291

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

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

Book 66
Page 443
7-17-02
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 7-17-02
Name of Physician David Gaddy

MALE APPLICANT

Name: First Bradley Middle Carl Last Pettes

Date of Birth: Month 8 Day 21 Year 79

Place of Birth (State or foreign country) Tennessee

Residence Address: Street or R.R. 131 Hickory Hollow Dr. City (Dickson) County - State TN 37055

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

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

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

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

6. (a) Full name of applicant's father Carl Pettes
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) TN
   Birthplace of father (State or foreign country) TN
   (b) Full maiden name of applicant's mother Rosemary Petty
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) TN
   Birthplace of mother (State or foreign country) TN

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Bradley Pettes Date 7/25/02

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 Bradley Pettes
New Address 220 Indian Park Drive Apt. 2604 Murfreesboro TN
Subscribed and sworn to before me this 17 day of July, 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 Micah Middle Ruth Last Sellers

Date of Birth: Month 7 Day 4 Year 80

Place of Birth (State or foreign country) Tennessee

Residence Address: Street or R.R. 6671 Andrews 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. NA

6. (a) Full name of applicant's father Boyd Sellers
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Claudia Shearer
   (b) Full maiden name of applicant's mother ____
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) ____

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Micah Sellers Date 7/17/02

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 Micah Sellers
New Address 220 Indian Park Dr. Apt 2604 Murfreesboro TN 37128
Subscribed and sworn to before me this 17 day of July, 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 July 17, 2002, authorizing the marriage of Bradley Carl Pettes and Micah Ruth Sellers.
I further certify that the following marriage certificate was filed in my office: I, Boyd J. Sellers (name), certify that on August 9, 2002 (date), at Greencastle in Putnam County, Indiana, Bradley Carl Pettes of Dickson County, Tennessee (state), and Micah Ruth Sellers of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 17, 2002. Signed by: Boyd J. Sellers, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on August 15, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

292

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

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

Book 66
Page 444
7-25-02
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 7-1-02
Name of Physician Dr. Gentry

MALE APPLICANT

Name: First Jerry Middle Michael Last Hutto Jr.
Date of Birth: Month 06 Day 25 Year 75
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 2209 W. US 40 #10 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) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Taylor Marie Hutto
6. (a) Full name of applicant's father Jerry Michael Hutto
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Rosanne Marie Busch
   (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 Crystal Middle Ann Last Gilbert
Date of Birth: Month 6 Day 20 Year 72
Place of Birth (State or foreign country) Alaska
Residence Address: Street or R.R. 2209 N. US 40 #10 City Clayton County Hendricks State IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 2001
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License + pay stub

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Jerry Michael Hutto JR Date 7-25-02

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 Jerry Michael Hutto JR
New Address Same as above
Subscribed and sworn to before me this _____ day of _____
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Crystal Ann Gilbert Date 7-25-02

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 Crystal Ann Gilbert
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 July 25, 2002, authorizing the marriage of Jerry Michael Hutto, Jr. and Crystal Ann Gilbert.
I further certify that the following marriage certificate was filed in my office: I, Darrell Dennis (name), certify that on August 10, 2002 (date), at Monrovia in Morgan County, Indiana, Jerry Michael Hutto, Jr. of Hendricks County, Indiana (state), and Crystal Ann 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 July 25, 2002. Signed by: Darrell Dennis, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 9, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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 666
Page 445
7-17-02
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 7-1-02
Name of Physician Dr. Kelenka

MALE APPLICANT

Name: First Dustin Middle Andrew Last Hada

Date of Birth: Month 12 Day 19 Year 77

Place of Birth (State or foreign country) Oklahoma

Residence Address: Street or R.R. 3275 Denise Dr. Apt 301 City Portage County Porter 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) 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. ____
6. (a) Full name of applicant's father Roger Leon Hada
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Oklahoma
   Birthplace of father (State or foreign country) Oklahoma
   (b) Full maiden name of applicant's mother Isla Faye Copeland
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Oklahoma
   Birthplace of mother (State or foreign country) Kansas

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [signature] Date 7-17-02

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 3275 Denise Dr. Apt 301 Portage, IN 46368
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 Dana Middle Jean Last Hayse

Date of Birth: Month 1 Day 19 Year 79

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 7237 King's Cross St City Avon County Hendricks State IN

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

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

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Charles William Hayse
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Dep of S. Africa
   (b) Full maiden name of applicant's mother Gloria Jean 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 Dana J. Hayse Date 7-17-02

