tyler
New Address 7275 E. CoRd 400N Brownsburg IN 46112

Subscribed and sworn to before me this 6 day of February 2002

Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)

Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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. 6, 2002, authorizing the marriage of Gus Michael Toney and Christina Marie Tyler.

I further certify that the following marriage certificate was filed in my office: I, William G. Cowley (name), certify that on February 23, 2002 (date), at Plainfield in Hendricks County, Indiana, Gus Michael Toney of Hendricks County, Indiana (state), and Christina Marie Tyler of Hendricks County, Indiana (state) were 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, 2002. Signed by: William G. Cowley, Bishop (official designation) Filed and recorded in accordance with the laws of the State of Indiana on March 1, 2002 (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 65
Page 56
2-7-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 1-12-01
Name of Physician Andrea Hobbs, M.D.

MALE APPLICANT

Name: First Michael Middle L. Last Reeder
Date of Birth: Month 7 Day 18 Year 80
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 619 Dennison St. 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 Daniel Allen Reeder
   (If adopted, list adoptive parents only) ____
   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 Kay 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 Michael L Reed Date 2-7-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Reed
New Address same
Subscribed and sworn to before me this 7 day of February 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____

State of Indiana)
County of Hendricks)
Father ____ ID # ____
Mother ____ ID # ____
Subscribed and sworn to before me this ____ day of ____ Clerk

FEMALE APPLICANT

Name: First Kristin Middle L. Last Roberts
Date of Birth: Month 9 Day 29 Year 82
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 619 Dennison St. 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. ____
6. (a) Full name of applicant's father Jeffrey Roberts
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Mary Lynn Harden
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 L Roberts Date 2/7/02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 L Roberts
New Address same
Subscribed and sworn to before me this 7 day of February 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____

State of Indiana)
County of Hendricks)
Father ____ ID # ____
Mother ____ ID # ____
Subscribed and sworn to before me this ____ day of ____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ____ County ____ Court, by written order issued ____ and filed in ____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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. 7, 2002, authorizing the marriage of Michael Ryan Reeder and Kristin Lynn Roberts.
I further certify that the following marriage certificate was filed in my office: I, Charles Britt (name), certify that on February 23, 2002 (date), at Plainfield in Hendricks County, Indiana, Michael Ryan Reeder of Hendricks County, Indiana (state), and Kristin Lynn Roberts of Hendricks County, Indiana (state), were 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, 2002. Signed by: Charles Britt, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on March 7, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

505

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 605
Page 57
2-11-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 2-11-02
Name of Physician David Dadley M.D

MALE APPLICANT

Name: First Joseph Middle B. Last LaChance
Date of Birth: Month 9 Day 12 Year 75
Place of Birth (State or foreign country) New York
Residence Address: Street or R.R. 118 Stanley St. City Plainfield County Hen. 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. Shane Joseph LaChance
6. (a) Full name of applicant's father Gerard LaChance
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Mass.
   Birthplace of father (State or foreign country) Canada
   (b) Full maiden name of applicant's mother Rita Bourg
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 LaChance Date 2-11-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 LaChance
✗ New Address Same
Subscribed and sworn to before me this 11 day of February 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

FEMALE APPLICANT

Name: First Sara Middle C. Last Smith
Date of Birth: Month 3 Day 1 Year 76
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 118 Stanley St. City Plfd County Hend. State 46168
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date _____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. _____
6. (a) Full name of applicant's father Ted Wayne 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 Cora Charlene Shobridge
   (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 Sara C. Smith Date 2-11-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
✗ Signed Sara C. Smith
✗ New Address Same
Subscribed and sworn to before me this 11 day of February 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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. 11, 2002, authorizing the marriage of Joseph Brian LaChance and Sara Camille Smith.
I further certify that the following marriage certificate was filed in my office: I, Terry J. Crist (name), certify that on March 1, 2002 (date), at Mooresville in Morgan County, Indiana, Joseph Brian LaChance of Hendricks County, Indiana (state), and Sara Camille 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 Feb. 11, 2002. Signed by: Terry J. Crist, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on March 7, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

506

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 605
Page 58
2-12-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☑ Yes ☐
If No, Medical Examination or Report Dated 1-17-02
Name of Physician John Desanto M.D.

MALE APPLICANT

Name: First Nicholas Middle C. Last Cunningham

Date of Birth: Month 7 Day 11 Year 74

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 1290 Silver Ridge Lane 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 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 Nicholas C Cunningham Date 2/12/02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 C Cunningham
✗New Address Same
Subscribed and sworn to before me this 12 day of February 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____

State of Indiana)
County of Hendricks)
Father ____ ID # ____
Mother ____ ID # ____
Subscribed and sworn to before me this ____ day of ____
____ Clerk

FEMALE APPLICANT

Name: First Monica Middle M. Last Straber

Date of Birth: Month 6 Day 19 Year 78

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 1290 Silver Ridge Lane City B'Burg County Hend State In. 46112

Previous Marital Status: Never Married ☑ OR No. of Previous Marriages ____

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____

Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. ____
6. (a) Full name of applicant's father Noah C. Straber
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Micah A. Coman
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

✗Signature of Applicant Monica Strab Date 2-12-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court ____ Date ____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
✗Signed Monica Strab
✗New Address same
Subscribed and sworn to before me this 12 day of February 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____

State of Indiana)
County of Hendricks)
Father ____ ID # ____
Mother ____ ID # ____
Subscribed and sworn to before me this ____ day of ____
____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ____ County ____ Court, by written order issued ____ and filed in ____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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. 12, 2002, authorizing the marriage of Nicholas Carl Cunningham and Monica Marie Straber.

I further certify that the following marriage certificate was filed in my office: I, Rev. William H. Steinke (name), certify that on February 16, 2002 (date), at Brownsburg in Hendricks County, Indiana, Nicholas Carl Cunningham of Hendricks County, Indiana (state), and Monica Marie Straber of Hendricks County, Indiana (state) were 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, 2002. Signed by: Rev. William H. Steinke, Pastor (official designation) Filed and recorded in accordance with the laws of the State of Indiana on March 7, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

507

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 65
Page 59
2-13-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 1-21-02
Name of Physician E. Clark

MALE APPLICANT

Name: First Rocky Middle L. Last Reynolds
Date of Birth: Month 7 Day 15 Year 56
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 236 Indiana 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 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. Cassandra Leigh Reynolds
6. (a) Full name of applicant's father Everett Sherman Reynolds
   (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 Velma Mardi Bell
   (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 Brenda Middle L. Last Brown
Date of Birth: Month 8 Day 3 Year 54
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 215 N. Vine Apt 3 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 1992
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father William A. McCaslin
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Brenda Dorlene Jacobs
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
✗ Signature of Applicant Rocky Reynolds Date 2-13-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
✗ Signed Rocky Reynolds (SAME)
✗ New Address _____
Subscribed and sworn to before me this 13 day of February 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of 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 Brenda L. Brown Date 2/13/02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 L. Brown
✗ New Address 236 Indiana St.
Subscribed and sworn to before me this 13 day of February 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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. 13, 2002, authorizing the marriage of Rocky Lee Reynolds and Brenda Lee Brown.
I further certify that the following marriage certificate was filed in my office: I, Jeffrey L. Tague (name), certify that on February 16, 2002 (date), at Plainfield in Hendricks County, Indiana, Rocky Lee Reynolds of Hendricks County, Indiana (state), and Brenda Lee 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 Feb. 13, 2002. Signed by: Jeffrey L. Tague, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on February 21, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

508

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 65
Page 60
02-13-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☑ Yes ☐
If No, Medical Examination or Report Dated 02-11-02
Name of Physician Dr. Maynard

MALE APPLICANT

Name: First Stephen Middle Edward Last Beck
Date of Birth: Month 05 Day 09 Year 62
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 404 S. Green St City Brownsburg County Hendricks State IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 1980 - 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 Charles Edward Beck
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased.
   Birthplace of father (State or foreign country) Mississippi
   (b) Full maiden name of applicant's mother Hazel Lee Thisler
   (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 Stephen E Beck Date 2/13/02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed 380 S. Green St
New Address Stephen E Beck.
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 Michelle Middle Denise Last Badillo
Date of Birth: Month 05 Day 09 Year 62
Place of Birth (State or foreign country) California
Residence Address: Street or R.R. 404 S. Green St City Brownsburg County Hendricks State IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 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. Joseph Cody Gamble
6. (a) Full name of applicant's father Frank Rios Badillo
   (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 Patricia Kate McKinney
   (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 Michelle Badillo Date 2-13-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Badillo
New Address 380 S. Green St Brownsburg
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 Feb. 13, 2002, authorizing the marriage of Stephen Edward Beck and Michelle Denise Badillo.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on February 14, 2002 (date), at Danville in Hendricks County, Indiana, Stephen Edward Beck of Hendricks County, Indiana (state), and Michelle Denise Badillo of Hendricks County, Indiana (state) were 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, 2002. 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 February 21, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

509

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 65
Page 61
2-13-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 2-7-02
Name of Physician David Bain

MALE APPLICANT

Name: First Robert Middle Marshall Last Hopkins
Date of Birth: Month May Day 8 Year 1965
Place of Birth (State or foreign country) Ohio
Residence Address: Street or R.R. 3958 E. C.R. 100 N. City Danville County Hend. State IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 10/00
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Indiana Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Robert Louis Hopkins
   (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 Edna Francis Rawlins
   (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 X Robert M Hopkins Date 2-13-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Robert M Hopkins
New Address 1538 N Co Rd 600 E Avon IN
Subscribed and sworn to before me this 13 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 Kristi Middle Lynn Last Blount
Date of Birth: Month October Day 22 Year 1952
Place of Birth (State or foreign country) Louisiana
Residence Address: Street or R.R. 1538 N. C.R. 600 E. 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 7/98
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Indiana Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Alan Joseph Firmin
6. (a) Full name of applicant's father Clinton Horace Guillory
   (If adopted, list adoptive parents only) —
   Residence of father (if deceased, so state) Louisiana
   Birthplace of father (State or foreign country) Mississippi
   (b) Full maiden name of applicant's mother Edith Nell Welch
   (If adopted, list adoptive parents only) —
   Residence of mother (if deceased, so state) Louisiana
   Birthplace of mother (State or foreign country) Louisiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Kristi L. Blount Date 2-13-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Kristi L. Blount
New Address 1538 N. Co. Rd 600 E
Subscribed and sworn to before me this 13 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 Feb. 13, 2002, authorizing the marriage of Robert M. Hopkins and Kristi G. Blount.
I further certify that the following marriage certificate was filed in my office: I, Paula E. Lopossa (name), certify that on February 22, 2002 (date), at Indianapolis in Marion County, Indiana, Robert M. Hopkins of Hendricks County, Indiana (state), and Kristi G. Blount of Hendricks County, Indiana (state) were 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, 2002. Signed by: Paula E. Lopossa, Judge (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on March 1, 2002 (date).

Sharon Dugan
Signed — 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 615
Page 62
2-13-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 2-13-02
Name of Physician Barbara Fowler M.D.

MALE APPLICANT

Name: First John Paul Middle Sherban Last Graves
Date of Birth: Month 5 Day 28 Year 81
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 6882 E. Co. Rd 100S. 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 John Sherban Graves
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Vicki Bourgeois
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
✗Signature of Applicant John Paul Graves Date 2/13/02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Paul Graves
✗New Address 1426 Westwind Dr Avon IN 46123
Subscribed and sworn to before me this 13 day of February 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____

State of Indiana)
County of Hendricks)
Father ____ ID # ____
Mother ____ ID # ____
Subscribed and sworn to before me this ____ day of ____
____ Clerk

FEMALE APPLICANT

Name: First Melanie Middle a. Last Whitley
Date of Birth: Month 7 Day 25 Year 82
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1426 Westwind Dr. City Alfd 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 William Harold Whitley
   (If adopted, list adoptive parents only) ____
   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 Bonnie Terry
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) VA
   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 Melanie a. Whitley Date 2/13/02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court ____ Date ____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
✗Signed Melanie Whitley
✗New Address same as above
Subscribed and sworn to before me this 13 day of February 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____

State of Indiana)
County of Hendricks)
Father ____ ID # ____
Mother ____ ID # ____
Subscribed and sworn to before me this ____ day of ____
____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ____ County ____ Court, by written order issued ____ and filed in ____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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. 13, 2002, authorizing the marriage of JohnPaul Sherban Graves and Melanie Ann Whitley.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on February 13, 2002 (date), at Danville in Hendricks County, Indiana, JohnPaul Sherban Graves of Hendricks County, Indiana (state), and Melanie Ann Whitley of Hendricks County, Indiana (state) were 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, 2002. 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 February 21, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

511

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 65
Page 63
2-14-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☐ Yes ☐
If No, Medical Examination or Report Dated 2-5-02
Name of Physician K Beard MD.

MALE APPLICANT

Name: First Daryl Middle L. Last Odom
Date of Birth: Month 8 Day 20 Year 66
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 4060 E. CR 350 N 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 1990
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Amanda Ann Odom
6. (a) Full name of applicant's father David Ellis Odom
   (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 Jane Reeder
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

✗ Signature of Applicant Daryl Odom Date 14 Feb 02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
✗ Signed Daryl Odom
✗ New Address 4060 E 350 N Danville IN 46122
Subscribed and sworn to before me this 14 day of February 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

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 _____ Last Shepard
Date of Birth: Month 1 Day 18 Year 76
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 433 Tamarack 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 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. Jacob Anderson Shepard
6. (a) Full name of applicant's father Michael John Shepard
   (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 Kathleen Ann Robinson
   (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 Christina Shepard Date 14 Feb 02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Shepard
✗ New Address 4060 E. 350 N Danville IN 46122
Subscribed and sworn to before me this 14 day of February 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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. 14, 2002, authorizing the marriage of Daryl Odom and Christina Shepard.

I further certify that the following marriage certificate was filed in my office: I, Steven Moseley (name), certify that on March 30, 2002 (date), at Danville in Hendricks County, Indiana, Daryl Odom of Hendricks County, Indiana (state), and Christina Shepard of Hendricks County, Indiana (state) were 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, 2002. Signed by: Steven Moseley, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on April 2, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

512

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 605
Page 64
2-14-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☑ Yes ☐
If No, Medical Examination or Report Dated 2-7-02
Name of Physician Barbara Loewler M.D.

MALE APPLICANT

Name: First Michael Middle Todd Last Ferguson

Date of Birth: Month 4 Day 1 Year 63

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 192 York Ave. 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 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 Daniel Joseph Ferguson
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Betty Lee Chelf
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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. Ferguson Date 02/14/02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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. Ferguson
✗ New Address Same
Subscribed and sworn to before me this 14 day of February, 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

FEMALE APPLICANT

Name: First Nikki Middle Lynne Last Baker

Date of Birth: Month 8 Day 4 Year 69

Place of Birth (State or foreign country) Michigan

Residence Address: Street or R.R. 192 York Avenue 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 male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 Alan Baker
   (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 Sharon Elney Dickerson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Michigan
   Birthplace of mother (State or foreign country) Michigan

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

✗ Signature of Applicant Nikki L. Baker Date 2/14/02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
✗ Signed Nikki L. Baker
✗ New Address Same
Subscribed and sworn to before me this 14 day of February, 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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. 14, 2002, authorizing the marriage of Michael Todd Ferguson and Nikki Lynne Baker.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on February 14, 2002 (date), at Danville in Hendricks County, Indiana, Michael Todd Ferguson of Hendricks County, Indiana (state), and Nikki Lynne 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 Feb. 14, 2002. 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 February 21, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

513

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 65
Page 605
2-14-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 3-7-00
Name of Physician Barry Lovell

MALE APPLICANT

Name: First George Middle L. Last Hannell Jr.
Date of Birth: Month 5 Day 30 Year 62
Place of Birth (State or foreign country) Tennessee
Residence Address: Street or R.R. 3110 W. U.S. Highway 40 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 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. Matthew L. Hannell
6. (a) Full name of applicant's father George L. Hannell
   (If adopted, list adoptive parents only)
   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 J. McCary
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Tennessee

FEMALE APPLICANT

Name: First Danielle Middle D. Last McMann
Date of Birth: Month 3 Day 13 Year 78
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 3110 W. U.S. Highway 40 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 male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 L. McMann
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Deborah K. 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).
X Signature of Applicant George L Hannell Jr Date 2-14-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
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 George L. Hannell Jr.
X New Address Same
Subscribed and sworn to before me this 14 day of February 2002
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 Danielle McMann Date 2-14-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
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 Danielle McMann
X New Address 3110 W US Hwy 40
Subscribed and sworn to before me this 14 day of February 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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. 14, 2002, authorizing the marriage of George Lawrence Hannell Jr. and Danielle Diane McMann.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on February 14, 2002 (date), at Danville in Hendricks County, Indiana, George L. Hannell Jr. of Hendricks County, Indiana (state), and Danielle Diane McMann of Hendricks County, Indiana (state) were 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, 2002. 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 February 26, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

514

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 65
Page 66
2-15-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☑ Yes ☐
If No, Medical Examination or Report Dated 2-14-02
Name of Physician Dr. at Health Fics

MALE APPLICANT

Name First Adam Middle Brice Last Hendrickson
Date of Birth Month 01 Day 26 Year 74
Place of Birth (State or foreign country) Indiana
Residence Address Street or R.R. 108 W. Main St., Ste 2 City Plainfield County Hendricks State IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 3
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 1996, 1997 & 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. Briana Marie Hendrickson
6. (a) Full name of applicant's father Donald Eugen Hendrickson, 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 Linda Kay Julius
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Adam B. Hendrickson Date 2-15-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Adam B. Hendrickson
New Address 108 W. Main St Suite #2
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 Elizabeth Middle Anne Last Millard
Date of Birth Month 02 Day 26 Year 80
Place of Birth (State or foreign country) Indiana
Residence Address Street or R.R. 108 W. Main St., Ste 2 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 Donald Eugene Millard
   (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 Karen L. Parrish
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Millard Date 15/Feb/02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Millard
New Address 108 W. Main St. Suite 2
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 Feb. 15, 2002, authorizing the marriage of Adam Brice Hendrickson and Elizabeth Anne Millard.
I further certify that the following marriage certificate was filed in my office: I, Rev. George W. Schoonmaker (name), certify that on February 17, 2002 (date), at Indianapolis in Marion County, Indiana, Adam Brice Hendrickson of Hendricks County, Indiana (state), and Elizabeth Anne Millard of Hendricks County, Indiana (state) were 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, 2002. Signed by: Rev. George W. Schoonmaker, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on March 7, 2002 (date).