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 Dana J. Hayse
New Address 3278 Denise Dr. Apt. 301 Portage, IN 46368
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 July 17, 2002, authorizing the marriage of Dustin Andrew Hada and Dana Jean Hayse.
I further certify that the following marriage certificate was filed in my office: I, Brian Delbridge (name), certify that on July 20, 2002 (date), at Indianapolis in Marion County, Indiana, Dustin Andrew Hada of Porter County, Indiana (state), and Dana Jean Hayse of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 17, 2002. Signed by: Brian Delbridge, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 31, 2002 (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 66
Page 446
7-22-02
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 7-3-02
Name of Physician M. S. King MD

MALE APPLICANT

Name: First James Middle E. Last Agee
Date of Birth: Month 12 Day 22 Year 62
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 2383 E. Main St. Lot 80 City Plfld. 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 Thomas Charles Agee
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Barbara 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).

X Signature of Applicant James E Agee Date 7/22/02

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.
Y Signed James E Agee
Y New Address 1326 KUSHMORE BLVD E, INDIANAPOLIS IN 46234
Subscribed and sworn to before me this 22 day of July, 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 Kathy Middle A. Last Newcomb
Date of Birth: Month 10 Day 3 Year 52
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 2626 Monker St City Indpls County Marion State In 46203
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1978
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Donald Sachs
   (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 Catherine Cissell
   (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 Kathy Newcomb Date 7/22/02

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.
Y Signed Kathy Newcomb
Y New Address 1326 Kushmore Blvd E. Indy 46234
Subscribed and sworn to before me this 22 day of July, 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 July 22, 2002, authorizing the marriage of James E. Agee and Kathy A. Newcomb.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on July 22, 2002 (date), at Danville in Hendricks County, Indiana, James E. Agee of Hendricks County, Indiana (state), and Kathy A. Newcomb of Marion County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 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 July 31, 2002 (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 66
Page 447
7-18-02
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 7-10-02
Name of Physician Holly Cooper

MALE APPLICANT

Name First Daniel Middle Jose Last Abbott
Date of Birth Month 12 Day 13 Year 73
Place of Birth (State or foreign country) Indiana
Residence Address Street or R.R. 912 Pine Ridge Way 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)
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 James David Lee Abbott
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Tennessee.
   (b) Full maiden name of applicant's mother Teresa 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 Daniel J. Abbott Date 7-18-02

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 Daniel J. Abbott
New Address 912 Pine Ridge Way Brownsburg, IN 46112
Subscribed and sworn to before me this 18 day of July
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name First Ann Middle Elizabeth Last Murphy
Date of Birth Month 10 Day 23 Year 73
Place of Birth (State or foreign country) Indiana
Residence Address Street or R.R. 912 Pine Ridge Way 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)
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 Otis Sterling Murphy
   (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 Elizabeth Davies
   (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 Ann E Murphy Date 7-18-02

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 Ann E Murphy
New Address Same
Subscribed and sworn to before me this 18th day of July 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 July 18, 2002, authorizing the marriage of Daniel Jose' Abbott and Ann Elizabeth Murphy.
I further certify that the following marriage certificate was filed in my office: I, Steven T. Reeves (name), certify that on August 3, 2002 (date), at Brownsburg in Hendricks County, Indiana, Daniel Jose' Abbott of Hendricks County, Indiana (state), and Ann Elizabeth Murphy of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 18, 2002. Signed by: Steven T. Reeves, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on August 6, 2002 (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 66
Page 448
1-19-02
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 6-27-02
Name of Physician Dr. Stephen Dewey

MALE APPLICANT

Name: First Heath Middle E. Last Bost
Date of Birth: Month 6 Day 15 Year 1971
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 9387 Shady Bend City Brownsburg County Hend State IN 46112
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Driver's License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Heath Bost Date 7/19/02

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 Heath Bost 7/19/02
New Address same as above
Subscribed and sworn to before me this 19 day of July 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 Anne Last Jackson
Date of Birth: Month June Day 22 Year 1971
Place of Birth (State or foreign country) Washington D.C.
Residence Address: Street or R.R. 9387 Shady Bend City Brownsburg County Hendricks State
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☐ Other (Specify) Drivers License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Elizabeth Jack Date July 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 Elizabeth Jack
New Address SAME
Subscribed and sworn to before me this 19 day of July 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 July 19, 2002, authorizing the marriage of Heath Edward Bost and Elizabeth Anne Jackson.
I further certify that the following marriage certificate was filed in my office: I, Michelle E. Smith (name), certify that on July 27, 2002 (date), at Indianapolis in Marion County, Indiana, Heath Edward Bost of Hendricks County, Indiana (state), and Elizabeth Anne Jackson of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 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 August 2, 2002 (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 66
Page 449
7-18-02
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 _____
Name of Physician _____

MALE APPLICANT

Name: First Stephen Middle Arnold Last Hadley
Date of Birth: Month 6 Day 11 Year 39
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 495 Gordon Rd City Monrovia County Morgan State IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 10-91
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 Gordon Lawry Hadley
   (If adopted, list adoptive parents only) _____
   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 Louise Hunter
   (If adopted, list adoptive parents only) _____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Hadley Date 7-18-02

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 Stephen A Hadley
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 Marilyn Middle Jill Last Hadley
Date of Birth: Month 3 Day 28 Year 42
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 646 Red Bud Lane City Plainfield County Hendricks State IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 7-1-91
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Franklin Burns
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Mary Elizabeth Draper
   (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 Marilyn Jill Hadley Date 7/18/02 X

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

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Marilyn Jill Hadley
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 July 18, 2002, authorizing the marriage of Stephen Arnold Hadley and Marilyn Jill Hadley.
I further certify that the following marriage certificate was filed in my office: I, Rev. David Blount Jr. (name), certify that on July 19, 2002 (date), at Indianapolis in Marion County, Indiana, Stephen Arnold Hadley of Morgan County, Indiana (state), and Marilyn Jill 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 July 18, 2002. Signed by: Rev. David Blount, Jr., Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 26, 2002 (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 66
Page 450

Date of Application

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

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 6-27-02
Name of Physician Dr. Cauri

MALE APPLICANT

Name: First Gary Middle Lynn Last Grant
Date of Birth: Month 4 Day 1 Year 1959
Place of Birth (State or foreign country) AL
Residence Address: Street or R.R. 10238 Fairmont Dr K 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. Christopher Gary Grant, Joseph Lee Grant
6. (a) Full name of applicant's father Billy Grant
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) GA
   Birthplace of father (State or foreign country) GA
   (b) Full maiden name of applicant's mother Melba Ruth Knoff
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) GA
   Birthplace of mother (State or foreign country) AL

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are 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 10238 Fairmont Dr Apt K Avon IN
Subscribed and sworn to before me this 18 day of July, 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 D Last Bruce
Date of Birth: Month 7 Day 27 Year 1970
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. 10238 Fairmount Dr K City Avon County Hendricks State IN 46123
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [signature] Date 7/18/02

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 [signature]
New Address 10238 Fairmount Dr H K Avon IN 46123
Subscribed and sworn to before me this 18 day of July, 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 July 18, 2002, authorizing the marriage of Gary Lynn Grant and Jennifer Denise Bruce.
I further certify that the following marriage certificate was filed in my office: I, Bill Titara (name), certify that on July 27, 2002 (date), at Indianapolis in Marion County, Indiana, Gary Lynn Grant of Hendricks County, Indiana (state), and Jennifer Denise Bruce of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 18, 2002 Signed by: Bill Titara, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on August 6, 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 66
Page 451
7-18-02
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 5-31-02
Name of Physician Dr. Poe

MALE APPLICANT

Name: First Steven Middle E. Last Miller Jr.
Date of Birth: Month 12 Day 24 Year 83
Place of Birth (State or foreign country) Indiana 46121
Residence Address: Street or R.R. 4759 S CR 675 W City Coatesville County Hend State IN
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Driver's License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Steven Eugene Miller Jr. Date 18/Jul/02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Eugene Miller Jr.
New Address same as above
Subscribed and sworn to before me this 18 day of July 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 Elisabeth Middle E. Last Lloyd
Date of Birth: Month 3 Day 27 Year 80
Place of Birth (State or foreign country) Indiana 46121
Residence Address: Street or R.R. 4759 S CR 675 W City Coatesville County Hend. State IN
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Driver's License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Elisabeth Lloyd Date July 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 Elisabeth Lloyd
New Address same as above
Subscribed and sworn to before me this 18 day of July 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 July 18, 2002, authorizing the marriage of Steven Eugene Miller, Jr. and Elisabeth Esther Lloyd.
I further certify that the following marriage certificate was filed in my office: I, Guinn Shingleton (name), certify that on July 20, 2002 (date), at Terre Haute in Vigo County, Indiana, Steven Eugene Miller Jr. of Hendricks County, Indiana (state), and Elisabeth Esther Lloyd of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 18, 2002. Signed by: Guinn Shingleton, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on August 2, 2002 (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 66
Page 452
7-19-02
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 4-6-98
Name of Physician Dr. Haak