Sharon Dugan
Signed _____ Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

515

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 65
Page 67
2-15-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 2-11-02
Name of Physician L. Hammel

MALE APPLICANT

Name: First Bryan Middle A. Last Harris
Date of Birth: Month 3 Day 20 Year 80
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 6913 Karyn 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 Mark A. Harris
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Diana Jones
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Massechusetts

FEMALE APPLICANT

Name: First Anna Middle M. Last Harris
Date of Birth: Month 5 Day 16 Year 83
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1730 Birch Dr. N. City Pfld 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 Jeffery Allen Harris
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Cheryl Marie McElroy
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 A. Harris Date 2-15-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 A. Harris
✗ New Address 890 Ridgewood Dr. Apt. 204A Plainfield, IN 46168
Subscribed and sworn to before me this 15 day of February 2002
Sharon Dugan ✓ Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of 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 Anna M. Harris Date 2-15-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court ____ Date ____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
✗ Signed Anna M. Harris
✗ New Address 890 Ridgewood Dr. Apt. 204A Pfld, IN 46168
Subscribed and sworn to before me this 15 day of February 2002
Sharon Dugan ✓ Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____

State of Indiana)
County of Hendricks)
Father ____ ID # ____
Mother ____ ID # ____
Subscribed and sworn to before me this ____ day of ____
____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ____ County ____ Court, by written order issued ____ and filed in ____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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. 15, 2002, authorizing the marriage of Bryan Anthony Harris and Anna Michelle Harris.
I further certify that the following marriage certificate was filed in my office: I, Mark Notter (name), certify that on February 23, 2002 (date), at Avon in Hendricks County, Indiana, Bryan Anthony Harris of Hendricks County, Indiana (state), and Anna Michelle 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 Feb. 15, 2002. Signed by: Mark Notter, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on March 1, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

516

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 65
Page 68

Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 1-31-00
Name of Physician Koewler

MALE APPLICANT

Name: First Michael Middle Lynn Last Young
Date of Birth: Month November Day 12 Year 1967
Place of Birth (State or foreign country) Tennessee
Residence Address: Street or R.R. 1707 Burns Dr. 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 5/01
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Indiana Department of Environmental Management Asbestos License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Robert Young
   (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 Jimmy Diane Smith
   (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 X Michael L Young Date 02-15-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Michael L Young
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 Jennifer Middle Lynn Last Keers
Date of Birth: Month May Day 8 Year 1979
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 409 S. Railroad St. City Lizton 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) Indiana Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Christian Isaiah Keers
6. (a) Full name of applicant's father Alan Jeffrey Keers
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Lindy Lou Cope
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Jennifer L. Keers Date 2-15-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Jennifer L. Keers
New Address 1707 Burns Dr 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 Feb. 15, 2002, authorizing the marriage of Michael Lynn Young and Jennifer Lynn Keers.
I further certify that the following marriage certificate was filed in my office: I, Harry E. Adair, Jr. (name), certify that on February 16, 2002 (date), at Avon in Hendricks County, Indiana, Michael Lynn Young of Hendricks County, Indiana (state), and Jennifer Lynn Keers of Hendricks County, Indiana (state) were 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, 2002. Signed by: Harry E. Adair, Jr., Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on February 26, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

517

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 65
Page 69
2-15-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 2-2-98
Name of Physician Koewler

MALE APPLICANT

Name: First Robert Middle Paul Last Feiock Jr.
Date of Birth: Month February Day 21 Year 1963
Place of Birth (State or foreign country) Oklahoma
Residence Address: Street or R.R. 10204 Kewanna Cr. 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) Indiana Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Christina Mariea Feiock, Michael Paul Feiock, Victoria Nicole Feiock
6. (a) Full name of applicant's father Robert Paul Feiock
   (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 Diana Marie Mientel
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) West Virginia

FEMALE APPLICANT

Name: First Rose Middle Mariea Last McCall
Date of Birth: Month November Day 10 Year 1957
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 10204 Kewanna Cr. City Indpls. County Hend. State IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 8/84
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Indiana Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Christina Mariea Feiock, Michael Paul Feiock Victoria Nicole Feiock
6. (a) Full name of applicant's father Charles Ben Minton
   (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 Beaulah Mae Blancett
   (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 X [signature] Date 2 15 02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 [signature]
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 [signature] Date 2-15-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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. 15, 2002, authorizing the marriage of Robert Paul Feiock, Jr. and Rose Mariea McCall.
I further certify that the following marriage certificate was filed in my office: I, Jerry C. Fox (name), certify that on February 19, 2002 (date), at Indianapolis in Marion County, Indiana, Robert Paul Feiock, Jr. of Hendricks County, Indiana (state), and Rose Mariea McCall of Hendricks County, Indiana (state) were 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, 2002. Signed by: Jerry C. Fox, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on February 20, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

518

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 65
Page 70
2-15-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 2-15-02
Name of Physician David Hadley MD

MALE APPLICANT	FEMALE APPLICANT
Name First: Benjamin Middle: C. Last: Wildman	Name First: Simona Middle: Nemcova Last: Nemcova
Date of Birth Month: 8 Day: 4 Year: 79	Date of Birth Month: 12 Day: 1 Year: 78
Place of Birth (State or foreign country): Indiana	Place of Birth (State or foreign country): Czech Republic
Residence Address Street or R.R.: 5699 Lafayette St. City: Clayton County: Hend. State: In 46118	Residence Address Street or R.R.: 5699 Lafayette St. 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 Kyle Alan Wildman	6. (a) Full name of applicant's father Vlastimil Nemec
(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) Czech Republic
Birthplace of father (State or foreign country) Indiana	Birthplace of father (State or foreign country) Czech Republic
(b) Full maiden name of applicant's mother Judy Kaye Herron	(b) Full maiden name of applicant's mother Marie Hartmanova
(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) Czech Republic
Birthplace of mother (State or foreign country) Kentucky	Birthplace of mother (State or foreign country) Czech 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 2-15-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
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
Subscribed and sworn to before me this 15 day of February, 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of 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 2-15-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
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
Subscribed and sworn to before me this 15 day of February, 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____

State of Indiana)
County of Hendricks)
Father ____ ID # ____
Mother ____ ID # ____
Subscribed and sworn to before me this ____ day of ____
____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ____ County ____ Court, by written order issued ____ and filed in ____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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. 15, 2002, authorizing the marriage of Benjamin Ellis Wildman and Simona Nemcova.
I further certify that the following marriage certificate was filed in my office: I, Kyle A. Wildman (name), certify that on March 2, 2002 (date), at Clayton in Hendricks County, Indiana, Benjamin Ellis Wildman of Hendricks County, Indiana (state), and Simona Nemcova of Hendricks County, Indiana (state) were 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, 2002. Signed by: Kyle A. Wildman, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on March 4, 2002 (date).

Signed Sharon Dugan 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 65
Page 71
2-15-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☐ Yes ☒
If No, Medical Examination or Report Dated 2-19-02
Name of Physician Health Dept.

MALE APPLICANT

Name: First Robert Middle Andrew Last Lawson
Date of Birth: Month 1 Day 26 Year 73
Place of Birth (State or foreign country) Ohio
Residence Address: Street or R.R. 709 N SR 75 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 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. Colin Andrew Lawson
6. (a) Full name of applicant's father Robert Lawson
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Tennessee
   (b) Full maiden name of applicant's mother Karen Ann Kreighbaum
   (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 ℗ R Robert Lawson Date 2/15/02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Robert Lawson
New Address same
Subscribed and sworn to before me this 15 day of Feb, 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

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 Hope Last Lawson
Date of Birth: Month 4 Day 15 Year 73
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 709 N SR 75 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 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. Colin Andrew Lawson
6. (a) Full name of applicant's father William Samuel Davis
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Barbara Jean Mathews
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 H. Lawson Date 2/15/02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 H. Lawson
New Address _____
Subscribed and sworn to before me this 15 day of Feb, 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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. 15, 2002, authorizing the marriage of Robert Andrew Lawson and Kimberly Hope Lawson.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on April 12, 2002 (date), at Danville in Hendricks County, Indiana, Robert Andrew Lawson of Hendricks County, Indiana (state), and Kimberly Hope Lawson of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Feb. 15, 2002. 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 April 12, 2002 (date).

Sharon Dugan
Signed _____ Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

520

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 65
Page 72
2-20-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 2-15-02
Name of Physician Somez MD.

MALE APPLICANT

Name: First Gilberto Middle — Last Perez

Date of Birth: Month 6 Day 5 Year 69

Place of Birth (State or foreign country) Texas

Residence Address: Street or R.R. 10272 Cherokee Dr City Indpls County Hend State In 46234

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 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. Daniel Perez, Cassandra Renee Perez, Candon Gilberto Perez
6. (a) Full name of applicant's father Daniel Perez
   (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 Dolores Gutierrez
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Texas
   Birthplace of mother (State or foreign country) Texas

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

✗ Signature of Applicant [signature] Date 2-20-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 20 day of February 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

FEMALE APPLICANT

Name: First Carly Middle Lynn Last Fearrin

Date of Birth: Month 2 Day 21 Year 80

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 152 Avon Village Dr. #27 City Hendricks County State In 46123

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 2002

Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify)

Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children Tucker Tyler Fearrin, Devin Michael Fearrin
6. (a) Full name of applicant's father Randi Ludlow
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Christine Bear
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

✗ Signature of Applicant Carly L. Fear Date 2-20-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
✗ Signed Carly L. Fear
✗ New Address 10272 Cherokee Dr Indianapolis, IN 46234
Subscribed and sworn to before me this 20 day of February 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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. 20, 2002, authorizing the marriage of Gilberto Perez and Carly Lynn Fearrin.

I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on February 20, 2002 (date), at Danville in Hendricks County, Indiana, Gilberto Perez of Hendricks County, Indiana (state), and Carly Lynn Fearrin of Hendricks County, Indiana (state) were 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, 2002. 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 February 26, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

521

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 65
Page 73
2-15-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage 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 Alan Last Reddick
Date of Birth: Month 06 Day 29 Year 49
Place of Birth (State or foreign country) Ohio
Residence Address: Street or R.R. 693 Hollowood Lane City Avon County Hendricks State IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 3
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 89, 82 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. Jessica Reddick
6. (a) Full name of applicant's father Robert Hazen Reddick
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Nebraska
   (b) Full maiden name of applicant's mother Vivian Jan Crimmins
   (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 Michael Reddick Date 2-15-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Reddick
New Address 693 Hollowood
Subscribed and sworn to before me this 15 day of FEB 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

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 Marie Last Shadle
Date of Birth: Month 10 Day 24 Year 49
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 693 Hollowood Lane 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 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 Dewey Lee Everett
   (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 Pauline Madge Thomas
   (If adopted, list adoptive parents only) _____
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) California

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Donna Shadle Date 2-15-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Shadle
New Address 693 Hollowood Ln. Avon, In.
Subscribed and sworn to before me this 15 day of FEB 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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. 15, 2002, authorizing the marriage of Michael Alan Reddick and Donna Marie Shadle.
I further certify that the following marriage certificate was filed in my office: I, Mark A. Hostetler (name), certify that on April 13, 2002 (date), at Indianapolis in Marion County, Indiana, Michael Alan Reddick of Marion County, Indiana (state), and Donna Marie Shadle of Hendricks County, Indiana (state) were 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, 2002. Signed by: Mark A. Hostetler, Minister Chaplain (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on April 26, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

522

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 65
Page 74
2-21-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☑ Yes ☐
If No, Medical Examination or Report Dated 11-26-01
Name of Physician Steven Degger

MALE APPLICANT

Name: First Clifton Middle Charles Last Day

Date of Birth: Month 4 Day 15 Year 60

Place of Birth (State or foreign country) Illinois

Residence Address: Street or R.R. 296 N. Mill apt 1 City P'field 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)

Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Charles Day, Rachel Claire Day
6. (a) Full name of applicant's father Clifton A. Day
   (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 Lucile M. Dunakey
   (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 Clifton C. Day Date 2/21/02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
✗ Signed Clifton C. Day
✗ New Address same
Subscribed and sworn to before me this 21 day of February 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

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 K. Last Fishel

Date of Birth: Month 8 Day 22 Year 71

Place of Birth (State or foreign country) Illinois

Residence Address: Street or R.R. 296 Mill St. Apt 1 City P'field County Hend. State Ind. 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 male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Kaitlin Renee Ipswood, Amber Nicole Delaney
6. (a) Full name of applicant's father Ronald D. Fishel
   (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 Sheila K. Young
   (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 Lisa Fishel Date 2/21/02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Fishel
✗ New Address same
Subscribed and sworn to before me this 21 day of February 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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, 2002, authorizing the marriage of Clifton Charles Day and Lisa K. Fishel.

I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on February 21, 2002 (date), at Danville in Hendricks County, Indiana, Clifton Charles Day of Hendricks County, Indiana (state), and Lisa K. Fishel of Hendricks County, Indiana (state) were 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, 2002. 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 February 26, 2002 (date).

Sharon Dugan
Signed _____ Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

523

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 65
Page 75
2-22-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☑ Yes ☐
If No, Medical Examination or Report Dated 2-8-02
Name of Physician Karen Johns M.D.

MALE APPLICANT

Name: First George Middle R. Last Merritt
Date of Birth: Month 7 Day 4 Year 59
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 154 Brixton Woods W. Dr. City Pittsboro County Hend. State In. 46167
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 1989
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Stanley George Merritt
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Doris Claire Soller
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Merritt Date 2/22/02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Merritt
✗ New Address SAME
Subscribed and sworn to before me this 22 day of February 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

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 J. Last Brayfield
Date of Birth: Month 3 Day 19 Year 64
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 154 Brixton Woods W. Dr. City Pittsboro County Hend. State In. 46167
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 1990
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Michael Daniel Reynolds, Melissa Jane Reynolds
6. (a) Full name of applicant's father NA
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) NA
   Birthplace of father (State or foreign country) NA
   (b) Full maiden name of applicant's mother Clara Jane Gillum
   (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 Lisa Brayfield Date 2.22.02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
✗ Signed Lisa J Brayfield
✗ New Address Same
Subscribed and sworn to before me this 22 day of February 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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. 22, 2002, authorizing the marriage of George Robert Merritt and Lisa Jo Brayfield.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on February 22, 2002 (date), at Danville in Hendricks County, Indiana, George Robert Merritt of Hendricks County, Indiana (state), and Lisa Jo Brayfield of Hendricks County, Indiana (state) were 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, 2002. 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 February 26, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

524

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 605
Page 76
2-22-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 2-5-02
Name of Physician John Payne MD.

MALE APPLICANT

Name: First Douglas Middle M. Last Shelton
Date of Birth: Month 8 Day 5 Year 65
Place of Birth (State or foreign country) Florida
Residence Address: Street or R.R. 720 Prairie Dr. City Brownsburg County Hend. State Ind. 46112
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 3
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. Meredith Delaney Shelton
6. (a) Full name of applicant's father Treavon Warren Shelton
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Florida
   (b) Full maiden name of applicant's mother Suzanne Etheridge
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Shelton Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Shelton
✗ New Address 9131 E. 400N Brownsburg IN 46112
Subscribed and sworn to before me this 22 day of February, 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

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 C. Last Ralston
Date of Birth: Month 11 Day 12 Year 71
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 720 Prairie Dr. City Brownsburg County Hend. 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. Jacob Robert Allen
6. (a) Full name of applicant's father John Ralston
   (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 Alice Sears
   (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 Lisa C. Ralston Date 2/22/02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 C. Ralston
✗ New Address 9131 E. 400 N. Brownsburg, IN. 46112
Subscribed and sworn to before me this 22 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 Feb. 22, 2002, authorizing the marriage of Douglas Michael Shelton and Lisa Carol Ralston.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on February 22, 2002 (date), at Danville in Hendricks County, Indiana, Douglas Michael Shelton of Hendricks County, Indiana (state), and Lisa Carol Ralston of Hendricks County, Indiana (state) were 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, 2002. Signed by: Janet S. Smith, Hendricks Co. Deputy Clerk (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on February 26, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

525

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 605
Page 77
02-22-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 2-20-02
Name of Physician Health Tracks

MALE APPLICANT

Name: First Russell Middle Melvin Last Borders
Date of Birth: Month 02 Day 26 Year 51
Place of Birth (State or foreign country)
Residence Address: Street or R.R. 686 Cobblestone Rd City Plainfield County Hendricks State IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date ~~89~~ 84
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 Clellon Borders
   (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 Margaret Francis French
   (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 Russell M Borders Date 2/22/02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Russell M Borders
New Address SAME
Subscribed and sworn to before me this 22 day of February 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

FEMALE APPLICANT

Name: First Yoke Middle San Last Koh
Date of Birth: Month 8 Day 23 Year 58
Place of Birth (State or foreign country) Singapore
Residence Address: Street or R.R. 686 Cobblestone Rd. 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 Koh Took Hong
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Singapore
   (b) Full maiden name of applicant's mother Wan Pong Kie
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Singapore

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Yoke San Koh Date 2/22/02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Yoke San Koh
New Address same
Subscribed and sworn to before me this 22 day of February, 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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. 22, 2002, authorizing the marriage of Russell Melvin Borders and Yoke San Koh.

I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on February 22, 2002 (date), at Danville in Hendricks County, Indiana, Russell Melvin Borders of Hendricks County, Indiana (state), and Yoke San Koh of Hendricks County, Indiana (state) were 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, 2002. 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 February 22, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

526

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 65
Page 78
2-26-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☑ Yes ☐
If No, Medical Examination or Report Dated 1-2-02
Name of Physician American Health Network

MALE APPLICANT

Name: First Thomas Middle E. Last Eggleton
Date of Birth: Month 8 Day 17 Year 56
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 148 Andrews Blvd 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 Edwin Eugene Eggleton
   (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 J. Reed
   (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 Vicki Middle J. Last Howard
Date of Birth: Month 9 Day 13 Year 56
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 144 Andrews Blvd. 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 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 Wilfred E. Mayer
   (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 Donna J. Fitzsimmons
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 E Eggleton Date 2-26-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 E Eggleton
New Address SAME
Subscribed and sworn to before me this 26 day of February 2002
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 Vicki J Howard Date 2/26/02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court ____ Date ____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Vicki J Howard
New Address 148 ANDREWS BLVD PLAINFIELD IN 46168
Subscribed and sworn to before me this 26 day of February 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____

State of Indiana)
County of Hendricks)
Father ____ ID # ____
Mother ____ ID # ____
Subscribed and sworn to before me this ____ day of ____
____ Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____

State of Indiana)
County of Hendricks)
Father ____ ID # ____
Mother ____ ID # ____
Subscribed and sworn to before me this ____ day of ____
____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ____ County ____ Court, by written order issued ____ and filed in ____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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

527

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 605
Page 79
2-28-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☐ Yes ☒
If No, Medical Examination or Report Dated 2-20-02
Name of Physician Kathleen Speicher, MD

MALE APPLICANT

Name: First Marcus Middle James Last Dashiell
Date of Birth: Month 6 Day 7 Year 72
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1243 Kenross Dr. City Avon County Hend. St. 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 James Ralph Dashiell
   (If adopted, list adoptive parents only) ____
   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 Jane Weisdorf
   (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 Stacy Middle L. Last Gross
Date of Birth: Month 10 Day 29 Year 73
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1243 Kenross Dr. City Avon County Hend. St. 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 Gary Lawrence Gross
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Cheryl Ann Miller
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Missouri

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
✗ Signature of Applicant Marcus J. Dashiell Date 2-28-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court ____ Date ____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
✗ Signed Marcus J. Dashiell
✗ New Address SAME
Subscribed and sworn to before me this 28 day of February 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of 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 Stacy L Gross Date 2/28/2002

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Gross
✗ New Address Same
Subscribed and sworn to before me this 28 day of February 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____

State of Indiana)
County of Hendricks)
Father ____ ID # ____
Mother ____ ID # ____
Subscribed and sworn to before me this ____ day of ____
____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ____ County ____ Court, by written order issued ____ and filed in ____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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. 28, 2002, authorizing the marriage of Marcus James Dashiell and Stacy Lynn Gross.
I further certify that the following marriage certificate was filed in my office: I, Rev. Franklin D. Sablan (name), certify that on March 9, 2002 (date), at Indianapolis in Marion County, Indiana, Marcus James Dashiell of Hendricks County, Indiana (state), and Stacy Lynn Gross of Hendricks County, Indiana (state) were 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. 28, 2002. Signed by: Rev. Franklin D. Sablan, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on March 13, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

528

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 65
Page 80
2-28-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage 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 Daniel Middle F Last Miller
Date of Birth: Month 7 Day 3 Year 48
Place of Birth (State or foreign country) Ohio
Residence Address: Street or R.R. 970 Pinewood Dr. City Plfd County Hend State In 46168
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. Luke Stanger Miller
6. (a) Full name of applicant's father Fuehrman Paul Miller
   (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 Audra Ellen Coates
   (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 Daniel F Miller Date 2/28/02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 F Miller
✗ New Address 1522 WOODSIDE DR DANVILLE IN 46122
Subscribed and sworn to before me this 28 day of February 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

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 A. Last Walton
Date of Birth: Month 10 Day 12 Year 47
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 320 Lewis St. City Plfd County Hend State In 46168
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 4
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. _____
6. (a) Full name of applicant's father Roy C. Rayburn
   (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 Deloris M. Straley
   (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 Patricia A. Walton Date 2/28/02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 A. Walton
✗ New Address 1522 Woodside Dr. Danville In 46122
Subscribed and sworn to before me this 28 day of February 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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. 28, 2002, authorizing the marriage of Daniel F. Miller and Patricia A. Walton.
I further certify that the following marriage certificate was filed in my office: I, G. Michael Goodwin (name), certify that on April 12, 2002 (date), at Mooresville in Morgan County, Indiana, Daniel F. Miller of Hendricks County, Indiana (state), and Patricia A. Walton of Hendricks County, Indiana (state) were 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. 28, 2002. Signed by: G. Michael Goodwin, Senior Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on April 17, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

529

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 65
Page 81
2-28-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 1-23-02
Name of Physician J. Cooper

MALE APPLICANT	FEMALE APPLICANT
Name: First Thomas, Middle K, Last Toole	Name: First Monica, Middle L., Last Marshall
Date of Birth: Month 3, Day 15, Year 59	Date of Birth: Month 12, Day 13, Year 68
Place of Birth (State or foreign country): Ohio	Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 5150 N. CR 1000 E., City Brownsburg, County Hend., State In. 46112	Residence Address: Street or R.R. 5150 N. CR 1000 E., City Brownsburg, County Hend., State In. 46112
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 1997	Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1993
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 Bill W. Toole	6. (a) Full name of applicant's father Grank Joseph Marshall
(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 Maryann Bridgeforth	(b) Full maiden name of applicant's mother Carolyn Sue Kelsey
(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 Thomas K Toole Date 2/28/02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk 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 K Kevin Toole
✗ New Address Same

Subscribed and sworn to before me this 28 day of February 2002

Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of 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 Monica L Marshall Date 2-28-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)

I swear/affirm that the information given in this application is true and correct.