MALE APPLICANT

Name: First William Middle A Last Vance
Date of Birth: Month 12 Day 30 Year 1976
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. 8340 W. main St City Cooksville County Hendricks State IN 46121
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date Oct 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. Sarah JoAnn Vance
6. (a) Full name of applicant's father M.L. Vance II
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Suzanne Bartolovich
   (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 X [signature] Date 7-18-02

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 [signature]
New Address X 8340 W main st Cooksville, IN 46121
Subscribed and sworn to before me this 19 day of July, 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 Wethington
Date of Birth: Month 12 Day 01 Year 1972
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. 8340 main St Lot 2 City Cooksville County Hendricks State IN 46121
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1999
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify)

Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Taylor Renae Wethington
6. (a) Full name of applicant's father Jackie L Witt
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) deceased
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Brenda L. Ellett
   (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 X Jennifer Wethington Date 7-19-02

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 X Jennifer Wethington
New Address X 8340 W. main Street Cooksville IN 46121
Subscribed and sworn to before me this 19 day of July, 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 July 19, 2002, authorizing the marriage of William Andrew Vance and Jennifer Lee Wethington.
I further certify that the following marriage certificate was filed in my office: I, Dr. Billy Strother (name), certify that on August 17, 2002 (date), at Danville in Hendricks County, Indiana, William Andrew Vance of Hendricks County, Indiana (state), and Jennifer Lee Wethington of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 19, 2002. Signed by: Dr. Billy Strother, Preacher (official designation) Filed and recorded in accordance with the laws of the State of Indiana on August 21, 2002 (date).

Signed Sharon Dugan 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 66
Page 4503

Date of Application

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

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 7-18-02
Name of Physician Dr. Hadley

MALE APPLICANT

Name: First Israel Middle D Last Dryer
Date of Birth: Month 3 Day 14 Year 81
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. 6372 Barberry Dr City Plainfield County Hendrick 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 George A Dryer
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Rhonda Tashmere Fazel
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) IN
   Birthplace of mother (State or foreign country) IL

FEMALE APPLICANT

Name: First Judy Middle Mali Last Klepel
Date of Birth: Month 11 Day 01 Year 1980
Place of Birth (State or foreign country) Thailand
Residence Address: Street or R.R. 910 Elliot Ave NCU 365 City Minn Hennepin County State Mn 55404
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Israel Dryer Date 7-18-02

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 Israel Dryer
New Address 910 Elliot Ave NCU#1270
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 X Judy M Klepel Date 7-18-02

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 Judy M Klepel
New Address X 910 Elliot Ave NCU 365, Mpls, MN 55404
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 July 18, 2002, authorizing the marriage of Israel D. Dryer and Judy Mali Klepel.
I further certify that the following marriage certificate was filed in my office: I, Ron J. Bontrager (name), certify that on July 20, 2002 (date), at Indianapolis in Marion County, Indiana, Israel D. Dryer of Hendricks County, Indiana, (state), and Judy Mali Klepel of Hennepin County, Minnesota (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 18, 2002. Signed by: Ron J. Bontrager, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 31, 2002 (date).

Signed Sharon Dugan 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 66
Page 454
7-19-02
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 7-17-02
Name of Physician Dr. Tetrick

MALE APPLICANT

Name: First Robert Middle M Last Cooper
Date of Birth: Month 10 Day 04 Year 1970
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. 1282 Spring Lake 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 10-1993
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. Brooke Alyse Cooper
6. (a) Full name of applicant's father Robert E Cooper
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) MD
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Rhonda Darlene Swindle
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) IN
   Birthplace of mother (State or foreign country) IN

FEMALE APPLICANT

Name: First Angela Middle R Last Cross
Date of Birth: Month 7 Day 31 Year 1975
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. 1282 Spring Lake 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 3-31-02
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Joshua, Kaleigh, Elijah, Emaleigh Cross
6. (a) Full name of applicant's father James Allison
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Rebecca Ubelhor
   (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 X Robert M. Cooper Date 7-19-02

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 X Robert M Cooper
New Address X 1282 SPRING LAKE DR.
Subscribed and sworn to before me this 19 day of July 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 X Angela R. Cross Date 7/19/02

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 X Angela R. Cross
New Address X 1282 Spring Lake DR
Subscribed and sworn to before me this 19 day of July 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 July 19, 2002, authorizing the marriage of Robert Merle Cooper and Angela Renee Cross.
I further certify that the following marriage certificate was filed in my office: I, Don Burch (name), certify that on July 20, 2002 (date), at Indianapolis in Marion County, Indiana, Robert Merle Cooper of Hendricks County, Indiana (state), and Angela Renee Cross of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 19, 2002. Signed by: Don Burch, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 31, 2002 (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 106
Page 455
7-19-02
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 7-16-02
Name of Physician David E. Wilmot