✗ Signed Monica L Marshall
✗ New Address same

Subscribed and sworn to before me this 28 day of February 2002

Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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. 28, 2002, authorizing the marriage of Thomas Kevin Toole and Monica Lynn Marshall.

I further certify that the following marriage certificate was filed in my office: I, Steven T. Reeves (name), certify that on March 15, 2002 (date), at Brownsburg in Hendricks County, Indiana, Thomas Kevin Toole of Hendricks County, Indiana (state), and Monica Lynn Marshall of Hendricks County, Indiana (state) were 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. 28, 2002. Signed by: Steven T. Reeves, Pastor (official designation) Filed and recorded in accordance with the laws of the State of Indiana on March 19, 2002 (date).

Sharon Dugan
Signed _____ Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

530

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 65
Page 82
3-1-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 2-28-02
Name of Physician Kevin D. Schendel, M.D.

MALE APPLICANT

Name: First Jeremy Middle R. Last Hendrickson
Date of Birth: Month 7 Day 9 Year 80
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 3545 N. Co. Rd 800E. City B'burg County Hend. State In. 46112
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Terry Hendrickson
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Terry Lynn Teskey
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding 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 Jeremy Hendrickson Date 3/01/02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
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 Jeremy Hendrickson
X New Address 3070 Pheasant Run Dr Apt 1144
Subscribed and sworn to before me this 1 day of March, 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

FEMALE APPLICANT

Name: First Sara Middle R. Last Robbins
Date of Birth: Month 6 Day 18 Year 80
Place of Birth (State or foreign country) Tennessee
Residence Address: Street or R.R. 6838 E. Cole 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) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Bruce Robbins
   (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 Vicki Lynnell Asberry
   (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).
X Signature of Applicant Sara R Robbins Date 3-1-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
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 Sara R Robbins
X New Address 3070 Pheasant Run Dr. Apt. 1144 Lafayette, IN 47909
Subscribed and sworn to before me this 1 day of March, 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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, 2002, authorizing the marriage of Jeremy Richard Hendrickson and Sara Ruth Robbins.
I further certify that the following marriage certificate was filed in my office: I, David Bock (name), certify that on March 9, 2002 (date), at Brownsburg in Hendricks County, Indiana, Jeremy R. Hendrickson of Hendricks County, Indiana (state), and Sara Ruth 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 March 1, 2002. Signed by: David Bock, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on March 13, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

531

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 605
Page 83
3-1-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☐ Yes ☑
If No, Medical Examination or Report Dated _____
Name of Physician _____

MALE APPLICANT	FEMALE APPLICANT
Name: First William, Middle C., Last Wright	Name: First Priscilla, Middle E., Last Chevalier
Date of Birth: Month 4, Day 2, Year 42	Date of Birth: Month 1, Day 29, Year 51
Place of Birth (State or foreign country): Indiana	Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 1539 N. Co. Rd. 1050 E., City Indpls, County Hend., State In. 46234	Residence Address: Street or R.R. 1539 N. Co Rd. 1050 E., City Indpls, County Hend., State In. 46234
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 1974	Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐ Date 1973
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 Francis William Wright	6. (a) Full name of applicant's father Benjamin Ayers
(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) Mississippi	Birthplace of father (State or foreign country) NA
(b) Full maiden name of applicant's mother Helen Marie Reed	(b) Full maiden name of applicant's mother Emma Agnes Bowne
(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) 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 William E. Wright Date 3-1-02

✗ Signature of Applicant Priscilla E. Chevalier Date 3-1-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk 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. Wright
✗ New Address Same

Subscribed and sworn to before me this 1 day of March, 2002

Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of 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 Priscilla E. Chevalier Date 3-1-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)

I swear/affirm that the information given in this application is true and correct.

✗ Signed Priscilla E. Chevalier
✗ New Address Same

Subscribed and sworn to before me this 1 day of March, 2002

Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)

Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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, 2002, authorizing the marriage of William Errol Wright and Priscilla Elaine Chevalier.

I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on March 1, 2002 (date), at Danville in Hendricks County, Indiana, William Errol Wright of Hendricks County, Indiana (state), and Priscilla E. Chevalier of Hendricks County, Indiana (state) were 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, 2002. 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 March 1, 2002 (date).

Sharon Dugan
Signed _____ Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

532

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 65
Page 84
4-1-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☑ Yes ☐
If No, Medical Examination or Report Dated 3-5-02
Name of Physician Dr. Brin

MALE APPLICANT

Name: First Corey Middle M. Last Katz
Date of Birth: Month 9 Day 2 Year 77
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 250 Longview Bend 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 female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Bennett Mayer Katz
   (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 Marlene 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 _____ Date 3-5-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 ADDRESS
Subscribed and sworn to before me this 5 day of March, 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

FEMALE APPLICANT

Name: First Amber Middle N. Last Peacock
Date of Birth: Month 8 Day 24 Year 79
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 250 Longview Bend 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 Steven Peacock
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Cheryl Morris
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
✗ Signature of Applicant Amber Nicole Peacock Date 4/1/02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
✗ Signed Amber Nicole Peacock
New Address Same address
Subscribed and sworn to before me this 1 day of April, 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 1, 2002, authorizing the marriage of Corey Matthew Katz and Amber Nicole Peacock.
I further certify that the following marriage certificate was filed in my office: I, Steven T. Reeves (name), certify that on May 18, 2002 (date), at Brownsburg in Hendricks County, Indiana, Corey Matthew Katz of Hendricks County, Indiana (state), and Amber Nicole Peacock of Hendricks County, Indiana (state) were 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 1, 2002. Signed by: Steven T. Reeves, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on May 22, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

533

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 605
Page 85
3-5-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 3-5-02
Name of Physician Dr. Collicott

MALE APPLICANT

Name First Scott Middle Kevin Last Phillips
Date of Birth Month 5 Day 24 Year 56
Place of Birth (State or foreign country) Indiana
Residence Address Street or R.R. 1192 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 8-1-01
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. —
6. (a) Full name of applicant's father Jesse H. Phillips
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Tennessee
   (b) Full maiden name of applicant's mother Janet McKeand
   (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 Scott Phillips Date 3/5/02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Phillips
New Address SAME AS ABOVE
Subscribed and sworn to before me this 5 day of March 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

FEMALE APPLICANT

Name First Darlene Middle M. Last Paschke
Date of Birth Month 12 Day 10 Year 62
Place of Birth (State or foreign country) Illinois
Residence Address Street or R.R. 192 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 11-21-01
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. Melissa Paschke, Charles Paschke, Mary Paschke
6. (a) Full name of applicant's father Vale E. Randolph
   (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 E. Catt
   (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 Darlene M Paschke Date 3/5/02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Darlene M Paschke
New Address _____
Subscribed and sworn to before me this 5 day of March 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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, 2002, authorizing the marriage of Scott K. Phillips and Darlene M. Paschke.
I further certify that the following marriage certificate was filed in my office: I, Rev. Monty C. Barker (name), certify that on March 30, 2002 (date), at Indianapolis in Marion County, Indiana, Scott K. Phillips of Hendricks County, Indiana (state), and Darlene M. Paschke of Hendricks County, Indiana (state) were 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, 2002. Signed by: Rev. Monty C. Barker, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on April 2, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

534

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 65
Page 86
3-6-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☑ Yes ☐
If No, Medical Examination or Report Dated 3-6-02
Name of Physician Garnet Harris

MALE APPLICANT

Name: First Matthew Middle A. Last Moberly
Date of Birth: Month 10 Day 13 Year 77
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1949 Ascot Ct. Apt A 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 female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 Alan Moberly
   (If adopted, list adoptive parents only) ____
   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 Cathrin Clowe
   (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 Andrea Middle C. Last Evans
Date of Birth: Month 8 Day 5 Year 80
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 6115 E. CR 200 N. 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 Thomas Darrell 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 Elaine Bonnie Weaver
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 A Moberly Date 3/6/02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 A. Moberly
New Address 1949 Ascot Ct., Apt. A Indpls, IN 46260
Subscribed and sworn to before me this 6 day of March, 2002
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 Andrea C Evans Date 3/6/02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 C. Evans
New Address 1949 Ascot Ct Apt. A Indpls, IN 46260
Subscribed and sworn to before me this 6 day of March, 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____

State of Indiana)
County of Hendricks)
Father ____ ID # ____
Mother ____ ID # ____
Subscribed and sworn to before me this ____ day of ____
____ Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____

State of Indiana)
County of Hendricks)
Father ____ ID # ____
Mother ____ ID # ____
Subscribed and sworn to before me this ____ day of ____
____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ____ County ____ Court, by written order issued ____ and filed in ____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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, 2002, authorizing the marriage of Matthew Alan Moberly and Andrea Christine Evans.
I further certify that the following marriage certificate was filed in my office: I, Mark Nelson (name), certify that on March 16, 2002 (date), at Brownsburg in Hendricks County, Indiana, Matthew Alan Moberly of Marion County, Indiana (state), and Andrea Christine 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 March 6, 2002. Signed by: Mark Nelson, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on March 20, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

535

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 65
Page 87
3-5-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 2-22-02
Name of Physician Jessica J. Kemp PA-C

MALE APPLICANT

Name: First Nathan Middle D. Last Pugh
Date of Birth: Month 8 Day 27 Year 80
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 966 N. Co Rd. 50E. 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 Tommy Dean Pugh
   (If adopted, list adoptive parents only)
   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 Elaine 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 Nathan D. Pugh Date 3/5/02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
✗ Signed Nathan D. Pugh
✗ New Address Same
Subscribed and sworn to before me this 5 day of March, 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

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 M. Last Brinker
Date of Birth: Month 4 Day 23 Year 77
Place of Birth (State or foreign country) Ohio
Residence Address: Street or R.R. 8320 Country Meadows Dr. City Indpls. County Marion State 46234
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify)

Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Scott Brinker
6. (a) Full name of applicant's father Thomas Edison Brinker
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Ohio
   Birthplace of father (State or foreign country) Ohio
   (b) Full maiden name of applicant's mother Linda Faye Tollis
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 M. Brinker Date 3/5/02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 M. Brinker
✗ New Address Same as above
Subscribed and sworn to before me this 5 day of March, 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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, 2002, authorizing the marriage of Nathan Dean Pugh and Amanda Michele Brinker.
I further certify that the following marriage certificate was filed in my office: I, Reverend Everett W. Pugh (name), certify that on April 6, 2002 (date), at Danville in Hendricks County, Indiana, Nathan Dean Pugh of Hendricks County, Indiana (state), and Amanda Michele Brinker 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 5, 2002. Signed by: Reverend Everett W. Pugh, Reverend (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on April 10, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

536

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 65
Page 88
3-6-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 3-1-02
Name of Physician Lynn Mikhail

MALE APPLICANT

Name: First David, Middle L., Last Andis
Date of Birth: Month 10, Day 16, Year 61
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 2017 Wanessa Dr. #236, City Indpls, County, State Ind 46234
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1994
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Andis
6. (a) Full name of applicant's father Paul Jerome Andis
   (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 Mary Jane Hackleberry
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) NA
   Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name: First Carol, Middle E., Last Ragle
Date of Birth: Month 1, Day 25, Year 70
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 2017 Wanessa Dr., City Indpls, County, State Ind. 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 Roger Ragle
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Kentucky
   (b) Full maiden name of applicant's mother Joyce Elizabeth Brown
   (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 David L Andis Date 3/6/02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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. Andis
✗ New Address Same
Subscribed and sworn to before me this 6 day of March, 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of 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 Carol E Ragle Date 3-6-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
✗ Signed Carol E Ragle
✗ New Address same
Subscribed and sworn to before me this 6 day of March, 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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, 2002, authorizing the marriage of David Lee Andis and Carol Elizabeth Ragle.
I further certify that the following marriage certificate was filed in my office: I, Rev. Timothy B. Leach (name), certify that on March 23, 2002 (date), at Indianapolis in Marion County, Indiana, David Lee Andis of Hendricks County, Indiana (state), and Carol Elizabeth Ragle of Hendricks County, Indiana (state) were 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, 2002. Signed by: Rev. Timothy B. Leach, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on April 2, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

537

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 65
Page 89
3-7-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 3-7-02
Name of Physician David Hadley M.D.

MALE APPLICANT

Name: First Brian Middle D. Last Hines
Date of Birth: Month 4 Day 25 Year 81
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 943 Ridgewood Dr. City Plfd County Hend. 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) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Lewis Hines
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Roxanne Clay
   (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 B. D. H. Date 07MAR02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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. H.
New Address SAME AS ABOVE
Subscribed and sworn to before me this 7 day of March, 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of Hendricks)
Father ID #
Mother ID #
Subscribed and sworn to before me this day of
Clerk

FEMALE APPLICANT

Name: First Vanessa Middle Marie Last Cortez
Date of Birth: Month 8 Day 31 Year 81
Place of Birth (State or foreign country) Florida
Residence Address: Street or R.R. 2040 Alamo Ave. City Wauchula County Hardee State Florida 33873
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Jose L. Cortez
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Florida
   Birthplace of father (State or foreign country) Texas
   (b) Full maiden name of applicant's mother Sandra Elaine Huggins
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Florida
   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 Vanessa M Cortez Date 3-7-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
✗Signed Vanessa M Cortez
New Address 943 Ridgewood Dr, Plainfield, IN
Subscribed and sworn to before me this 7 day of March, 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of Hendricks)
Father ID #
Mother ID #
Subscribed and sworn to before me this day of
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued and filed in , authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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, 2002, authorizing the marriage of Brian David Hines and Vanessa Marie Cortez.
I further certify that the following marriage certificate was filed in my office: I, Andrew Szakaly (name), certify that on March 8, 2002 (date), at Nashville in Brown County, Indiana, Brian David Hines of Hendricks County, Indiana (state), and Vanessa Marie Cortez of Hardee County, Florida (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated MArch 7, 2002. Signed by: Andrew Szakaly, Clergy (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on MARCH 11, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

538

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 605
Page 90
3-7-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☑ Yes ☐
If No, Medical Examination or Report Dated 2-26-02
Name of Physician Michelle Dakerson

MALE APPLICANT	FEMALE APPLICANT
Name: First William Middle H. Last Bergquist	Name: First Theresa Middle D. Last Stoddard
Date of Birth: Month 6 Day 4 Year 56	Date of Birth: Month 1 Day 21 Year 59
Place of Birth (State or foreign country): New Hampshire	Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 3161 Island Club Circle, Apt. C City Indpls County Marion State In. 46214	Residence Address: Street or R.R. 3589 Meadowlark Lane City Brgsburg County Hendricks State In. 46112
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 2000
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. Amanda Rachel Stoddard, Ezia Katrina Stoddard, Jordan Thomas Stoddard
6. (a) Full name of applicant's father Donald A. Bergquist	6. (a) Full name of applicant's father Donald R. Boyer
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Stove Hampshire	Residence of father (if deceased, so state) Deceased
Birthplace of father (State or foreign country) New Hampshire	Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Ruth J. Fraser	(b) Full maiden name of applicant's mother Carole J. White
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) New Hampshire	Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) New Hampshire	Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 H. Bergquist Date 3/7/02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk 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 H. Bergquist
✗ New Address 3589 Meadowlark Lane Brownsburg IN 46112

Subscribed and sworn to before me this 7 day of March, 2002

Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of 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 Theresa S Stoddard Date 3/7/02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)

I swear/affirm that the information given in this application is true and correct.

✗ Signed Theresa S Stoddard
✗ New Address 3589 Meadowlark Lane Brownsburg, 46112

Subscribed and sworn to before me this 7 day of March, 2002

Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)

Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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, 2002, authorizing the marriage of William H. Bergquist and Theresa S. Stoddard.

I further certify that the following marriage certificate was filed in my office: I, Fred Rodkey (name), certify that on April 6, 2002 (date), at Indianapolis in Marion County, Indiana, William H. Bergquist of Marion County, Indiana (state), and Theresa S. Stoddard of Hendricks County, Indiana (state) were 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, 2002. Signed by: Fred Rodkey, Pastor (official designation) Filed and recorded in accordance with the laws of the State of Indiana on April 10, 2002 (date).

Sharon Dugan
Signed _____ Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

539

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 605
Page 91
3-7-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 2-14-02
Name of Physician Clark Memorial Hospital

MALE APPLICANT

Name: First Billy Middle L. Last Beckelheimer
Date of Birth: Month 9 Day 11 Year 54
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 3012 S. State Rd 39 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 John Beckelheimer
   (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 Katherine Amanda Johnston
   (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 Bill Beckelheimer Date 3/7/2002

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court ____ Date ____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
✗ Signed Bill Beckelheimer
✗ New Address PO Box 336 Cloverdale IN. 46120
Subscribed and sworn to before me this 7 day of March, 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____

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 A. Last Roberts
Date of Birth: Month 12 Day 9 Year 63
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 7702 Sundance Apt 4 Dr. City Louisville County Jefferson State Ky 40222
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify)

Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Roberts
   (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 Cinderella Teague
   (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 Joyce Ann Roberts Date 3/7/2002

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Ann Roberts
✗ New Address PO Box 336 Cloverdale IN 46120
Subscribed and sworn to before me this 7 day of March, 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____

State of Indiana)
County of Hendricks)
Father ____ ID # ____
Mother ____ ID # ____
Subscribed and sworn to before me this ____ day of ____
____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ____ County ____ Court, by written order issued ____ and filed in ____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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, 2002, authorizing the marriage of Bill L. Beckelheimer and Joyce Ann Roberts.
I further certify that the following marriage certificate was filed in my office: I, Herb Inglert (name), certify that on April 6, 2002 (date), at Cataract in Owen County, Indiana, Bill L. Beckelheimer of Hendricks County, Indiana (state), and Joyce Ann Roberts of Jefferson County, Kentucky (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated March 7, 2002. Signed by: Herb Inglert, Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on April 10, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

540

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 65
Page 92
March 7, 2002
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 3-6-02
Name of Physician Dr Virginia A. Caine

MALE APPLICANT

Name First: Robert Middle: Wesley Last: Brummett
Date of Birth Month: 11 Day: 5 Year: 1978
Place of Birth (State or foreign country): Indiana
Residence Address: Ashley Motel 2452 East Street or R.R.: Main City: Plainfield County: Hendricks State: IN 46168
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages: 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date: 10/2001
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. —
6. (a) Full name of applicant's father: Robert A. Brummett
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state): Indiana
   Birthplace of father (State or foreign country): Indiana
   (b) Full maiden name of applicant's mother: Mitzi L. Brown
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state): Indiana
   Birthplace of mother (State or foreign country): Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
X Signature of Applicant: Robert W. Brummett Date: 3-7-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
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 W. Brummett
New Address: 4120 South Lions, IND, IN, 46241.
Subscribed and sworn to before me this 7 day of March 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

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: Ann Last: Saltsgaver
Date of Birth Month: 9 Day: 11 Year: 1980
Place of Birth (State or foreign country): Indiana
Residence Address: Ashley Motel 2452 East Street or R.R.: Main 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: Mike Saltsgaver
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state): Indiana
   Birthplace of father (State or foreign country): Indiana
   (b) Full maiden name of applicant's mother: Connie Spaulding
   (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).
X Signature of Applicant: Crystal Saltsgaver Date: 03/07/02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
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: Crystal Saltsgaver
New Address: Same
Subscribed and sworn to before me this 7 day of March 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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, 2002, authorizing the marriage of Robert W. Brummett and Crystal A. Saltsgauer.
I further certify that the following marriage certificate was filed in my office: I, Earl T. Pumphrey (name), certify that on March 9, 2002 (date), at Indianapolis in Marion County, Indiana, Robert W. Brummett of Hendricks County, Indiana (state), and Crystal A. Saltsgauer of Hendricks County, Indiana (state) were 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, 2002. Signed by: Earl T. Pumphrey, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on March 19, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

541

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 65
Page 93
3-8-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 3-8-02
Name of Physician David Hadley M.D.

MALE APPLICANT

Name: First Joshua Middle D. Last Postma
Date of Birth: Month 1 Day 14 Year 81
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 6848 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. Abigail Postma
6. (a) Full name of applicant's father Steve Lee Postma
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Jeanie Aleane Semmens
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
✗ Signature of Applicant Joshua D. Postma Date 3-8-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
✗ Signed Joshua D. Postma
✗ New Address same
Subscribed and sworn to before me this 8 day of March, 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

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 K. Last Hampton
Date of Birth: Month 1 Day 4 Year 82
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 6848 Donnelly Dr. City Brburg 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. Abigail Postma
6. (a) Full name of applicant's father Timothy Scott Hampton
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Sherry Kay Axford
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Kay Hampton Date 3-8-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Kay Hampton
✗ New Address same
Subscribed and sworn to before me this 8 day of March, 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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, 2002, authorizing the marriage of Joshua David Postma and Amanda Kay Hampton.
I further certify that the following marriage certificate was filed in my office: I, John L. Ross (name), certify that on March 16, 2002 (date), at Plainfield in Hendricks County, Indiana, Joshua David Postma of Hendricks County, Indiana (state), and Amanda Kay Hampton of Hendricks County, Indiana (state) were 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, 2002. Signed by: John L. Ross, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on April 2, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

542

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 65
Page 94
3-8-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☑ Yes ☐
If No, Medical Examination or Report Dated 3-8-02
Name of Physician Dr R Harris

MALE APPLICANT	FEMALE APPLICANT
Name: First John, Middle W., Last Mulpas	Name: First Beth, Middle A., Last Caldwell
Date of Birth: Month 5, Day 21, Year 74	Date of Birth: Month 1, Day 28, Year 73
Place of Birth (State or foreign country): Ohio	Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 495 Mutt Rd. Apt D 303, City Phoenixville, County greater, State PA 19460	Residence Address: Street or R.R. 6956 Park Square Dr. Unit A, 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
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 Kenneth Gene Mulpas	6. (a) Full name of applicant's father Johnny Dale Caldwell
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Ohio	Residence of father (if deceased, so state) Deceased
Birthplace of father (State or foreign country) Ohio	Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Bonnie Jean Ashburn	(b) Full maiden name of applicant's mother Phyllis Ann Riley
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Ohio	Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Ohio	Birthplace of mother (State or foreign country) Kentucky

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

✗Signature of Applicant John W. Mulpas Date 3/8/02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk 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. Mulpas
✗New Address 6956 Park Square Dr. Unit A Avon IN 46123

Subscribed and sworn to before me this 8 day of March, 2002

Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)

Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

✗Signature of Applicant Beth A. Caldwell Date 3-8-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)

I swear/affirm that the information given in this application is true and correct.

✗Signed Beth A. Caldwell
✗New Address same as above

Subscribed and sworn to before me this 8 day of March, 2002

Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)

Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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, 2002, authorizing the marriage of John Wilford Mulpas and Beth Ann Caldwell.

I further certify that the following marriage certificate was filed in my office: I, Fred Rodkey (name), certify that on April 28, 2002 (date), at Indianapolis in Marion County, Indiana, John Wilford Mulpas of Chester County, Pennsylvania (state), and Beth Ann 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 March 8, 2002. Signed by: Fred Rodkey, Pastor (official designation) Filed and recorded in accordance with the laws of the State of Indiana on April 30, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

543

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 65
Page 95
3-8-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☑ Yes ☐
If No, Medical Examination or Report Dated 2-19-02
Name of Physician Dr. Gaddy

MALE APPLICANT	FEMALE APPLICANT
Name: First Larry Middle Allen Last Harless Jr.	Name: First Krishenda Middle Kay Last Bailey
Date of Birth: Month 12 Day 05 Year 76	Date of Birth: Month 07 Day 12 Year 79
Place of Birth (State or foreign country) Ohio	Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 210 Emming 2 City Cincinnati County Hamilton State OH	Residence Address: Street or R.R. 4329 Gibbs Rd City Danville County Hendricks State IN
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages	Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date	Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Driver's Licensl	Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Driver's Licensl
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 Larry Allen Harless Sr.	6. (a) Full name of applicant's father Robert Steven Bailey
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Ohio	Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) W. Virginia	Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Tonda Leah Nevol	(b) Full maiden name of applicant's mother Judith Alaine Lively
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Ohio	Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Ohio	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 Larry A Harless Jr Date 3/8/02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)

I swear/affirm that the information given in this application is true and correct.

Signed Larry A Harless Jr
New Address 210 Emming St. Apt #2 Cincinnati Oh 45219

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 Krishenda K. Bailey Date 3/8/02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)

I swear/affirm that the information given in this application is true and correct.

Signed Krishenda K. Bailey
New Address 210 Emming St, Apt. #2, Cincinati, OH 45219

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 8, 2002, authorizing the marriage of Larry Allen Harless, Jr. and Krishenda Kay Bailey.

I further certify that the following marriage certificate was filed in my office: I, John Caldwell (name), certify that on March 9, 2002 (date), at Avon in Indiana County, Indiana, Larry Allen Harless, Jr. of Hamilton County, Ohio (state), and Krishenda Kay Bailey of Hendricks County, Indiana (state) were 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, 2002. Signed by: John Caldwell, Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on March 13, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

544

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 65
Page 96
3-8-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 3-8-02
Name of Physician Dr. Dilatt

MALE APPLICANT

Name First: Samuel Middle: Joseph Last: Norvanis II
Date of Birth Month: 1 Day: 16 Year: 62
Place of Birth (State or foreign country): Indiana
Residence Address Street or R.R.: 8191 Creekway 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
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify): Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Samuel Joseph Norvanis
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Jacquline Kempf
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Samuel J. Norvanis II Date 3/6/02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Samuel J. Norvanis
New Address Same as above
Subscribed and sworn to before me this 8 day of March 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

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: Lynn Last: Caverlee
Date of Birth Month: 5 Day: 12 Year: 61
Place of Birth (State or foreign country): Ohio
Residence Address Street or R.R.: 10217 Glenn Abbey Ln. City: Fishers County: Hamilton State: In 46038
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify): Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 E. Caverlee
   (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 Marjorie A. Volk
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Ohio

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Teresa L. Caverlee Date 3-8-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Teresa L. Caverlee
New Address 8191 Creekway Dr. Avon 46123
Subscribed and sworn to before me this 8 day of March 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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, 2002, authorizing the marriage of Samuel Joseph Norvanis II and Teresa Lynn Caverlee.
I further certify that the following marriage certificate was filed in my office: I, Fr. Kevin Morris (name), certify that on April 27, 2002 (date), at Indianapolis in Marion County, Indiana, Samuel Joseph Norvanis II of Hendricks County, Indiana (state), and Teresa Lynn Caverlee of Hamilton County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated March 8, 2002. Signed by: Fr. Kevin Morris, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on April 30, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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 65
Page 97
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐ If No, Medical Examination or Report Dated 3-8-02
Name of Physician Dr. Linda Spencer

MALE APPLICANT

Name: First David Middle W. Last Lovins
Date of Birth: Month November Day 4 Year 1945
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 301 East Broadway Apt. 1 City Danville County Hendricks State In.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 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. David Wayne Lovins II
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 Grace Louvina Lovins
   (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 W Lovins Date 3-8-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 W Lovins
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 Demaris Middle F. Last Edwards
Date of Birth: Month March Day 2 Year 1970
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 783 N. 200 E. City Danville County Hendricks State In.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 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. Brian Alexander Dwaltney, Nathan Forrest Bates
6. (a) Full name of applicant's father James E. Edwards
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Alabama
   (b) Full maiden name of applicant's mother Lucindy Mae Snyder
   (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 Demaris Edwards Date 3-8-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Demaris Edwards
New Address 301 East Broadway Apt 1 Danville 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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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, 2002, authorizing the marriage of David Wayne Lovins and Demaris Faustine Edwards.
I further certify that the following marriage certificate was filed in my office: I, Ulla Riitta (name), certify that on March 11, 2002 (date), at Nashville in Brown County, Indiana, David Wayne Lovins of Hendricks County, Indiana (state), and Demaris Faustine Edwards of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated March 8, 2002. Signed by: Ulla Riitta, Clergy (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on March 13, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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 605
Page 98
3-11-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 1-10-02
Name of Physician K. Gallagher

MALE APPLICANT

Name: First Larry Middle A. Last Ping Jr.
Date of Birth: Month 1 Day 16 Year 72
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 312 Harts Ford Way City B'burg County Hend. State In. 46112
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Dakota Alan Ping, Karmyn Marie Ping
6. (a) Full name of applicant's father Larry A. Ping 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 Connie L. Nichols
   (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 Darcie Middle L. Last Clark
Date of Birth: Month 5 Day 9 Year 77
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 312 Harts Ford Way City B'burg County Hend. State In. 46112
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Dakota Alan Ping, Karmyn Marie Ping
6. (a) Full name of applicant's father Donald E. Clark 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 Tonja D. Collins
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

✗Signature of Applicant Larry Ping Date 3/11/02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Ping
✗New Address 312 Same
Subscribed and sworn to before me this 11 day of March, 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of 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 Darcie L Clark Date 3/11/02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
✗Signed Darcie L Clark
✗New Address Same as above
Subscribed and sworn to before me this 11 day of March, 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 11, 2002, authorizing the marriage of Larry Alan Ping, Jr. and Darcie Lynn Clark.
I further certify that the following marriage certificate was filed in my office: I, Frederick P. Talley, Sr. (name), certify that on March 23, 2002 (date), at Brownsburg in Hendricks County, Indiana, Larry Alan Ping, Jr. of Hendricks County, Indiana (state), and Darcie Lynn Clark of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated March 11, 2002 Signed by: Frederick P. Talley, Sr., Pastor (official designation) Filed and recorded in accordance with the laws of the State of Indiana on April 2, 2002 (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 65
Page 99
3-11-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 3-902
Name of Physician Maynard

MALE APPLICANT

Name: First David Middle K. Last Donlan
Date of Birth: Month 4 Day 27 Year 77
Place of Birth (State or foreign country) California
Residence Address: Street or R.R. 821 Hardin Blvd Apt B. City Grtple County Marion State In. 46163
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 K. Donlan
   (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 Sally Thompson
   (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 Kristy Middle D. Last Page
Date of Birth: Month 1 Day 27 Year 77
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 4705 W. CoRd 650 N. City N. Salem County Hend. 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) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. ____
6. (a) Full name of applicant's father John R. Page
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Kentucky
   (b) Full maiden name of applicant's mother Linda L. Johnson
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant David Donlan Date 3-11-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Donlan
New Address Same as above
Subscribed and sworn to before me this 11 day of March, 2002
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 Kristy D. Page Date 3-11-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 D. Page
New Address 821 Hardin Blvd. Indpls. 46241
Subscribed and sworn to before me this 11 day of March, 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____

State of Indiana)
County of Hendricks)
Father ____ ID # ____
Mother ____ ID # ____
Subscribed and sworn to before me this ____ day of ____
____ Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____

State of Indiana)
County of Hendricks)
Father ____ ID # ____
Mother ____ ID # ____
Subscribed and sworn to before me this ____ day of ____
____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ____ County ____ Court, by written order issued ____ and filed in ____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 11, 2002, authorizing the marriage of David Kolomona Donlan and Kristy Darlene Page.
I further certify that the following marriage certificate was filed in my office: I, Dr. Richard V. Williams (name), certify that on March 23, 2002 (date), at North Salem in Hendricks County, Indiana, David Kolomona Donlan of Marion County, Indiana (state), and Kristy Darlene Page of Hendricks County, Indiana (state) were 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 11, 2002. Signed by: Dr. Richard V. Williams, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on April 2, 2002 (date).

Sharon Dugan
Signed ____ Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

548

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 65
Page 100
3-11-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☑ Yes ☐
If No, Medical Examination or Report Dated 1-19-02
Name of Physician David Hadley MD

MALE APPLICANT

Name: First Michael Middle C. Last MacKenzie
Date of Birth: Month 9 Day 10 Year 69
Place of Birth (State or foreign country) Canada
Residence Address: Street or R.R. 2307 W Herold City West Peoria County Peoria State Il 61604
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 Chester MacKenzie
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Canada
   Birthplace of father (State or foreign country) Canada
   (b) Full maiden name of applicant's mother Ida M. Collier
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Canada
   Birthplace of mother (State or foreign country) Canada

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
✗Signature of Applicant Michael MacKenzie Date 3-11-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 MacKenzie
✗New Address 2307 w Herold West Peoria, Il 61604
Subscribed and sworn to before me this 11 day of March, 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

FEMALE APPLICANT

Name: First Kari Middle N. Last Reynolds
Date of Birth: Month 9 Day 17 Year 76
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 25 Indiana Dr. 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.
6. (a) Full name of applicant's father Ron Reynolds
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Bonnie Jo Houghton
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
✗Signature of Applicant Kari Reynolds Date 3-11-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
✗Signed Kari Reynolds
✗New Address 2307 W. Herold West Peoria, IL 61604
Subscribed and sworn to before me this 11 day of March, 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 11, 2002, authorizing the marriage of Michael Charles MacKenzie and Kari Nicole Reynolds.
I further certify that the following marriage certificate was filed in my office: I, Ernie Harvey, Jr. (name), certify that on April 6, 2002 (date), at Brownsburg in Hendricks County, Indiana, Michael Charles MacKenzie of Peoria County, Illinois (state), and Kari Nicole 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 March 11, 2002 Signed by: Ernie Harvey, Jr., Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on April 17, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

549

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 65
Page 101
3-11-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☑ Yes ☐
If No, Medical Examination or Report Dated 3-11-02
Name of Physician D. Ashcraft

MALE APPLICANT

Name: First Michael Middle C. Last Blewett
Date of Birth: Month 1 Day 29 Year 53
Place of Birth (State or foreign country) Kentucky
Residence Address: Street or R.R. 1633 S. Main St. City New Castle County Hen. State Ind 47362
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 Willard Blewett
   (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 Blanche Virginia Lutte
   (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 Michael Blewett Date 3-11-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
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 Blewett
X New Address 1633 S. Main St. New Castle, IN 47362
Subscribed and sworn to before me this 11 day of March, 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

FEMALE APPLICANT

Name: First Juanita Middle A. Last Bogardus
Date of Birth: Month 2 Day 25 Year 54
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 277 S. Indiana St. City Danville County Hendricks State 46122
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 1987
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
5. List the full names of any dependent children. Christine Danielle Bogardus
6. (a) Full name of applicant's father Glover W. 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 Eileen N. Jackson
   (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 Juanita Bogardus 3/11/02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
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 Juanita Bogardus
X New Address 1633 S. Horse Creek Rd. Stilesville, IN 46180
Subscribed and sworn to before me this 11 day of March, 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 11, 2002, authorizing the marriage of Michael E. Blewett and Juanita Ann Bogardus.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on March 11, 2002 (date), at Danville in Hendricks County, Indiana, Michael E. Blewett of Hendricks County, Indiana (state), and Juanita Ann Bogardus of Hendricks County, Indiana (state) were 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 11, 2002. 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 March 13, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

550

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 65
Page 102
3-12-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 3-12-02
Name of Physician Allen Galowski

MALE APPLICANT

Name: First Montrell Middle L. Last Phillips
Date of Birth: Month 2 Day 27 Year 75
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 7109 Dalegard Ave. City Indpls County Marion State Ind 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. Kalynn B. Phillips, Nathan M. Herrington
6. (a) Full name of applicant's father Jeffery 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 Sheila Flowers
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding 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 Montrell Phillips Date 3/12/02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
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 Montrell Phillips
X New Address 7109 Dalegard Ave Indpls. Ind.
Subscribed and sworn to before me this 12 day of March, 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____

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 M. Last Behrens
Date of Birth: Month 3 Day 06 Year 74
Place of Birth (State or foreign country) North Carolina
Residence Address: Street or R.R. 7168 Eagle Rd. City Indpls County Hend. St. 46278
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. Kalynn B. Phillips, London Behrens, Josephine Behrens
6. (a) Full name of applicant's father William Andrew Frick
   (If adopted, list adoptive parents only) ____
   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 Jan Rapes
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Mississippi

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
X Signature of Applicant Kimberly M. Behrens Date 3/12/02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
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 M. Behrens
X New Address 7109 Dalegard Dr. Indpls, IN 46241
Subscribed and sworn to before me this 12 day of March, 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____

State of Indiana)
County of Hendricks)
Father ____ ID # ____
Mother ____ ID # ____
Subscribed and sworn to before me this ____ day of ____
____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ____ County ____ Court, by written order issued ____ and filed in ____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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, 2002, authorizing the marriage of Montrell Lee Phillips and Kimberly Michelle Behrens.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on March 12, 2002 (date), at Danville in Hendricks County, Indiana, Montrell Lee Phillips of Marion County, Indiana (state), and Kimberly Michelle Behrens of Hendricks County, Indiana (state) were 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, 2002 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 March 13, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

551

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 605
Page 103
3-11-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☐ Yes ☒
If No, Medical Examination or Report Dated 3-11-02
Name of Physician David Gaddy, MD

MALE APPLICANT

Name: First Michael Middle Ray Last Bennett
Date of Birth: Month 7 Day 15 Year 57
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 595 MacBeth Dr. City Avon County Hend. State IN 46123
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 3
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. NA
6. (a) Full name of applicant's father Ray Jennings Bennett
   (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 Helen Agnes 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 [signature] Date 3-11-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed [signature]
New Address same
Subscribed and sworn to before me this 11 day of March, 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

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 Lea Last Bennett
Date of Birth: Month 12 Day 8 Year 60
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 595 MacBeth 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) drives license

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. NA
6. (a) Full name of applicant's father Robert Allen Brown
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Edith Mayrene Whitaker
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Kentucky

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [signature] Date 3-11-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed [signature]
New Address same
Subscribed and sworn to before me this 11 day of March, 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 11, 2002, authorizing the marriage of Michael Ray Bennett and Cathy Lea Bennett.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on March 11, 2002 (date), at Danville in Hendricks County, Indiana, Michael Ray Bennett of Hendricks County, Indiana (state), and Cathy Lea Bennett of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated March 11, 2002. 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 March 13, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

552

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 65
Page 104
3-12-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☑ Yes ☐
If No, Medical Examination or Report Dated 3-5-02
Name of Physician Dr. Howell

MALE APPLICANT

Name: First Tony Middle L Last Mobley
Date of Birth: Month 11 Day 26 Year 1968
Place of Birth (State or foreign country) Ohio
Residence Address: Street or R.R. 7333 Woodside 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 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. Tony Lee Mobley Jr. Wyatt Austin Mobley, Brent Michael Mobley, Jordan Anthony Mobley
6. (a) Full name of applicant's father David Hutchison
   (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 Sue Dyer
   (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 [signature] Date 3/12/02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 March 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