MALE APPLICANT

Name First: Charles Middle: Caroldean Last: Briscoe III
Date of Birth Month: November Day: 7 Year: 1972
Place of Birth (State or foreign country): Virginia
Residence Address: 916 E. Post Rd. City: Anderson County: Madison 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. N/A
6. (a) Full name of applicant's father Charles Caroldean Briscoe II
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Virginia
   Birthplace of father (State or foreign country) Kansas
   (b) Full maiden name of applicant's mother Twila Mae Tucker
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Virginia
   Birthplace of mother (State or foreign country) W. Virginia

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Charles C Briscoe Date 7-19-02

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 X Charles C Briscoe
New Address 700 HIGH ST. UNIT #120 AND, IN 46012
Subscribed and sworn to before me this _____ day of _____
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name First: Jamie Middle: Marie Last: Cole
Date of Birth Month: July Day: 8 Year: 1980
Place of Birth (State or foreign country): Indiana
Residence Address: 1102 Sheffield 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)

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. N/A
6. (a) Full name of applicant's father Larry Oliver Cole
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Catherine Marie Feldman
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Jamie M. Cole Date 7-19-02

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 X Jamie M. Cole
New Address 700 High St. Unit 120 Anderson, IN 46012
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 July 19, 2002, authorizing the marriage of Charles Caroldean Briscoe III and Jamie Marie Cole.
I further certify that the following marriage certificate was filed in my office: I, Douglas L. Talley (name), certify that on July 27, 2002 (date), at Avon in Hendricks County, Indiana, Charles C. Briscoe III of Madison County, Indiana (state), and Jamie Marie Cole of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 19, 2002. Signed by: Douglas L. Talley, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on August 2, 2002 (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 66
Page 456
7-19-02
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 7-11-02
Name of Physician Dr. Tripple

MALE APPLICANT

Name: First Eric Middle A Last Gray
Date of Birth: Month 1 Day 02 Year 1980
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. 416 N Center St Apt 24 City Plainfield County Hendricks State IN 46168
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

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

FEMALE APPLICANT

Name: First Lisa Middle M Last Klay
Date of Birth: Month 4 Day 08 Year 1980
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. 1520 Wildwood Ct 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. ____
6. (a) Full name of applicant's father James Alan Klay
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) IN
   Birthplace of father (State or foreign country) IL
   (b) Full maiden name of applicant's mother Jonell Page
   (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 X Eric A Gray Date 7-19-02

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 X Eric A Gray
New Address 416 N Center St. Apt 24
Subscribed and sworn to before me this 19 day of July 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 X Lisa M Klay Date ____

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Lisa M Klay
New Address 1520 Wildwood Ct. Plainfield, IN 46168
Subscribed and sworn to before me this 19 day of July 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 July 19, 2002, authorizing the marriage of Eric Allen Gray and Lisa Michelle Klay.
I further certify that the following marriage certificate was filed in my office: I, Stephen White (name), certify that on August 31, 2002 (date), at Plainfield in Hendricks County, Indiana, Eric Allen Gray of Hendricks County, Indiana (state), and Lisa Michelle Klay of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 19, 2002. Signed by: Stephen White, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on September 11, 2002 (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 464
Page 457
7-22-02
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 7-16-02
Name of Physician Dr. Heavin

MALE APPLICANT

Name: First Michael Middle W Last Wise
Date of Birth: Month 3 Day 7 Year 1960
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. 4912 Milton St City Coatesville County Hendricks State IN 46121
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 4
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. Sarah Wise, Samantha Wise, Kelly Wise
6. (a) Full name of applicant's father John Wise
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state)
   Birthplace of father (State or foreign country) Kentucky
   (b) Full maiden name of applicant's mother Ethel Zirkelfield
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state)
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Michael Wise Date 7-22-02

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 Michael Wise
New Address X PO Box 201 Coatesville
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 Kristie Middle L Last Zeiner
Date of Birth: Month 7 Day 31 Year 1970
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. 8521 So Tudor Rd City Stilesville County Hendricks State IN 46180
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. Eric Ryan Pentz, Jared Anthony Pentz
6. (a) Full name of applicant's father Leroy Zeiner
   (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 Judy Staggs
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state)
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Kristie Zeiner Date 7-22-2

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.
Signed X Kristie Lynn Zeiner
New Address X P.O. Box 201 Coatesville IN 46121
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 July 22, 2002, authorizing the marriage of Michael Wade Wise and Kristie Lynn Zeiner.
I further certify that the following marriage certificate was filed in my office: I, Harold D. Smith (name), certify that on July 27, 2002 (date), at Plainfield in Hendricks County, Indiana, Michael Wade Wise of Hendricks County, Indiana (state), and Kristie Lynn Zeiner of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 22, 2002. Signed by: Harold D. Smith, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on August 6, 2002 (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 66
Page 458
7-22-02
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 6/19/02
Name of Physician Dr. Robert Deaton

MALE APPLICANT

Name: First Keith Middle Russell Last Napier
Date of Birth: Month 7 Day 22 Year 1971
Place of Birth (State or foreign country) Kentucky
Residence Address: Street or R.R. 2021 Crown Plaza Blvd City Plainfield County Hendricks State IN 46168
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

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

FEMALE APPLICANT

Name: First Patricia Middle Lyn Last Jones
Date of Birth: Month 1 Day 30 Year 1970
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 2021 Crown Plaza Blvd City Plainfield County Hendricks State IN 46168
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 10/01
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. Summer Jones, Collin Jones
6. (a) Full name of applicant's father Robert Miller
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Barbara Fletcher
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Keith R Napier Date 7-22-02

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 Keith Napier
New Address ____
Subscribed and sworn to before me this 22 day of July 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 Patricia L Jones Date 7-22-02

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 Patricia L Jones
New Address 5114 Bayview Dr Plainfield IN 46168
Subscribed and sworn to before me this 22 day of July 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 July 22, 2002, authorizing the marriage of Keith R. Napier and Patricia L. Jones.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on July 25, 2002 (date), at Danville in Hendricks County, Indiana, Keith R. Napier of Hendricks County, Indiana (state), and Patricia L. Jones of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 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 July 31, 2002 (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 66
Page 459
7-22-02
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 7-9-02
Name of Physician Dan Johnson

MALE APPLICANT

Name: First Christopher Middle Marvin Last Rouse
Date of Birth: Month 9 Day 26 Year 74
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 6381 S. Co Rd 121 E 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. Olivia Renee Rouse, Kiria Breanna Lee Rouse
6. (a) Full name of applicant's father Marvin Elwood Rouse
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Arizona
   Birthplace of father (State or foreign country) Kentucky
   (b) Full maiden name of applicant's mother Margaret Ann Abner
   (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 Kimberly Middle Ann Last Wilson
Date of Birth: Month 8 Day 24 Year 71
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 6381 S. Co Rd 121 E. 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) Driver's License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Rouse Date 6/22/02

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 Christopher M Rouse
New Address SAME
Subscribed and sworn to before me this 22 day of July, 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 Kimberly A Wilson Date 6/22/02

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 Kimberly A Wilson
New Address Same
Subscribed and sworn to before me this 22 day of July, 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 July 22, 2002, authorizing the marriage of Christopher Marvin Rouse and Kimberly Ann Wilson.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on September 6, 2002 (date), at Danville in Hendricks County, Indiana, Christopher Marvin Rouse of Hendricks County, Indiana (state), and Kimberly Ann Wilson of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 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 September 11, 2002 (date).

Signed Sharon Dugan 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 446
Page 460
7-23-02
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 7-23-02
Name of Physician Dr. Ashraf

MALE APPLICANT

Name: First David Middle Shawn Last Carter
Date of Birth: Month 10 Day 8 Year 75
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 285 Clearview Dr. Apt D City Greenwood County Hendricks State IN
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. ____
6. (a) Full name of applicant's father Darrell H. Carter
   (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 Layle 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 David Shawn Carter Date 7-24-02

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 David Shawn Carter
New Address SAME AS →
Subscribed and sworn to before me this ____ day of ____
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Amy Middle Lynn Last Thomas
Date of Birth: Month 12 Day 12 Year 75
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 265 N. Corottoman Ct. City Avon County IN State 46123
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 7-23-02

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 ____
New Address 5809 Pontiac Drive Apt G Indpls, IN 46224
Subscribed and sworn to before me this ____ day of ____
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 23, 2002, authorizing the marriage of David Shawn Carter and Amy Lynn Thomas.
I further certify that the following marriage certificate was filed in my office: I, J. Michael Smith (name), certify that on July 26, 2002 (date), at Plainfield in Hendricks County, Indiana, David Shawn Carter of Johnson County, Indiana (state), and Amy Lynn 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 July 23, 2002 Signed by: J. Michael Smith, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on August 2, 2002 (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 66
Page 461
7-23-02
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 7-1-02
Name of Physician Mid America Clinical Labs