FEMALE APPLICANT

Name: First Sandy Middle L Last Filimon
Date of Birth: Month 3 Day 26 Year 1972
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 7333 Woodside Dr. City Avon County Hendricks State IN 46123
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date _____
Date of Birth Verified By: ☑ Birth Certificate ☑ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Tony Lee Mobley Jr. Wyatt Austin Mobley.
6. (a) Full name of applicant's father Danny Filimon
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Jo Ann Brooks
   (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 Sandy Filimon Date 3/12/02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Sandy Filimon
New Address same as above
Subscribed and sworn to before me this 12 day of March 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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, 2002, authorizing the marriage of Tony Lee Mobley and Sandy Lynn Filimon.
I further certify that the following marriage certificate was filed in my office: I, Charles W. Paxton (name), certify that on April 13, 2002 (date), at Camby in Marion County, Indiana, Tony Lee Mobley of Hendricks County, Indiana (state), and Sandy Lynn Filimon of Hendricks County, Indiana (state) were 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, 2002 Signed by: Charles W. Paxton, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on April 17, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

553

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 65
Page 105
3-12-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐ 3-7-02
If No, Medical Examination or Report Dated
Name of Physician Health Tracks

MALE APPLICANT

Name: First Stephen Middle Ray Last Summers
Date of Birth: Month July Day 6 Year 1955
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 5450 N. CR. 725 E. City Gatesville County Hend. State IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 5/00
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Indiana Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Sylvia Nicole Summers
6. (a) Full name of applicant's father Rufus Ray Summers
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Kentucky
   (b) Full maiden name of applicant's mother Joyce Louise Clark
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name: First Shelley Middle Jeannine Last Fish
Date of Birth: Month August Day 20 Year 1958
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 652 Oakridge Ct. 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 1/02
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Indiana Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Kayla Cristine Fish
6. (a) Full name of applicant's father Richard Gregory Godsey
   (If adopted, list adoptive parents only)
   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 Tudor
   (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 X Stephen R Summers Date 3-12-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Stephen R Summers
New Address 2516 W Canterbury Avon 46123
Subscribed and sworn to before me this 12 day of March
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Shelley J Fish Date 3-12-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Shelley J Fish
New Address 256 W Canterbury Dr Avon 46123
Subscribed and sworn to before me this 12 day of March
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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, 2002, authorizing the marriage of Stephen Ray Summers and Shelley Jeannine Fish.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on April 2, 2002 (date), at Danville in Hendricks County, Indiana, Stephen Ray Summers of Hendricks County, Indiana (state), and Shelley Jeannine Fish of Hendricks County, Indiana (state) were 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, 2002. 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 April 2, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

554

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 65
Page 106
3-12-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☑ Yes ☐
If No, Medical Examination or Report Dated 3-11-02
Name of Physician Brownsburg Medical

MALE APPLICANT	FEMALE APPLICANT
Name: First Jason, Middle C., Last Lewis	Name: First Lisa, Middle M., Last Phillips
Date of Birth: Month 4, Day 28, Year 60	Date of Birth: Month 8, Day 21, Year 68
Place of Birth (State or foreign country): Indiana	Place of Birth (State or foreign country): Wisconsin
Residence Address: Street or R.R. 6390 N. Co Rd 550 E, City B'Burg, County Hend, State In 46112	Residence Address: Street or R.R. 6390 N. Co Rd 550 E, City B'Burg, County Hend, State In 46112
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 1996	Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 2001
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 Clark Dewey Lewis	6. (a) Full name of applicant's father Willis D. Sorsegner
(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) Wisconsin
Birthplace of father (State or foreign country) Kansas	Birthplace of father (State or foreign country) Wisconsin
(b) Full maiden name of applicant's mother Mellie Orville Izgelei	(b) Full maiden name of applicant's mother Eleanor M. Johnson
(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) Wisconsin
Birthplace of mother (State or foreign country) Missouri	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 [signature] Date 3-12-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

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 March, 2002

Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of 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 Lisa M. Phillips Date 3-12-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

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 M. Phillips
X New Address SAME AS ABOVE

Subscribed and sworn to before me this 12 day of March, 2002

Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)

Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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, 2002, authorizing the marriage of Jason Clark Lewis and Lisa Marie Phillips.

I further certify that the following marriage certificate was filed in my office: I, Norman W. Campbell (name), certify that on April 4, 2002 (date), at Pittsboro in Hendricks County, Indiana, Jason Clark Lewis of Hendricks County, Indiana (state), and Lisa Marie Phillips of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated March 12, 2002. Signed by: Norman W. Campbell, Elder (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on April 11, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

555

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 65
Page 107
3-12-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☐ Yes ☒
If No, Medical Examination or Report Dated 3-12-02
Name of Physician David Gaddy, MD

MALE APPLICANT

Name: First Danny Middle Jacob Last Stallard
Date of Birth: Month 11 Day 15 Year 78
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 6632 Lakeside Dr. Apt. D City Pfield 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. NA
6. (a) Full name of applicant's father Gary E Stallard
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) NA
   (b) Full maiden name of applicant's mother Dianna K
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Danny J Stallard Date 3-12-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court ____ Date ____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Danny J Stallard
New Address Same
Subscribed and sworn to before me this 12 day of March, 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____

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 Sue Last Bravard
Date of Birth: Month 12 Day 21 Year 75
Place of Birth (State or foreign country)
Residence Address: Street or R.R. 6632 Lakeside Dr. Apt. D City Pfield 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 male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Santos Pacheco
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) deceased
   Birthplace of father (State or foreign country) Puerto Rico
   (b) Full maiden name of applicant's mother Hazel Willard
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Linda S. Bravard Date 3-12-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court ____ Date ____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Linda S. Bravard
New Address Same
Subscribed and sworn to before me this 12 day of March, 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____

State of Indiana)
County of Hendricks)
Father ____ ID # ____
Mother ____ ID # ____
Subscribed and sworn to before me this ____ day of ____
____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ____ County ____ Court, by written order issued ____ and filed in ____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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, 2002, authorizing the marriage of Danny Jacob Stallard and Linda Sue Bravard.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on March 14, 2002 (date), at Danville in Hendricks County, Indiana, Danny Jacob Stallard of Hendricks County, Indiana (state), and Linda Sue Bravard of Hendricks County, Indiana (state) were 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, 2002. 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 March 19, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

556

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 65
Page 108
3-13-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 3-12-02
Name of Physician Harvey Himelstein

MALE APPLICANT

Name: First Ernest Middle Edward Last Tunny
Date of Birth: Month October Day 7 Year 1946
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 3981 N. 300 E. City Danville County Hend. State IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 7/98
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Indiana Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Edward Tunny
   (If adopted, list adoptive parents only)
   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 Ruth Benham
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Ernest E Tunny Date 3-13-2002

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Ernest E Tunny
New Address PO Box 436 Pitt Ind 46167
Subscribed and sworn to before me this 13 day of March 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

FEMALE APPLICANT

Name: First Sherri Middle Ann Last Gilley
Date of Birth: Month June Day 16 Year 1956
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. P.O. Box 436 City Pittsboro County Hend. State IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 7
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 12/00
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Indiana Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Nicholas Ernest Herman
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Colorado
   (b) Full maiden name of applicant's mother Virginia Ann McGinnis
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Sherri Gilley Date 3-13-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Sherri Gilley
New Address Same
Subscribed and sworn to before me this 13 day of March 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 13, 2002, authorizing the marriage of Ernest Edward Tunny and Sherri Ann Gilley.
I further certify that the following marriage certificate was filed in my office: I, Carl Huxford (name), certify that on March 16, 2002 (date), at RR Midway in Parke County, Indiana, Ernest Edward Tunny of Hendricks County, Indiana, (state), and Sherri Ann Gilley of Hendricks County, Indiana, (state) were 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 13, 2002. Signed by: Carl Huxford, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on March 19, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

557

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 65
Page 109
3-13-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☑ Yes ☐
If No, Medical Examination or Report Dated 11-15-01
Name of Physician James Nolan

MALE APPLICANT	FEMALE APPLICANT
Name: First Michael Middle B. Last Garner	Name: First Kathleen Middle A. Last Garner
Date of Birth: Month 12 Day 7 Year 45	Date of Birth: Month 9 Day 27 Year 52
Place of Birth (State or foreign country): Indiana	Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 5138 W. 14th St. City Speedway County Marion State In. 46224	Residence Address: Street or R.R. 1224 Maplewood Ct. City Brownsburg County Hendricks State In. 46112
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 3	Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 1999	Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 1994
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 Oliver Luckring	6. (a) Full name of applicant's father Robert Lowes
(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) Germany	Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Joyce Glenn Whitby	(b) Full maiden name of applicant's mother Barbara A. Jones
(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) Indiana	Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding 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 B Garner Date 3/13/2002

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

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 B Garner
X New Address Same as Bride

Subscribed and sworn to before me this 13 day of March, 2002

Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of 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 Kathleen S Garner Date 3/13/2002

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

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 Kathleen S Garner
X New Address same as above

Subscribed and sworn to before me this 13 day of March, 2002

Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)

Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 13, 2002, authorizing the marriage of Michael Burt Garner and Kathleen Sue Garner.

I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on April 12, 2002 (date), at Danville in Hendricks County, Indiana, Michael Burt Garner of Marion County, Indiana (state), and Kathleen Sue Garner of Hendricks County, Indiana (state) were 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 13, 2002. 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 April 17, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

558

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 605
Page 110
3-14-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 3-4-02
Name of Physician Dr. Johnston

MALE APPLICANT

Name: First Richard Middle Allan Last Dodzik
Date of Birth: Month 11 Day 22 Year 53
Place of Birth (State or foreign country) New Jersey
Residence Address: Street or R.R. 165 Dover St. City Avon County Hendricks State IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 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 Andrew John Dudzik
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Florida
   Birthplace of father (State or foreign country) New Jersey
   (b) Full maiden name of applicant's mother Alice Ida Kivit
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Florida
   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 Richard A Dodzik Date 3-14-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Richard A Dodzik
New Address PO Box 59 Clayton IN 46118
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 Wanda Middle Lou Last Wise
Date of Birth: Month 12 Day 12 Year 52
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 126 W. Michigan City Clayton County Hendricks State IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date 89
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Wilbur Carl Parks
   (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 Maxine Elizabeth Keltner
   (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 Wanda L Wise Date 3-14-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Wanda L Wise
New Address P.O. Box 59, Clayton, IN 46118
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 14, 2002, authorizing the marriage of Richard Allan Dodzik and Wanda Lou Wise.
I further certify that the following marriage certificate was filed in my office: I, Jimmy Johnson (name), certify that on April 6, 2002 (date), at Hazelwood in Hendricks County, Indiana, Richard Allan Dodzik of Hendricks County, Indiana (state), and Wanda Lou Wise of Hendricks County, Indiana (state) were 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, 2002. Signed by: Jimmy Johnson, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on April 11, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

559

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 605
Page 111
3-14-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 12-11-01
Name of Physician K. Ackerman MD

MALE APPLICANT

Name: First John Middle J. Last Gehbauer
Date of Birth: Month 4 Day 25 Year 62
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 3705 Prairie View Ct Apt E City Danville County Hendricks State 46122
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 2002
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Lawrence Gehbauer, Kimberly Ann Gehbauer
6. (a) Full name of applicant's father Lawrence Franklin Gehbauer
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Sandra Jean Miller
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

✗ Signature of Applicant [signature] Date 03/14/02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 14 day of March, 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

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 Gehbauer
Date of Birth: Month 7 Day 16 Year 69
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 3705 Prairie View Ct Apt E City Danville County Hendricks State 46122
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 3
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 2002
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Nathaniel Daniel Faulkner, Amanda Jo Faulkner, Anson Lee Gonzales
6. (a) Full name of applicant's father James Dillard Hurst
   (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 Nancy Jo Darrah
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

✗ Signature of Applicant Tammy Jo Gehbauer Date 3-14-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
✗ Signed Tammy Jo Gehbauer
✗ New Address Same
Subscribed and sworn to before me this 14 day of March, 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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, 2002, authorizing the marriage of John Franklin Gehbauer and Tammy Jo Gehbauer.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on March 14, 2002 (date), at Danville in Hendricks County, Indiana, John Franklin Gehbauer of Hendricks County, Indiana (state), and Tammy Jo Gehbauer of Hendricks County, Indiana (state) were 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, 2002 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 March 19, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

560

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 605
Page 112
3-14-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 3-1-02
Name of Physician Dr. Audrey Abell

MALE APPLICANT

Name: First Matthew Middle Raymond Last Evans
Date of Birth: Month 5 Day 27 Year 76
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 10216 Corinth Way City Avon County Hendricks State IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 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. Benjamin Matthew Carter
6. (a) Full name of applicant's father Charles Edward Evans
   (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 E. Carleen Priddle
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Evans Date 3/14/02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Evans
New Address 10216 Corinth Way Avon, IN 46123
Subscribed and sworn to before me this _____ day of _____
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

FEMALE APPLICANT

Name: First Andrea Middle Janel Last Carter
Date of Birth: Month 7 Day 18 Year 79
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 10216 Corinth Way City Avon County Hendricks State IN
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date _____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's license

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. _____
6. (a) Full name of applicant's father Travis Robert Carter
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Mary Elizabeth Hobson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Carter Date 3/14/02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Carter
New Address 10216 Cornith Way Avon, IN 46123
Subscribed and sworn to before me this _____ day of _____
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated March 14, 2002, authorizing the marriage of Matthew Raymond Evans and Andrea Janel Carter.
I further certify that the following marriage certificate was filed in my office: I, Daniel D. Rasmussen (name), certify that on April 13, 2002 (date), at Indianapolis in Marion County, Indiana, Matthew Raymond Evans of Hendricks County, Indiana (state), and Andrea Janel Carter of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated March 14, 2002 Signed by: Daniel D. Rasmussen, United Methodist Clergy (official designation) Filed and recorded in accordance with the laws of the State of Indiana on April 17, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

561

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 65
Page 113
3-15-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 3-15-02
Name of Physician Robert Allen M.D.

MALE APPLICANT

Name: First Matthew Middle E. Last Taylor
Date of Birth: Month 7 Day 21 Year 75
Place of Birth (State or foreign country) Oregon
Residence Address: Street or R.R. 324 S. Jefferson 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 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. Garrett Christopher Ladgett Taylor
6. (a) Full name of applicant's father Richard Taylor
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) VA
   (b) Full maiden name of applicant's mother Rebecca Horton
   (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 Gretchen Middle Ann Last Brown
Date of Birth: Month 10 Day 17 Year 73
Place of Birth (State or foreign country) Ohio
Residence Address: Street or R.R. 324 S. Jefferson 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 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. Matthew Cole Brown, Jacob Alexander Brown, Tyler Michael Brown
6. (a) Full name of applicant's father James David Ball
   (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 Elizabeth Ann Nichols
   (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 Matthew E Taylor Date 3-14-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 E Taylor
New Address same
Subscribed and sworn to before me this 15 day of March, 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Gretchen A. Brown Date 3-15-2002

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Gretchen A. Brown
New Address same
Subscribed and sworn to before me this 15 day of March, 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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, 2002, authorizing the marriage of Matthew Eugene Taylor and Gretchen Ann Brown.
I further certify that the following marriage certificate was filed in my office: I, Rev. Ramona Cluff (name), certify that on March 31, 2002 (date), at Speedway in Marion County, Indiana, Matthew Eugene Taylor of Hendricks County, Indiana (state), and Gretchen Ann 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 15, 2002 Signed by: Rev. Ramona Cluff, Pastor (official designation) Filed and recorded in accordance with the laws of the State of Indiana on April 2, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

562

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 605
Page 114
3-15-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 3-14-02
Name of Physician Drive Life Assoc., P.C.

MALE APPLICANT

Name: First Brian Middle L. Last Walter
Date of Birth: Month 10 Day 3 Year 70
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 7853 Skydrest Trail Apt 1812 City Indpls County Marion State In 46278
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) Prabationers I D 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. Justin Lee Walter, Brandon Lee Walter
6. (a) Full name of applicant's father William H. Walter
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Wisconsin
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Carol A. Rice
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding 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 Brian Lee Walter Date 3-15-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
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 Brian Lee Walter
X New Address 2005 Angel Tear Ct Indpls, In 46231
Subscribed and sworn to before me this 15 day of March, 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

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 P. Last Merrill
Date of Birth: Month 9 Day 10 Year 72
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 8929 11th Street City Avon County Hend Co. State In. 46123
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 Joseph C. Alford
   (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 Lela M. Wilson
   (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 Jennifer P. Merrill Date 3/15/02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
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 P. Merrill
X New Address 2005 Angel Tear Ct Indpls, IN 46231
Subscribed and sworn to before me this 15 day of March, 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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, 2002, authorizing the marriage of Brian Lee Walter and Jennifer Pearl Merrill.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on March 15, 2002 (date), at Danville in Hendricks County, Indiana, Brian Lee Walter of Marion County, Indiana (state), and Jennifer Pearl Merrill of Hendricks County, Indiana (state) were 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, 2002 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 March 19, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

563

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 65
Page 115
3-15-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 2-27-02
Name of Physician Dr. Segmoller

MALE APPLICANT

Name: First Stephen Middle Edward Last Webb
Date of Birth: Month 10 Day 16 Year '68
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1750 N Co Rd 50 E 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 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. N/A
6. (a) Full name of applicant's father N/A
   (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 Glenda Sue Linder
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 E Webb Date 3-15-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 E Webb
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 Kimberly Middle Gwen Last Waterman
Date of Birth: Month 10 Day 30 Year 75
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1750 N Co Rd 50 E City Danville County Hendricks State IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 9/7 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. Keri Cartwright
6. (a) Full name of applicant's father Ronald Lee Sawyer
   (If adopted, list adoptive parents only)
   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 Gayle Miller
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Kentucky

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Kimberly DeWaterman Date 3-15-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 G. Waterman
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 March 15, 2002, authorizing the marriage of Stephen Edward Webb and Kimberly Gwen Waterman.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on March 15, 2002 (date), at Danville in Hendricks County, Indiana, Stephen Edward Webb of Hendricks County, Indiana (state), and Kimberly Gwen Waterman of Hendricks County, Indiana (state) were 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, 2002 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 March 15, 2002 (date).

Sharon Dugan
Signed _____ Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

564

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 65
Page 116
3-18-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☑ Yes ☐
If No, Medical Examination or Report Dated 3-14-02
Name of Physician Heath Backs

MALE APPLICANT

Name: First Kyle Middle S. Last Long
Date of Birth: Month 9 Day 6 Year 68
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 285 Pickett St. City Plainfield County Hend. St. 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 Mervin Dean Long
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Janice Campbell
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Florida
   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 Kyle S Long Date 3/18/02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
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 Kyle S Long
X New Address SAME AS ABOVE
Subscribed and sworn to before me this 18 day of March, 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

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 Herbertz
Date of Birth: Month 8 Day 28 Year 76
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 285 Pickett St. City Plainfield County Hend. St. 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 Gerald (Jerry) Herbertz
   (If adopted, list adoptive parents only)
   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 Ann DeKalbetti
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding 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 Sherry L Herbertz Date 3/18/02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
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 Sherry L Herbertz
X New Address same as above
Subscribed and sworn to before me this 18 day of March, 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 18, 2002, authorizing the marriage of Kyle Gene Long and Sherry Lee Herbertz.
I further certify that the following marriage certificate was filed in my office: I, Robert D. Kolodner (name), certify that on April 6, 2002 (date), at Indianapolis in Marion County, Indiana, Kyle Gene Long of Hendricks County, Indiana (state), and Sherry Lee Herbertz of Hendricks County, Indiana (state) were 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 18, 2002. Signed by: Robert D. Kolodner, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on April 11, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

565

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 605
Page 117
3-15-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 10-18-01
Name of Physician Barbara Kocumbas MD

MALE APPLICANT

Name: First Duane Middle P Last Beck
Date of Birth: Month 2 Day 27 Year 81
Place of Birth (State or foreign country) Louisiana
Residence Address: Street or R.R. 1835 Westmin Dr. City Indpls 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) Geneva Convention Identity 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. NA
6. (a) Full name of applicant's father Stephen Edward Beck
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Carla Lee Carver
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Michigan

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant ☒ [signature] Date 3-15-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 6317 Turner Dr.
Subscribed and sworn to before me this 15 day of March, 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

FEMALE APPLICANT

Name: First Lara Middle N. Last Porter
Date of Birth: Month 5 Day 16 Year 84
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 6317 Turner Dr. 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 male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Timothy Eugene Porter
   (If adopted, list adoptive parents only)
   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 June Greenlee
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indian
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant ☒ Lara Porter Date 3-18-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed ☒ Lara Porter
New Address Same
Subscribed and sworn to before me this 15 day of _____
_____ Clerk of the Hendricks Circuit Court
Sharon Dugan

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother ☒ Carolyn J Porter ID # 8935-17-2431
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 18, 2002, authorizing the marriage of Duane Paul Beck and Lara Nicole Porter.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on March 18, 2002 (date), at Danville in Hendricks County, Indiana, Duane Paul Beck of Marion County, Indiana (state), and Lara Nicole Porter of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated March 18, 2002. 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 March 19, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

565

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 605
Page 117
3-15-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 10-18-01
Name of Physician Barbara Kaczmarek MD

MALE APPLICANT

Name: First Duane Middle P Last Beck
Date of Birth: Month 2 Day 27 Year 81
Place of Birth (State or foreign country) Louisiana
Residence Address: Street or R.R. 1835 Westmin Dr. City Los Angeles 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) Geneva Convention Identity 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 un
5. List the full nam

6. (a) Full name o
   (If adopted,
   Residence o
   Birthplace c
   (b) Full maiden
   (If adopted,
   Residence o
   Birthplace c

I acknowledge that I h
are sexually transmitt
immune deficiency sy
Signature of Applican

The above applicant h
acknowledgment beca
Clerk of Court ____

State of Indiana
County of Hendricks
Signed
New Addr
Subscribed and sworn
Sharo

CONSENT OF PARE
We, the parents of thi
state facts which mak

State of Indiana
County of Hendricks)
Father ____ ID # ____
Mother ____ ID # ____
Subscribed and sworn to before me this ____ day of ____
____ Clerk

FEMALE APPLICANT

Name: First Lara Middle N. Last Porter
Date of Birth: Month 5 Day 16 Year 84
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 6317 Turner Dr. 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 male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐

I, Timothy E. Porter, give my permisson for my daughter Lara N. Porter, to get married.

NOTARY PUBLIC SEAL INDIANA

Timothy E. Porter

Indl 1150-00-8192 ex 8/17/02

OFFICIAL SEAL
JULIE BROCKLEHURST
NOTARY PUBLIC – INDIANA
HENDRICKS COUNTY
My Comm. Expires 01-18-0

Julie A Brocklehurst

County of Hendricks)
Father ____ ID # ____
Mother Carolyn J. Porter ID # 8935-17-2431
Subscribed and sworn to before me this ____ day of ____
____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ____ County ____ Court, by written order issued ____ and filed in ____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 18, 2002, authorizing the marriage of Duane Paul Beck and Lara Nicole Porter.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on March 18, 2002 (date), at Danville in Hendricks County, Indiana, Duane Paul Beck of Marion County, Indiana (state), and Lara Nicole Porter of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated March 18, 2002. 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 March 19, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

566

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 605
Page 118
3-22-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 1-14-02
Name of Physician Dr. Koewler

MALE APPLICANT

Name First: Bryan Middle: Wesley Last: Sawyers

Date of Birth Month: 12 Day: 26 Year: 75

Place of Birth (State or foreign country): Michigan

Residence Address Street or R.R.: 604 Lakeside Dr. Apt C 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 Licensl

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Duane Sawyers
   (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 Laura Marie Brown
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Michigan
   Birthplace of mother (State or foreign country) Michigan

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [signature] Date 3/22/02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court ____ Date ____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed [signature]
New Address ____
Subscribed and sworn to before me this ____ day of ____
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____

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 O'Neal Flynn Middle: Last: McGee

Date of Birth Month: 09 Day: 13 Year: 81

Place of Birth (State or foreign country): Texas

Residence Address Street or R.R.: 604 Lakeside Dr Apt C City: Plainfield County: Hendricks State: IN

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____

Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. ____
6. (a) Full name of applicant's father Samuel O'Neal McGee
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) South Carolina
   Birthplace of father (State or foreign country) South Cardina
   (b) Full maiden name of applicant's mother Laurie Ann Flynn
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Florida
   Birthplace of mother (State or foreign country) Michigan

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [signature] Date 3/22/02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 March 22, 2002, authorizing the marriage of Bryan Wesley Sawyers and Kelly O'Neal-Flynn McGee.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on March 22, 2002 (date), at Danville in Hendricks County, Indiana, Bryan Wesley Sawyers of Hendricks County, Indiana (state), and Kelly O'Neal-Flynn McGee of Hendricks County, Indiana (state) were 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 22, 2002. 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 March 22, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

567

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 65
Page 119
3-18-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☑ Yes ☐
If No, Medical Examination or Report Dated 2-22-02
Name of Physician Angela Stevens

MALE APPLICANT

Name: First Michael Middle D. Last Kirkham
Date of Birth: Month 1 Day 30 Year 67
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 6845 Hillcrest 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 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. Alexia M. Kirkham, Laura M. Kirkham, Kathryn E. Kirkham
6. (a) Full name of applicant's father William D. Kirkham
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Cecil A. Moon
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
X Signature of Applicant Michael D. Kirkham Date 3-18-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
X Signed Michael D. Kirkham
X New Address SAME
Subscribed and sworn to before me this 18 day of March, 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

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 A. Last Wharry
Date of Birth: Month 5 Day 1 Year 79
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 101 Dunbrook Dr City Fishers County Hamilton State IN 46038
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date _____
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 E. Wharry
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Colorado
   (b) Full maiden name of applicant's mother Loretta F. Fulk
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding 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 A Wharry Date 3-18-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
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 A Wharry
X New Address 6845 Hillcrest Dr. Plainfield, IN 46168
Subscribed and sworn to before me this 18 day of March, 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 18, 2002, authorizing the marriage of Michael Dwayne Kirkham and Jennifer Anne Wharry.
I further certify that the following marriage certificate was filed in my office: I, Ted Brewer (name), certify that on March 30, 2002 (date), at Nobelsville in Hamilton County, Indiana, Michael Dwayne Kirkham of Hendricks County, Indiana (state), and Jennifer Anne Wharry of Hamilton County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated March 18, 2002. Signed by: Ted Brewer, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on April 11, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

568

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 65
Page 120
3-18-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 3-18-02
Name of Physician H.C. Health Dept.

MALE APPLICANT

Name First: James Middle: Scott Last: Moody
Date of Birth Month: July Day: 30 Year: 1962
Place of Birth (State or foreign country): Kentucky
Residence Address Street or R.R.: 310 Michigan Pkwy. Apt. C City: Avon County: Hend. State: IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages: 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date: 8/94
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify): Indiana Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father: John Moody, Jr
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state): Indiana
   Birthplace of father (State or foreign country): Kentucky
   (b) Full maiden name of applicant's mother: Sarah Ann Starnes
   (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 James S Moody Date 3-18-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 S Moody
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: Cheryl Middle: Ann Last: Plew
Date of Birth Month: February Day: 1 Year: 1968
Place of Birth (State or foreign country): Indiana
Residence Address Street or R.R.: 310 Michigan Pkwy Apt. C 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): Indiana Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. MacKayla Danielle Craig
6. (a) Full name of applicant's father: Walter Allen Plew
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state): Indiana
   Birthplace of father (State or foreign country): Indiana
   (b) Full maiden name of applicant's mother: Peggy Marie Brooking
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state): Indiana
   Birthplace of mother (State or foreign country): Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Cheryl Ann Plew Date 3-18-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Ann Plew
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 March 18, 2002, authorizing the marriage of James Scott Moody and Cheryl Ann Plew.
I further certify that the following marriage certificate was filed in my office: I, Rev. Charles H. Jordan (name), certify that on April 13, 2002 (date), at Indianapolis in Marion County, Indiana, James Scott Moody of Hendricks County, Indiana (state), and Cheryl Ann Plew of Hendricks County, Indiana (state) were 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 18, 2002. Signed by: Rev. Charles H. Jordan, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on April 17, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

569

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 65
Page 121
3-19-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☑ Yes ☐ 362
If No, Medical Examination or Report Dated
Name of Physician Carle, Virginia

MALE APPLICANT

Name First: David Middle: Eugene Last: Izor
Date of Birth Month: 9 Day: 7 Year: 54
Place of Birth (State or foreign country): Indiana
Residence Address: 5523 S.CoRd.700E Street or R.R. Plainfield City Hendricks County IN State
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 96
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify)
Indiana Drivers license

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Kenneth David Izor
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) ~~Ed~~ Kentucky
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Norma Jean Prather
   (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 E Izor Date 3-19-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed David E Izor
New Address 5523 S Co Rd. 700 E PLAINFIELD IND
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: Linda Middle: Louise Last: Doughty
Date of Birth Month: 10 Day: 26 Year: 54
Place of Birth (State or foreign country): Indiana
Residence Address: 5523 S.CoRd.700E Street or R.R. Plainfield City Hendricks County IND. State
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 5/2001
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify)
Indiana Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Donald Murry Newlin
   (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 Ethel Mae Adams
   (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 Linda Louise Doughty Date 3-19-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Linda Louise Doughty
New Address 5523 S. Co. Rd. 700 E. Plainfield IN
Subscribed and sworn to before me this _____ day of _____
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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, 2002, authorizing the marriage of David Eugene Izor and Linda Louise Doughty.
I further certify that the following marriage certificate was filed in my office: I, Rev. Roger L. Ward (name), certify that on April 27, 2002 (date), at Indianapolis in Marion County, Indiana, David Eugene Izor of Hendricks County, Indiana (state), and Linda Louise Doughty of Hendricks County, Indiana (state) were 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, 2002 Signed by: Rev. Roger L. Ward, Assoc. Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on April 30, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

570

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 65
Page 123
3-19-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☑ Yes ☐
If No, Medical Examination or Report Dated 3-8-02
Name of Physician Dr. Robinson

MALE APPLICANT

Name: First Matthew Middle L Last Wilkey
Date of Birth: Month 1 Day 30 Year 1977
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 10339 Pawnee Dr. City Indpls. County Hendricks State IN 46234
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Ashli Mariah Wilkey, Anthony Scott Wilkey
6. (a) Full name of applicant's father Greg Wilkey
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Cathy Seymore
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Wilkey Date 3/19/02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Wilkey
New Address same as above
Subscribed and sworn to before me this 19 day of March 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

FEMALE APPLICANT

Name: First Geneva Middle R Last Slaten
Date of Birth: Month 9 Day 11 Year 1975
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 10339 Pawnee Dr. City Indpls. County Hendricks State IN 46234
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) 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. Ashli Mariah Wilkey, Anthony Scott Wilkey
6. (a) Full name of applicant's father Monte Frye
   (If adopted, list adoptive parents only)
   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 Mercer
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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. Slaten Date 3/19/02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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. Slaten
New Address same as above
Subscribed and sworn to before me this 19 day of March 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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, 2002, authorizing the marriage of Matthew Lewis Wilkey and Geneva Ruth Slaten.
I further certify that the following marriage certificate was filed in my office: I, Michelle E. Smith (name), certify that on May 17, 2002 (date), at Indianapolis in Marion County, Indiana, Matthew Lewis Wilkey of Hendricks County, Indiana (state), and Geneva Ruth Slaten of Hendricks County, Indiana (state) were 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, 2002 Signed by: Michelle E. Smith, Judge Commissioner (official designation) Filed and recorded in accordance with the laws of the State of Indiana on May 20, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

571

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 65
Page 123
3-19-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 3-1-02
Name of Physician Boone Co. Health Dept

MALE APPLICANT

Name: First Julion Middle D. Last Hatcher Jr.
Date of Birth: Month 10 Day 30 Year 69
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 9405 Avon Strand Apt #B City Avon County Hend. State 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 Julion David Hatcher, Sr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) N/A
   (b) Full maiden name of applicant's mother Debra L. Weaver
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
✗ Signature of Applicant Julion D Hatcher Jr Date 3-A-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 19 day of March, 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

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 R. Last Chelf
Date of Birth: Month 1 Day 25 Year 84
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 315 E. Busby St. City Lebanon County Boone State In. 46052
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Alan Chelf
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Sandy Kaye Hinkle
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Renee Chelf Date 3-19-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Renee Chelf
✗ New Address 9405 Avon Strand Apt B Avon, In. 46123
Subscribed and sworn to before me this 19 day of March, 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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, 2002, authorizing the marriage of Julion David Hatcher, Jr. and Elizabeth Renee Chelf.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on March 19, 2002 (date), at Danville in Hendricks County, Indiana, Julion David Hatcher Jr. of Hendricks County, Indiana (state), and Elizabeth Renee Chelf 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 March 19, 2002. 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 March 20, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

572

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 605
Page 124
3-22-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 3-22-02
Name of Physician Thomas D. Jones

MALE APPLICANT

Name: First Joseph Middle A. Last Grimes
Date of Birth: Month 5 Day 21 Year 74
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 9207 Dawn Dr. 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 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 Terry Grimes
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Shelby Jackson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding 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 A. Grimes Date 3/22/02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
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 A. Grimes
X New Address SAME
Subscribed and sworn to before me this 22 day of March, 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

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 A. Last Fudge
Date of Birth: Month 11 Day 19 Year 80
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 9207 Dawn Dr. City Brownsburg County Hend. State In. 46112
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date _____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Kenneth Fudge
   (If adopted, list adoptive parents only)
   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 Hooten
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant Rachel A. Fudge Date 3-22-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
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 Rachel A. Fudge
X New Address Same
Subscribed and sworn to before me this 22 day of March, 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 22, 2002, authorizing the marriage of Joseph Andrew Grimes and Rachel Ann Fudge.
I further certify that the following marriage certificate was filed in my office: I, Dr. Robert M. Hooten (name), certify that on May 18, 2002 (date), at Brownsburg in Hendricks County, Indiana, Joseph Andrew Grimes of Hendricks County, Indiana (state), and Rachel Ann Fudge of Hendricks County, Indiana (state) were 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 22, 2002. Signed by: Dr. Robert M. Hooten, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on May 22, 2002 (date).

Sharon Dugan
Signed _____ Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

573

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 65
Page 125
3-22-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☑ Yes ☐
If No, Medical Examination or Report Dated 3-7-02
Name of Physician Dr. Stegemoller

MALE APPLICANT

Name: First Michael Middle D Last Young
Date of Birth: Month 10 Day 10 Year 1977
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 427 E Rodney 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 Michael D. 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 Becky Lynn Shaw
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Michael D Young Date 3/22/02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Michael D Young
New Address same as above
Subscribed and sworn to before me this 22 day of March 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of Hendricks)
Father ID #
Mother ID #
Subscribed and sworn to before me this day of
Clerk

FEMALE APPLICANT

Name: First Amber Middle T Last Wagner
Date of Birth: Month 7 Day 20 Year 1983
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 427 E. Rodney 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 male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 Wagner
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Julie Enyart
   (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 Amber Wagner Date 3-22-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Amber Wagner
New Address same as above
Subscribed and sworn to before me this 22 day of March 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of Hendricks)
Father ID #
Mother ID #
Subscribed and sworn to before me this day of
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued and filed in , authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 22, 2002, authorizing the marriage of Michael David Young and Amber Tilda Wagner.
I further certify that the following marriage certificate was filed in my office: I, Rev. Roger L. Ward (name), certify that on April 6, 2002 (date), at Indianapolis in Marion County, Indiana, Michael David Young of Hendricks County, Indiana (state), and Amber Tilda Wagner of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated March 22, 2002. Signed by: Rev. Roger L. Ward, Assoc. Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on April 9, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

574

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 605
Page 126
3-25-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 3-25-02
Name of Physician David Dilley M.D.

MALE APPLICANT

Name: First Edward Middle D. Last Osborne
Date of Birth: Month 12 Day 21 Year 64
Place of Birth (State or foreign country) Michigan
Residence Address: Street or R.R. 2300 Shadowbrook Dr. City Ind. 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. Edward Dupree Osborne, Irene Everett Dubree Osborne, Lewis Gregory Osborne
6. (a) Full name of applicant's father William Osborne
   (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 Frances L. Killingsworth
   (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).
X Signature of Applicant Edward Osborne Date 3-25-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
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 Osborne
X New Address Same
Subscribed and sworn to before me this 25 day of March, 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

FEMALE APPLICANT

Name: First Robbie Middle L. Last Oatts
Date of Birth: Month 11 Day 7 Year 71
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 2300 Shadowbrook Dr. City Ind. 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. Ronald Lee Price, Tiffany Lynette Price, Lewis Gregory Osborne
6. (a) Full name of applicant's father Clarence Louis Oatts
   (If adopted, list adoptive parents only)
   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 Jane Hood
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding 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 Robbie L. Oatts Date 3-25-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
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 Robbie L. Oatts
X New Address Same
Subscribed and sworn to before me this 25 day of March, 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 25, 2002, authorizing the marriage of Edward Dupree Osborne and Robbie Lynette Oatts.
I further certify that the following marriage certificate was filed in my office: I, John L. Kelly, Sr. (name), certify that on April 6, 2002 (date), at Indianapolis in Marion County, Indiana, Edward Dupree Osborne of Hendricks County, Indiana (state), and Robbie Lynette Oatts of Hendricks County, Indiana (state) were 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 25, 2002 Signed by: John L. Kelly, Sr., Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on April 17, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

575

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 65
Page 127
3-25-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 3-25-02
Name of Physician David Dudley MD

MALE APPLICANT

Name: First Craig Middle a. Last Browder
Date of Birth: Month 8 Day 11 Year 72
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 180 Corottoman St. 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 2002
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Brandon Lee Browder
6. (a) Full name of applicant's father
   (If adopted, list adoptive parents only) William Leslie Browder
   Residence of father (if deceased, so state) NA
   Birthplace of father (State or foreign country) Kentucky
   (b) Full maiden name of applicant's mother Kyle Anne McClellan
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
✗ Signature of Applicant Craig A. Browder Date 25 Mar 2002

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
✗ Signed Craig A. Browder
✗ New Address 1909 E. ORANGE St Indianapolis, In. 46203
Subscribed and sworn to before me this 25 day of March, 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

FEMALE APPLICANT

Name: First Kira Middle L. Last Inabnitt
Date of Birth: Month 3 Day 1 Year 81
Place of Birth (State or foreign country) California
Residence Address: Street or R.R. 180 Corottoman St. 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 Charles Ray Inabnitt
   (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 Jeannie Loraine Jozz
   (If adopted, list adoptive parents only) _____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
✗ Signature of Applicant Kira L. Inabnitt Date 3-25-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
✗ Signed Kira L. Inabnitt
✗ New Address 1909 E. Orange St Indianapolis, IN 46203
Subscribed and sworn to before me this 25 day of March, 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 25, 2002, authorizing the marriage of Craig Alan Browder and Kira Lorene Inabnitt.
I further certify that the following marriage certificate was filed in my office: I, Jeremy D. Shumaker (name), certify that on March 30, 2002 (date), at Indianapolis in Marion County, Indiana, Craig Alan Browder of Hendricks County, Indiana (state), and Kira Lorene Inabnitt of Hendricks County, Indiana (state) were 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 25, 2002. Signed by: Jeremy D. Shumaker, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on April 2, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

576

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 65
Page 128
3-25-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 3-19-02
Name of Physician Brownsburg Medical Center

MALE APPLICANT

Name First: Thomas Middle: W. Last: Hill
Date of Birth Month: 12 Day: 31 Year: 65
Place of Birth (State or foreign country): Indiana
Residence Address: 2688 E. Main 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: 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.
6. (a) Full name of applicant's father: James Ronald Hill
   (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: Rosemary Rice
   (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: Thomas Hill Date: 2-25-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Hill
✗New Address: SAME
Subscribed and sworn to before me this 25 day of March, 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

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: Calvert
Date of Birth Month: 1 Day: 24 Year: 65
Place of Birth (State or foreign country): Virginia
Residence Address: 2688 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: 2002
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify): Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Dana Calvert, Jeffery Calvert, Travis Calvert
6. (a) Full name of applicant's father: Houston Wilson
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state): Virginia
   Birthplace of father (State or foreign country): Virginia
   (b) Full maiden name of applicant's mother: Viola Hill
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state): Virginia
   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: Melissa Calvert Date: 2-25-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Calvert
✗New Address: SAME
Subscribed and sworn to before me this 25 day of March, 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 25, 2002, authorizing the marriage of Thomas Wayne Hill and Melissa Sue Calvert.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on March 25, 2002 (date), at Danville in Hendricks County, Indiana, Thomas Wayne Hill of Hendricks County, Indiana (state), and Melissa Sue Calvert of Hendricks County, Indiana (state) were 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 25, 2002. 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 March 25, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

577

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 65
Page 129
3-26-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 3-25-02
Name of Physician Lynn Kluesner M.D.