MALE APPLICANT	FEMALE APPLICANT
Name: First Joshua, Middle Ryan, Last Hill	Name: First Lynne, Middle Marie, Last Nowaskie
Date of Birth: Month 9, Day 10, Year 79	Date of Birth: Month 11, Day 20, Year 79
Place of Birth (State or foreign country): Illinois	Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 230 Dermoor Way Apt D, City Avon, County Hend, State In 46123	Residence Address: Street or R.R. 230 Dermoor Way Apt. D, 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 James William Hill	6. (a) Full name of applicant's father Mark E. Nowaskie
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Illinois	Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Kentucky	Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Pamela Faye Carnot	(b) Full maiden name of applicant's mother Mary C. Stecklen
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Illinois	Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Illinois	Birthplace of mother (State or foreign country) Illinois

ACKNOWLEDGEMENT

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

X Signature of Applicant Joshua R Hill Date 7-23-02

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.
X Signed Joshua R Hill
X New Address same
Subscribed and sworn to before me this 23rd day of July 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 Lynne M. Nowaskie Date 7-23-02

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.
X Signed Lynne M Nowaskie
X New Address same
Subscribed and sworn to before me this 23 day of July 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 July 23, 2002, authorizing the marriage of Joshua Ryan Hill and Lynne Marie Nowaskie.
I further certify that the following marriage certificate was filed in my office: I, Andrew D. Kinsey (name), certify that on August 3, 2002 (date), at Community UMC in Knox County, Indiana, Joshua R. Hill of Hendricks County, Indiana (state), and Lynne M. Nowaskie of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 23, 2002. Signed by: /S/ Andrew D. Kinsey, Pastor (official designation) Filed and recorded in accordance with the laws of the State of Indiana on August 8, 2002 (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 46
Page 462
7-25-02
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 11-14-90
Name of Physician James Wilke

MALE APPLICANT

Name: First Frank Middle Ebeling Last Zunis
Date of Birth: Month 11 Day 14 Year 51
Place of Birth (State or foreign country) Austria
Residence Address: Street or R.R. 10871 Clear Springs Dr. City Camby County Hend. State In 46113
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 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 P. Zunis
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Texas
   Birthplace of father (State or foreign country) Rio
   (b) Full maiden name of applicant's mother Phyllis Ebeling
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Texas
   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 Frank E. Zunis Date 7/25/02

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 Frank E. Zunis
X New Address same
Subscribed and sworn to before me this 25 day of July 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 Kristi Lynn Middle Dill Last Quillen
Date of Birth: Month 12 Day 13 Year 58
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 10871 Clear Springs Dr. City Camby County Hend. State In 46113
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1995
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

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

ACKNOWLEDGEMENT

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

X Signature of Applicant Kristi Dill Quillen Date 7-25-02

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 Kristi Dill Quillen
X New Address same
Subscribed and sworn to before me this 25 day of 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 July 25, 2002, authorizing the marriage of Frank Ebeling Zunis and Kristi Lynn Dill Quillen.
I further certify that the following marriage certificate was filed in my office: I, Todd Outcalt (name), certify that on August 10, 2002 (date), at Indianapolis in Marion County, Indiana, Frank Ebeling Zunis of Hendricks County, Indiana (state), and Kristi Lynn Dill Quillen of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 25, 2002. Signed by: Todd Outcalt, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on August 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 66
Page 463
7-23-02
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 _____
Name of Physician _____

MALE APPLICANT

Name: First Charles Middle Arvid Last Lindgren
Date of Birth: Month 7 Day 20 Year 49
Place of Birth (State or foreign country) Montana
Residence Address: Street or R.R. 10045 Edgewood Rd City Brownsburg County Hendricks State IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 3
Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐ Date 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. Garrett Lindgren
6. (a) Full name of applicant's father August Lindgren
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Sweden
   (b) Full maiden name of applicant's mother Harriett Maslinda Burch
   (If adopted, list adoptive parents only) _____
   Residence of mother (if deceased, so state) Deceased
   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 Charles A. Lindgren Date 7/23/02

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 Charles A. Lindgren
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 Laura Middle Ann Last Harrold
Date of Birth: Month 4 Day 13 Year 39
Place of Birth (State or foreign country) Illinois
Residence Address: Street or R.R. 10045 Edgewood Rd. City Brownsburg County Hendricks State IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 3
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 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 James Paul Henderson
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Illinois
   (b) Full maiden name of applicant's mother Ethel Mitchaner
   (If adopted, list adoptive parents only) _____
   Residence of mother (if deceased, so state) Illinois
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Laura A. Harrold Date 7/23/02