MALE APPLICANT

Name: First Daniel Middle J. Last Drinan
Date of Birth: Month 7 Day 4 Year 60
Place of Birth (State or foreign country) Illinois
Residence Address: Street or R.R. 2460 Wigeon Ct. 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 female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Donald Drinan
   (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 Marcella Jean Sudbrink
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Arizona
   Birthplace of mother (State or foreign country) Illinois

FEMALE APPLICANT

Name: First Gretchen Middle L. Last Dygert
Date of Birth: Month 3 Day 23 Year 72
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 5632 Henderson Dr. 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 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 Henry Nichols
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Hannah Dell Price
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Drinan Date 3/26/02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Drinan
✗ New Address 2460 WIGEON Ct. INDPLS, IND
Subscribed and sworn to before me this 26 day of March, 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____

State of Indiana)
County of Hendricks)
Father ____ ID # ____
Mother ____ ID # ____
Subscribed and sworn to before me this ____ day of ____
____ Clerk

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
✗ Signature of Applicant Gretchen L. Dygert Date 3/26/02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court ____ Date ____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
✗ Signed Gretchen L Dygert
✗ New Address 2460 Wigeon Ct Indpls, IND 46234
Subscribed and sworn to before me this 26 day of March, 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____

State of Indiana)
County of Hendricks)
Father ____ ID # ____
Mother ____ ID # ____
Subscribed and sworn to before me this ____ day of ____
____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ____ County ____ Court, by written order issued ____ and filed in ____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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, 2002, authorizing the marriage of Daniel J. Drinan and Gretchen L. Dygert.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on March 26, 2002 (date), at Danville in Hendricks County, Indiana, Daniel J. Drinan of Marion County, Indiana (state), and Gretchen L. Dygert of Hendricks County, Indiana (state) were 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, 2002 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 March 26, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

578

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 605
Page 130
3-26-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage 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 C. Last MacDonald
Date of Birth: Month 1 Day 19 Year 44
Place of Birth (State or foreign country) Pennsylvania
Residence Address: Street or R.R. 10304 Whispering Winds City Indpls County Hend State Ind 46234
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) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. _____
6. (a) Full name of applicant's father Chalmers Cecil MacDonald
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Ohio
   (b) Full maiden name of applicant's mother Stella Mroboski
   (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).
X Signature of Applicant Michael MacDonald Date 3/26/02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
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 MacDonald
X New Address SAME
Subscribed and sworn to before me this 26 day of March, 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

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 L. Last Banks
Date of Birth: Month 10 Day 28 Year 51
Place of Birth (State or foreign country) Kentucky
Residence Address: Street or R.R. 10304 W Whispering Winds City Indpls County Hend State Ind 46234
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) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. _____
6. (a) Full name of applicant's father Irvin H. Loyal
   (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 Cecil Mae Brewer
   (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).
X Signature of Applicant Karen Banks Date 3/26/02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
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 Banks
X New Address SAME
Subscribed and sworn to before me this 26 day of March, 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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, 2002, authorizing the marriage of Michael Chalmers MacDonald and Karen Lou Banks.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on March 26, 2002 (date), at Danville in Hendricks County, Indiana, Michael Chalmers MacDonald of Hendricks County, Indiana (state), and Karen Lou Banks of Hendricks County, Indiana (state) were 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, 2002 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 April 2, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

579

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 605
Page 131
3-26-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 3-14-02
Name of Physician K. Kinderman

MALE APPLICANT

Name: First Dilip Middle — Last Chaudhari
Date of Birth: Month 6 Day 1 Year 68
Place of Birth (State or foreign country) India
Residence Address: Street or R.R. 3754 Westchase Dr. City Marietta County Cobb State Ga 30066
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. Vinit Chaudhari
6. (a) Full name of applicant's father Ramsamy Bhai
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Nagarda
   (b) Full maiden name of applicant's mother Rambai Den
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) India
   Birthplace of mother (State or foreign country) K. Nandosan

FEMALE APPLICANT

Name: First Vibhuti Middle S. Last Mali
Date of Birth: Month 4 Day 6 Year 67
Place of Birth (State or foreign country) India
Residence Address: Street or R.R. 7945 Thornberry Court 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. Sonali Mali, Vishaal Mali
6. (a) Full name of applicant's father Govindlal Tanna
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) India
   (b) Full maiden name of applicant's mother Madhavi S. Rupaniia
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) India

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding 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 3/26/02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
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 7945 THORNBERRY CT. AVON IN 46123
Subscribed and sworn to before me this 26 day of March, 2002
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 3/26/02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
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
Subscribed and sworn to before me this 26 day of March, 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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, 2002, authorizing the marriage of Dilip R. Chaudhari and Vibhuti S. Mali.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on March 26, 2002 (date), at Danville in Hendricks County, Indiana, Dilip R. Chaudhari of Cobb County, Georgia (state), and Vibhuti S. Mali of Hendricks County, Indiana (state) were 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, 2002. 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 March 26, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

580

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 65
Page 132
3-27-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☐ Yes ☒
If No, Medical Examination or Report Dated 3-27-02
Name of Physician Dr. Gaddy - Health Dept.

MALE APPLICANT

Name: First Steven Middle Michael Last Fougerousse
Date of Birth: Month 5 Day 18 Year 78
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 501 S Walker St City Jasonville County Greene State IN 47438
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. NA
6. (a) Full name of applicant's father Michael Eugene Fougerousse
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Maine
   (b) Full maiden name of applicant's mother Ruan Lucille Rumple
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Washington

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Steve Fougerousse Date 3-27-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Fougerousse
New Address 215 Urban Danville, IN 46122
Subscribed and sworn to before me this 27 day of March, 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____

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 Dardeen Last Stephens
Date of Birth: Month 10 Day 17 Year 72
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 215 Urban 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 5-01
Date of Birth Verified By: ☐ Birth Certificate ☐ Other (Specify) drivers license

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Garrett Stephens
   Mitchell Stephens
6. (a) Full name of applicant's father Marc Leslie Dardeen
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Terry Lee Taylor
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Dawn M Stephens Date 3/27/02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 M Stephens
New Address same
Subscribed and sworn to before me this 27 day of March, 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____

State of Indiana)
County of Hendricks)
Father ____ ID # ____
Mother ____ ID # ____
Subscribed and sworn to before me this ____ day of ____
____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ____ County ____ Court, by written order issued ____ and filed in ____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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, 2002, authorizing the marriage of Steven Michael Fougerousse and Dawn Marie Stephens.
I further certify that the following marriage certificate was filed in my office: I, John J. Moore (name), certify that on April 3, 2002 (date), at Danville in Hendricks County, Indiana, Steven Michael Fougerousse of Hendricks County, Indiana (state), and Dawn Marie 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 27, 2002 Signed by: John J. Moore, Judge Pro Tempore (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on April 9, 2002 (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 65
Page 133
3-27-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☐ Yes ☒
If No, Medical Examination or Report Dated 7-11-01
Name of Physician 2732 W Michigan In 46222

MALE APPLICANT

Name: First Thomas Middle Lynn Last Patton
Date of Birth: Month 4 Day 30 Year 64
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 2322 First St 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 9-2000
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. Wesley M Patton
6. (a) Full name of applicant's father John Wesley Patton
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Judith Arlene Johnson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant ☒ Thomas L. Patton Date _____

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 L. Patton
New Address same
Subscribed and sworn to before me this 27 day of March, 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

FEMALE APPLICANT

Name: First Alicia Middle Anne Last Runyan
Date of Birth: Month 3 Day 4 Year 84
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 2322 First 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. Wesley M Patton
6. (a) Full name of applicant's father Jimmy Lee Runyan
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Judith Anne 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 ☒ Alicia Runyan Date _____

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed ☒ Alicia Runyan
New Address same
Subscribed and sworn to before me this 27 day of March, 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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, 2002, authorizing the marriage of Thomas Lynn Patton and Alicia Anne Runyan.
I further certify that the following marriage certificate was filed in my office: I, William Niemier (name), certify that on March 28, 2002 (date), at Plainfield in Hendricks County, Indiana, Thomas Lynn Patton of Hendricks County, Indiana (state), and Alicia Anne Runyan of Hendricks County, Indiana (state) were 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, 2002 Signed by: William T. Niemier, Judge Pro Tempore (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on April 2, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

582

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 65
Page 134
4-1-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 3-13-02
Name of Physician Michael Besold, MD

MALE APPLICANT

Name First: Sean Middle: C. Last: Meenan
Date of Birth Month: 10 Day: 11 Year: 77
Place of Birth (State or foreign country): Minnesota
Residence Address Street or R.R.: 2347 Madison Rd 230 City: Cincinnati County: Hamilton State: OH 45208
Previous Marital Status: 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 Meenan
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Minnesota
   Birthplace of father (State or foreign country) Minnesota
   (b) Full maiden name of applicant's mother Christine Marie Bronde
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Minnesota
   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 Sean C Meenan Date 4/1/02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 C Meenan
✗ New Address 4917 Beechwood Rd Avon, IN 46123
Subscribed and sworn to before me this 1 day of April, 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

FEMALE APPLICANT

Name First: Meghann Middle: C. Last: York
Date of Birth Month: 11 Day: 21 Year: 78
Place of Birth (State or foreign country): Indiana
Residence Address Street or R.R.: 4917 Beechwood Rd. 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 Steven Michael York
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Pamela Sue 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 Meghann York Date 04-01-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
✗ Signed Meghann York
✗ New Address Same
Subscribed and sworn to before me this 1 day of April, 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 1, 2002, authorizing the marriage of Sean Christopher Meenan and Meghann Colleen York.
I further certify that the following marriage certificate was filed in my office: I, Fr. Kevin Morris (name), certify that on May 4, 2002 (date), at Indianapolis in Marion County, Indiana, Sean Christopher Meenan of Hamilton County, Ohio (state), and Meghann Colleen York of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated April 1, 2002. Signed by: Fr. Kevin Morris, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on May 9, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

583

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 65
Page 135
3-28-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 3-28-02
Name of Physician Dr. Kelly

MALE APPLICANT

Name First James Middle David Last Lewis II
Date of Birth Month 2 Day 27 Year 82
Place of Birth (State or foreign country) Indiana
Residence Address Street or R.R. 229 Meadowlark Dr Apt C City Hendricks County State In 46168
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 David Lewis III
6. (a) Full name of applicant's father James David Lewis I
   (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 Kay Lynn Brooks
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 David Lewis II Date 3-28-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 David Lewis II
New Address Same as above
Subscribed and sworn to before me this 28 day of March 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

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 Rena Last Cunningham
Date of Birth Month 4 Day 30 Year 79
Place of Birth (State or foreign country) Indiana
Residence Address Street or R.R. 229 Meadowlark Dr Apt C City Hendricks County State
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Elijah Cunningham
6. (a) Full name of applicant's father Gerald Eugene Cunningham
   (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 Sharon Kay Carnes
   (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 Brandy Rena Cunningham Date 3-28-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Rena Cunningham
New Address Same as above
Subscribed and sworn to before me this 28 day of March 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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, 2002, authorizing the marriage of James David Lewis II and Brandy Rena Cunningham.
I further certify that the following marriage certificate was filed in my office: I, Rev. Burnett Taylor (name), certify that on April 20, 2002 (date), at Indianapolis in Marion County, Indiana, James David Lewis II of Hendricks County, Indiana (state), and Brandy Rena Cunningham of Hendricks County, Indiana (state) were 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, 2002. Signed by: Rev. Burnett Taylor, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on April 25, 2002 (date).

Sharon Dugan
Signed _____ Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

584

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 605
Page 136
4-1-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 4-1-02
Name of Physician David Hadley, M.D.

MALE APPLICANT

Name: First Patrick Middle J. Last Dages
Date of Birth: Month 3 Day 2 Year 74
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1033 Charlela Ln Apt 308 City Clk Grove Village County Cook State Ill. 60007
Previous Marital Status: 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 L. Dages
   (If adopted, list adoptive parents only) ____
   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 Rose Doyle
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 J Dages Date 4/1/02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 J Dages
✗ New Address P.O. Box 133 Clayton, IN 46118
Subscribed and sworn to before me this 1 day of April, 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____

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 Higgins
Date of Birth: Month 9 Day 21 Year 73
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 329 E. Seegers Rd. #111 City Arlington Heights County Cook State Ill 60005
Previous Marital Status: 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 Kurtis Wayne Higgins
   (If adopted, list adoptive parents only) ____
   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 Deanne Kelly
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
✗ Signature of Applicant Kelly Higgins Date 4/1/02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Higgins
✗ New Address P.O. Box 133 Clayton, IN 46118
Subscribed and sworn to before me this 1 day of April, 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____

State of Indiana)
County of Hendricks)
Father ____ ID # ____
Mother ____ ID # ____
Subscribed and sworn to before me this ____ day of ____
____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ____ County ____ Court, by written order issued ____ and filed in ____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 1, 2002, authorizing the marriage of Patrick James Dages and Kelly Dianne Higgins.
I further certify that the following marriage certificate was filed in my office: I, Gary C. Black (name), certify that on May 4, 2002 (date), at Clayton in Hendricks County, Indiana, Patrick James Dages of Cook County, Illinois (state), and Kelly Dianne Higgins 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 April 1, 2002. Signed by: Gary C. Black, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on May 9, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

585

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 65
Page 137
4-1-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 3-27-02
Name of Physician Ronald K Andrews

MALE APPLICANT

Name: First Brian Middle L. Last Wiseman

Date of Birth: Month 6 Day 4 Year 73

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 1319 Sable Lake 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) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Simon Wiseman
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Joan Lee Alfred
   (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 B. L. Wiseman Date 4/1/02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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. L. Wiseman
New Address Same
Subscribed and sworn to before me this 1 day of April, 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

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 Myers

Date of Birth: Month 11 Day 16 Year 73

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 1319 Sable Lake 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) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 L. 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 Linda Joan Orrill
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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. Myers Date 4/1/02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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. Myers
New Address Same
Subscribed and sworn to before me this 1 day of April, 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 1, 2002, authorizing the marriage of Brian Lee Wiseman and Jennifer Lea Myers.
I further certify that the following marriage certificate was filed in my office: I, Cynthia D. Alte (name), certify that on April 20, 2002 (date), at Indianapolis in Marion County, Indiana, Brian Lee Wiseman of Hendricks County, Indiana (state), and Jennifer Lea Myers of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated April 1, 2002. Signed by: Cynthia D. Alte, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on April 25, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

586

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 65
Page 138
4-1-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 11-15-01
Name of Physician Jerri J. Kraus

MALE APPLICANT

Name: First Timothy Middle M. Last Kelly
Date of Birth: Month 9 Day 4 Year 71
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 744 Rose Lane 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 Michael Vernon Kelly
   (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 Marcia Laverne Larson
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding 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 Timothy M. Kelly Date 4-1-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
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 Timothy M. Kelly
X New Address SAME
Subscribed and sworn to before me this 1 day of April 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____

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 S. Last Long
Date of Birth: Month 9 Day 27 Year 79
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 506 Nelson Dr. City Brownsburg County Hend. State In. 46112
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. ____
6. (a) Full name of applicant's father Lonnie Joe Long
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Cindy Lou 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).
X Signature of Applicant Amanda Long Date 4-1-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
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 Long
X New Address 744 Rose Ln Brownsburg, IN 46112
Subscribed and sworn to before me this 1 day of April, 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____

State of Indiana)
County of Hendricks)
Father ____ ID # ____
Mother ____ ID # ____
Subscribed and sworn to before me this ____ day of ____
____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ____ County ____ Court, by written order issued ____ and filed in ____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 1, 2002, authorizing the marriage of Timothy M. Kelly and Amanda S. Long.
I further certify that the following marriage certificate was filed in my office: I, William E. Daily (name), certify that on April 27, 2002 (date), at Clayton in Hendricks County, Indiana, Timothy M. Kelly of Hendricks County, Indiana (state), and Amanda S. Long of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated April 1, 2002. Signed by: William E. Daily, Judge Pro Tem Hend. Sup I (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on May 1, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

587

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 65
Page 139
4-1-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 3-14-02
Name of Physician Dr. Bray

MALE APPLICANT

Name: First Bradley Middle Wayne Last McLaughlin
Date of Birth: Month 10 Day 9 Year 75
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 5756 Largo Lane City Plainfield County Hendricks State In
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify)
Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father David Wayne McLaughlin
   (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 Terry Jo Rowland
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 4-01-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 April 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

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 Marie Last Simmons
Date of Birth: Month 1 Day 9 Year 75
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 5756 Largo Lane City Plainfield County Hendricks State In
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify)
Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Jerry Lee Simmons
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Theresa Marie Lloyd
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Simmons Date 4/1/02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Simmons
New Address Same as above
Subscribed and sworn to before me this 1 day of April 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 1, 2002, authorizing the marriage of Bradley Wayne McLaughlin and Debra Marie Simmons.
I further certify that the following marriage certificate was filed in my office: I, Rev. Joseph Moriarty (name), certify that on April 27, 2002 (date), at Indianapolis in Marion County, Indiana, Bradley Wayne McLaughlin of Hendricks County, Indiana (state), and Debra Marie Simmons of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated April 1, 2002. Signed by: Rev. Joseph Moriarty, Priest (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on May 9, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

588

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 65
Page 140
4-1-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage 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 Raymond Last Catt
Date of Birth: Month 2 Day 18 Year 56
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 5426 Hickory Ln. 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 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. NA
6. (a) Full name of applicant's father Harold Raymond Catt
   (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 Geraldine Pfeifer
   (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 ✍ Kenneth R. Catt Date 4-1-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed ✍ Kenneth R. Catt
New Address Same
Subscribed and sworn to before me this 1st day of April, 2002
Sharon Dugan
Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

FEMALE APPLICANT

Name: First Judith Middle Kay Last Hart
Date of Birth: Month 12 Day 29 Year 49
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 5426 Hickory Ln. 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 1994
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) drivers license

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. NA
6. (a) Full name of applicant's father James Harold
   (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 Hildagard Marie Meier
   (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 ✍ Judith K. Hart Date 4-1-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed ✍ Judith K. Hart
New Address Same
Subscribed and sworn to before me this 1st day of April, 2002
Sharon Dugan
Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 1, 2002, authorizing the marriage of Kenneth Raymond Catt and Judith Kay Hart.
I further certify that the following marriage certificate was filed in my office: I, R. Anthony Alstott (name), certify that on April 27, 2002 (date), at Lizton in Hendricks County, Indiana, Kenneth Raymond Catt of Hendricks County, Indiana (state), and Judith Kay 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 April 1, 2002. Signed by: R. Anthony Alstott, Clergy (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on April 30, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

589

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 65
Page 141
4-1-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☑ Yes ☐
If No, Medical Examination or Report Dated 3-18-02
Name of Physician Nlaab Road Family Physicans

MALE APPLICANT

Name: First Paul Middle G. Last Jones
Date of Birth: Month 6 Day 21 Year 1974
Place of Birth (State or foreign country) Kansas 46168
Residence Address: Street or R.R. 6e Wedding Lane 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 Warren D. Jones
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Florida
   Birthplace of father (State or foreign country) Kansas
   (b) Full maiden name of applicant's mother Helen E. Dean
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Florida
   Birthplace of mother (State or foreign country) Massachusetts

FEMALE APPLICANT

Name: First Colbey Middle J Last Clossey
Date of Birth: Month 12 Day 28 Year 1975
Place of Birth (State or foreign country) Indiana 46168
Residence Address: Street or R.R. 6e Wedding Lane 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 male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 P. Clossey
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Jeanne Hannon
   (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 Paul G Jones Date 4/1/02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 G Jones
New Address same as above
Subscribed and sworn to before me this 1 day of April 2002
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 Colbey J Clossey Date 4/1/02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Colbey J Clossey
New Address same as above
Subscribed and sworn to before me this 1 day of April 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of Hendricks)
Father ID #
Mother ID #
Subscribed and sworn to before me this day of
Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of Hendricks)
Father ID #
Mother ID #
Subscribed and sworn to before me this day of
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued and filed in , authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 1, 2002, authorizing the marriage of Paul Granville Jones and Colbey Jean Clossey.
I further certify that the following marriage certificate was filed in my office: I, Fr. Kevin Morris (name), certify that on April 20, 2002 (date), at Plainfield in Hendricks County, Indiana, Paul Granville Jones of Hendricks County, Indiana (state), and Colbey Jean Clossey of Hendricks County, Indiana (state) were 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 1, 2002. Signed by: Fr. Kevin Morris, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on April 25, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

590

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 65
Page 142
4-1-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 3-18-02
Name of Physician Belinda J. Watts

MALE APPLICANT

Name: First Christopher Middle L. Last Gillette
Date of Birth: Month 9 Day 30 Year 68
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 131 Valley Circle 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 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. Sage Keagan Gillette, Riley Nicole Gillette
6. (a) Full name of applicant's father Gerald Lee Gillette
   (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 Linda Karol Deming
   (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 Chris Gillette Date 4/1/02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Chris Gillette
New Address SAME
Subscribed and sworn to before me this 1 day of April 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

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 Heck
Date of Birth: Month 4 Day 2 Year 68
Place of Birth (State or foreign country) Illinois
Residence Address: Street or R.R. 131 Valley Circle 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 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. Meghan Anne Heck, Jaya Ashleigh Heck, Samantha Marie Heck
6. (a) Full name of applicant's father NA
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) NA
   Birthplace of father (State or foreign country) NA
   (b) Full maiden name of applicant's mother Pamela Ellen Smith
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Iowa

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Christina Heck Date 4/1/02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Heck
New Address Same
Subscribed and sworn to before me this 1 day of April 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 1, 2002, authorizing the marriage of Christopher Lee Gillette and Christina Marie Heck.
I further certify that the following marriage certificate was filed in my office: I, James D. Craig (name), certify that on April 13, 2002 (date), at Indianapolis in Marion County, Indiana, Christopher Lee Gillette of Hendricks County, Indiana (state), and Christina Marie Heck of Hendricks County, Indiana (state) were 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 1, 2002. Signed by: James D. Craig, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on April 17, 2002 (date).

Sharon Dugan
Signed _____ Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

591

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 65
Page 143
4-3-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 4-3-02
Name of Physician David Hadley

MALE APPLICANT

Name: First William Middle C. Last Russell
Date of Birth: Month 8 Day 8 Year 74
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 115 N. Tennessee #4 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 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 Terry Paul Russell
   (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 Linda Marie Sutherlin
   (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 Christina Middle M. Last Hufford
Date of Birth: Month 1 Day 24 Year 82
Place of Birth (State or foreign country) Washington
Residence Address: Street or R.R. 115 N. Tennessee Apt 4 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 Timothy Lee Hufford
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Montana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Cheryl Jane Clifton
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding 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 Wm C. Russell Date 3 APR 02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
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 Wm C. Russell
X New Address same
Subscribed and sworn to before me this 3 day of April, 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of 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 [illegible] Date 4-3-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
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 [illegible]
X New Address same
Subscribed and sworn to before me this 3 day of April, 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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, 2002, authorizing the marriage of William Christopher Russell and Christina Marie Hufford.
I further certify that the following marriage certificate was filed in my office: I, Thomas G. Brenton (name), certify that on April 14, 2002 (date), at Amo in Hendricks County, Indiana, William C. Russell of Hendricks County, Indiana (state), and Christina M. Hufford of Hendricks County, Indiana (state) were 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, 2002. Signed by: Thomas G. Brenton, Judge Pro-Tem, Hend. Sup. 1 (official designation) Filed and recorded in accordance with the laws of the State of Indiana on April 17, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

592

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 65
Page 144
4-3-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 3-18-02
Name of Physician M. Lamb

MALE APPLICANT

Name: First Kevin Middle D. Last Morris
Date of Birth: Month 2 Day 24 Year 73
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 8285 Bradington Dr. City Westerville County Franklin State Oh 43081
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Garrett Morris
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Debra Kay York
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding 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 4-3-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
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
Subscribed and sworn to before me this 3 day of April, 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

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 Stein
Date of Birth: Month 2 Day 6 Year 77
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 8285 Bradington Dr. City Westerville County Franklin State Oh 43081
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Stein
   (If adopted, list adoptive parents only)
   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 Strong
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding 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 L Stein Date 4-3-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
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 L Stein
X New Address SAME
Subscribed and sworn to before me this 3 day of April, 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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, 2002, authorizing the marriage of Kevin Garrett Morris and Brandi Lyn Stein.
I further certify that the following marriage certificate was filed in my office: I, Rev. Thomas K. Stepanski (name), certify that on April 6, 2002 (date), at Danville in Hendricks County, Indiana, Kevin Garrett Morris of Franklin County, Ohio (state), and Brandi Lyn Stein 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 April 3, 2002. Signed by: Rev. Thomas K. Stepanski, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on April 8, 2002 (date).

Sharon Dugan
Signed _____ Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

593

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 65
Page 145
4-3-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 3-22-02
Name of Physician Paul McDugal

MALE APPLICANT

Name First Matthew Middle L Last Blackmore
Date of Birth Month 12 Day 3 Year 70
Place of Birth (State or foreign country) Indiana
Residence Address Street or R.R. 5522 Master Road City Coatesville County Hend St. In 46121
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. Matthew R. Blackmore II
6. (a) Full name of applicant's father Mac Dean Blackmore
   (If adopted, list adoptive parents only)
   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 Ann Gilding
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding 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 4-3-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
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
Subscribed and sworn to before me this 3 day of April, 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

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 L. Last Jackson
Date of Birth Month 12 Day 1 Year 70
Place of Birth (State or foreign country) Indiana
Residence Address Street or R.R. 4019 Evelyn St. City Anderson County Madison St. In 46222
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 3
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. Jeffrey Bonner III
6. (a) Full name of applicant's father Ronald Lee Lovell
   (If adopted, list adoptive parents only)
   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 Lynn 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).
X Signature of Applicant Candy L Jackson Date 4-3-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
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 Candy L Jackson
X New Address 5522 Master Rd, Coatesville, In
Subscribed and sworn to before me this 3 day of April, 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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, 2002, authorizing the marriage of Matthew L Blackmore and Candy Lynn Jackson.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on April 3, 2002 (date), at Danville in Hendricks County, Indiana, Matthew L Blackmore of Hendricks County, Indiana (state), and Candy Lynn Jackson 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 3, 2002. 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 April 3, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

594

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 65
Page 146
4-3-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☐ Yes ☒
If No, Medical Examination or Report Dated _____
Name of Physician _____

MALE APPLICANT	FEMALE APPLICANT
Name First: Carl Middle: L. Last: Whitaker	Name First: Linda Middle: S. Last: Foster
Date of Birth Month: 4 Day: 3 Year: 56	Date of Birth Month: 4 Day: 24 Year: 50
Place of Birth (State or foreign country): Indiana	Place of Birth (State or foreign country): Missouri
Residence Address: 402 1/2 N. Jefferson Street or R.R.; Danville City; Hend. County; In. State; 46122	Residence Address: 2130 E. Dudley Ave. Street or R.R.; Shpls. City; Marion County; In. State; 46227
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: 1980	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 Alvin Whitaker	6. (a) Full name of applicant's father: Richard Foster
(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): Missouri
Birthplace of father (State or foreign country): Indiana	Birthplace of father (State or foreign country): Missouri
(b) Full maiden name of applicant's mother: Agnes Faye Selch	(b) Full maiden name of applicant's mother: Virginia Wade
(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): Missouri
Birthplace of mother (State or foreign country): 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: Carl L Whitaker Date: 4-3-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
✗Signed: Carl L Whitaker
✗New Address: 2130 Dudley Ave Shpls. In 46227
Subscribed and sworn to before me this 3 day of April, 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

✗Signature of Applicant: Linda Foster Date: 4-3-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
✗Signed: Linda Foster
✗New Address: SAME
Subscribed and sworn to before me this 3 day of April, 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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, 2002, authorizing the marriage of Carl Leslie Whitaker and Linda Sue Foster.

I further certify that the following marriage certificate was filed in my office: I, Rev. Herman R. Pieper, Jr. (name), certify that on April 27, 2002 (date), at Greenfield in Hancock County, Indiana, Carl Leslie Whitaker of Hendricks County, Indiana (state), and Linda Sue Foster 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 3, 2002. Signed by: Rev. Herman R. Pieper, Jr. Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on April 30, 2002 (date).

Sharon Dugan
Signed _____ Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

595

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 65
Page 147
4-4-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☐ Yes ☒ 4.2.02
If No, Medical Examination or Report Dated
Name of Physician Dr. Barbara Kolwler

MALE APPLICANT

Name: First Greg Middle A Last Burch
Date of Birth: Month March Day 28 Year 1971
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 4930 Vine Street City Amo 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.
6. (a) Full name of applicant's father Mike Burch
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Susie Dibbs
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Greg A Burch Date 4-4-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Greg A Burch
X New Address same
Subscribed and sworn to before me this day of
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of Hendricks)
Father ID #
Mother ID #
Subscribed and sworn to before me this day of
Clerk

FEMALE APPLICANT

Name: First Victoria Middle L Last Carlstrom
Date of Birth: Month November Day 5 Year 1973
Place of Birth (State or foreign country) California
Residence Address: Street or R.R. 4930 Vine Street City Amo County Hendricks State Ind.
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. Lucas Alexander Carlstrom
6. (a) Full name of applicant's father Keith Trolkey
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) New Hampshire
   Birthplace of father (State or foreign country)
   (b) Full maiden name of applicant's mother Catherine Nelson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) California
   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 Victoria L Carlstrom Date 4/4/02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Victoria L Carlstrom
X New Address same
Subscribed and sworn to before me this day of
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of Hendricks)
Father ID #
Mother ID #
Subscribed and sworn to before me this day of
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued and filed in , authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated April 4, 2002, authorizing the marriage of Greg Allen Burch and Victoria Lynne Carlstrom.
I further certify that the following marriage certificate was filed in my office: I, Rodger Ward (name), certify that on April 13, 2002 (date), at Amo in Hendricks County, Indiana, Greg Allen Burch of Hendricks County, Indiana (state), and Victoria Lynne Carlstrom of Hendricks County, Indiana (state) were 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, 2002. Signed by: Rodger Ward, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on April 30, 2002 (date).

Sharon Dugan
Signed Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

596

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 65
Page 148
5-4-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☐ Yes ☒
If No, Medical Examination or Report Dated 4-4-02
Name of Physician Dr. David Gaddy

MALE APPLICANT

Name: First Dustin Middle Anthony Howard Last LeMay
Date of Birth: Month 8 Day 15 Year 69
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 10111 Steeplechase Dr. Apt. C 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 female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Doug Stephen LeMay
   (If adopted, list adoptive parents only)
   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 Joyce Starks
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Dustin LeMay Date 4/4/02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Dustin LeMay
New Address 7228 village oaks Dr Avon In 46123
Subscribed and sworn to before me this 4 day of MAY, 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

FEMALE APPLICANT

Name: First Emily Middle Elizabeth Last Lefforge
Date of Birth: Month 1 Day 26 Year 78
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 10155 Steeplechase Dr. 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. NA
6. (a) Full name of applicant's father James Curtis Lefforge
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Cathie Ann Siegel
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Emily E. Lefforge Date 4/4/02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Emily E. Lefforge
New Address 7228 Village Oaks Dr. Avon IN 46123
Subscribed and sworn to before me this 4 day of MAY, 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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, 2002, authorizing the marriage of Dustin Anthony Howard LeMay and Emily Elizabeth Lefforge.
I further certify that the following marriage certificate was filed in my office: I, James D. MacDonald (name), certify that on June 22, 2002 (date), at Wabash in Wabash County, Indiana, Dustin A. H. LeMay of Hendricks County, Indiana (state), and Emily E. Lefforge of Hendricks County, Indiana (state) were 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, 2002. Signed by: James D. MacDonald, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 9, 2002 (date).

Sharon Dugan
Signed _____ Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

597

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 65
Page 149
4-4-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes
If No, Medical Examination or Report Dated 4-3-02
Name of Physician Dr. Abel

MALE APPLICANT

Name: First Timothy Middle D Last Powell
Date of Birth: Month January Day 17 Year 1969
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 6763 Hall Road 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 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.
6. (a) Full name of applicant's father Ernest Powell
   (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 Sarah Payne
   (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 Michelle Middle R Last Mc Climon
Date of Birth: Month October Day 8 Year 1969
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 6762 Hall Road 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 Licens

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you now under the 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. Mc Climon
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Connie C. Parsons
   (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).
X Signature of Applicant Timothy Powell Date 4-4-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Powell
X New Address Same
Subscribed and sworn to before me this _____ day of _____
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding 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 Michelle McClimon Date 4-4-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 McClimon
X New Address Same
Subscribed and sworn to before me this _____ day of _____
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated April 4, 2002, authorizing the marriage of Timothy Dwyane Powell and Michelle Renee McClimon.
I further certify that the following marriage certificate was filed in my office: I, Charlie Cash (name), certify that on April 26, 2002 (date), at Greenwood in Johnson County, Indiana, Timothy Dwyane Powell of Hendricks County, Indiana (state), and Michelle Renee McClimon of Hendricks County, Indiana (state) were 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, 2002. Signed by: Charlie Cash, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on May 9, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

598

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 605
Page 150
4-5-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 3-30-02
Name of Physician D. Bain

MALE APPLICANT	FEMALE APPLICANT
Name: First James, Middle Keith, Last Rains	Name: First Dianna, Middle L., Last Smith
Date of Birth: Month 6, Day 13, Year 75	Date of Birth: Month 2, Day 21, Year 76
Place of Birth (State or foreign country): Georgia	Place of Birth (State or foreign country): Michigan
Residence Address, Street or R.R.: 4352 Hemmingway Dr., City: Kalamazoo, County: Kalamazoo, State: Mi 49009	Residence Address, Street or R.R.: 7026 Bluffwood Ct., City: Brownsburg, County: Hend., State: In. 46112
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____	Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____	Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ 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 James Wesley Rains Jr.	6. (a) Full name of applicant's father Raymond Smith
(If adopted, list adoptive parents only) ____	(If adopted, list adoptive parents only) ____
Residence of father (if deceased, so state) Tennessee	Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Arkansas	Birthplace of father (State or foreign country) New York
(b) Full maiden name of applicant's mother Dana Georgia Berard	(b) Full maiden name of applicant's mother Linda Neal
(If adopted, list adoptive parents only) ____	(If adopted, list adoptive parents only) ____
Residence of mother (if deceased, so state) Tennessee	Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Georgia	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 James K. Rains Date 4-5-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk 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 K. Rains
* New Address 4352 Hemmingway, Kalamazoo, MI 49009

Subscribed and sworn to before me this 5 day of April, 2002

Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of 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 Dianna L. Smith Date 4-5-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court ____ Date ____

State of Indiana)
County of Hendricks)

I swear/affirm that the information given in this application is true and correct.

* Signed Dianna Smith
* New Address 4352 Hemmingway Dr. Kalamazoo MI 49009

Subscribed and sworn to before me this 5 day of April, 2002

Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____

State of Indiana)
County of Hendricks)

Father ____ ID # ____
Mother ____ ID # ____
Subscribed and sworn to before me this ____ day of ____
____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ____ County ____ Court, by written order issued ____ and filed in ____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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, 2002, authorizing the marriage of James Keith Rains and Dianna Linda Smith.

I further certify that the following marriage certificate was filed in my office: I, Russell R. Zint (name), certify that on April 6, 2002 (date), at Brownsburg in Hendricks County, Indiana, James Keith Rains of Kalamazoo County, Michigan (state), and Dianna Linda 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 5, 2002. Signed by: Russell R. Zint Assoc. Pastor-Catholic Priest (official designation) Filed and recorded in accordance with the laws of the State of Indiana on April 11, 2002 (date).

Sharon Dugan

Signed ____ Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

599

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 65
Page 151
4-5-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 7-10-01
Name of Physician John Walker

MALE APPLICANT	FEMALE APPLICANT
Name: First James, Middle C., Last Daniels	Name: First Paula, Middle S., Last Snow
Date of Birth: Month 9, Day 29, Year 47	Date of Birth: Month 11, Day 1, Year 65
Place of Birth (State or foreign country): Tennessee	Place of Birth (State or foreign country): Florida
Residence Address: Street or R.R. 9825 S. Co. Rd 100E., City Clayton, County Hend., State In. 46118	Residence Address: Street or R.R. 9825 S. Co. Rd 100E., City Clayton, County Hend., 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 1969	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. Jamie Alice Daniels, James Prentiss Daniels, Jr.	5. List the full names of any dependent children Ashley Marie Young, Anthony Neal Snow, Kimberly J. Roberts, Jr., Andrew Harrison Snow, Natasha Michelle Snow, James Christian Daniels, Jamie Alice Daniels
6. (a) Full name of applicant's father John Prentiss Daniels	6. (a) Full name of applicant's father Faulkner Pierson Jr.
(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) Tennessee	Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Beatrice Hazel Brogan	(b) Full maiden name of applicant's mother Marlene Alice Hayslip
(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) Tennessee	Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant James Daniels Date 4/5/02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
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 Daniels
X New Address same
Subscribed and sworn to before me this 5 day of April, 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of 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 Paula S. Snow Date 4-5-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
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 Paula S. Snow
X New Address same
Subscribed and sworn to before me this 5 day of April, 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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, 2002, authorizing the marriage of James Prentiss Daniels and Paula Sue Snow.
I further certify that the following marriage certificate was filed in my office: I, Jimmy Johnson (name), certify that on April 27, 2002 (date), at Hazelwood in Hendricks County, Indiana, James Prentiss Daniels of Hendricks County, Indiana (state), and Paula Sue Snow of Hendricks County, Indiana (state) were 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, 2002. Signed by: Jimmy Johnson, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on May 1, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

600

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 45
Page 152
4-5-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage 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 L. Last Siefert
Date of Birth: Month 4 Day 19 Year 24
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 411 Lakewood Cir #B0-13 City Colo Springs County El Paso State Co 80910
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. _____
6. (a) Full name of applicant's father Francis Joseph Siefert
   (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 LaVeda Ethel Cropp
   (If adopted, list adoptive parents only) _____
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
✗Signature of Applicant Robert L. Siefert Date 4-5-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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. Siefert
✗New Address 7080 E. 700 N. BROWNSBURG, IN
Subscribed and sworn to before me this 5 day of April, 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

FEMALE APPLICANT

Name: First Betty Middle L. Last Corn
Date of Birth: Month 3 Day 11 Year 35
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 7080 E. CoRd 700 N. City Brownsburg County Hendricks State IN 46112
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 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. Cindy Lou Corn
6. (a) Full name of applicant's father Harry Baker
   (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 Louise 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 Betty L. Corn Date 4-5-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
✗Signed Betty L. Corn
✗New Address SAME
Subscribed and sworn to before me this 5 day of April 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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, 2002, authorizing the marriage of Robert Lee Siefert and Betty Lou Corn.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on April 5, 2002 (date), at Danville in Hendricks County, Indiana, Robert Lee Siefert of El Paso County, Colorado (state), and Betty Lou Corn of Hendricks County, Indiana (state) were 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, 2002. 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 April 11, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477