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 Laura A. Harrold
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 July 23, 2002, authorizing the marriage of Charles Arvid Lindgren and Laura Ann Harrold.
I further certify that the following marriage certificate was filed in my office: I, Rev. John Ranbarger (name), certify that on July 27, 2002 (date), at Brownsburg in Hendricks County, Indiana, Charles Arvid Lindgren of Hendricks County, Indiana (state), and Laura Ann Harrold of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 23, 2002. Signed by: Rev. John Ranbarger, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on August 7, 2002 (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 66
Page 464
7-24-02
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 7-12-02
Name of Physician Stephen Krieger

MALE APPLICANT

Name: First Toby Middle Lee Last Lewis
Date of Birth: Month 10 Day 15 Year 71
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 6597 Judson Dr. City Plainfield County Hend. State In 46168
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 2001
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. Nicholas Edward Lewis, Hannah Marie Lewis
6. (a) Full name of applicant's father Roger Lewis
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Betty J. 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 Toby Lewis Date 7/24/02

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 Toby L. Lewis
New Address SAME
Subscribed and sworn to before me this 24 day of July, 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 Rebecca Middle Denise Last Cox
Date of Birth: Month 10 Day 6 Year 72
Place of Birth (State or foreign country) Kentucky
Residence Address: Street or R.R. 6597 Judson Dr. City Plfd County Hend. State In 46168
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 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. Erikah Lee Cox, Tiffany Paige Cox, Lindsey Jaclyn Cox
6. (a) Full name of applicant's father Floyd D. Lee
   (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 Wanda L. Means
   (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 Rebecca Cox Date 7-24-02

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 Rebecca Cox
New Address SAME
Subscribed and sworn to before me this 24 day of July 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 July 24, 2002, authorizing the marriage of Toby Lee Lewis and Rebecca Denise Cox.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on July 24, 2002 (date), at Danville in Hendricks County, Indiana, Toby Lee Lewis of Hendricks County, Indiana (state), and Rebecca Denise Cox of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 24, 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 July 31, 2002 (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 66
Page 465
7-26-02
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 6-17-02
Name of Physician M. Rebecca Haak

MALE APPLICANT

Name First Richard Middle Scott Last Woodley
Date of Birth Month February Day 12 Year 1953
Place of Birth (State or foreign country) Indiana
Residence Address Street or R.R. 6213 Vigo Dr. City Clayton County Hend. State IN
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [signature] Date 7-26-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 7-26-02
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name First Deborah Middle Ann Last Higgins
Date of Birth Month February Day 18 Year 1955
Place of Birth (State or foreign country) Tennessee
Residence Address Street or R.R. 6213 Vigo Dr. City Clayton County Hend. State IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 4/86
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. N/A
6. (a) Full name of applicant's father William Harry Higgins
   (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 Gloria Ailene Gray
   (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 [signature] Date 7-26-02

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 [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 July 26, 2002, authorizing the marriage of Richard Scott Woodley and Deborah Ann Higgins.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on July 26, 2002 (date), at Danville in Hendricks County, Indiana, Richard Scott Woodley of Hendricks County, Indiana (state), and Deborah Ann Higgins of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 26, 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 July 31, 2002 (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 66
Page 466
7-26-02
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 7-22-02
Name of Physician Ronald Stegmeier MD

MALE APPLICANT

Name: First Charles Middle Robert Last Swisher
Date of Birth: Month 10 Day 11 Year 1970
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. 4537 Connaught E Dr City Plainfield County Hendricks State IN
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Robert Swisher
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) CO
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Martha Louise Moore
   (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 X Charles R Swisher Date 7-26-02

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 X Charles R Swisher
New Address 4537 Connaught E. Dr. Plainfield IN 46168
Subscribed and sworn to before me this 26th day of July, 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 Jamie Middle M Last Swinford
Date of Birth: Month 8 Day 3 Year 1978
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. 7302 S CR 275 E City Clayton, County Hendrick State 46118 Dna
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father James Swinford
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Donna Lee Settles
   (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 X Jamie M Swinford Date 7-26-02

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 X Jamie Swinford
New Address 4537 Connaught E Dr Plainfield IN 46168
Subscribed and sworn to before me this 26th day of July, 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 July 26, 2002, authorizing the marriage of Charles Robert Swisher and Jamie Marie Swinford.
I further certify that the following marriage certificate was filed in my office: I, Rev. Kenneth D. Wells (name), certify that on August 10, 2002 (date), at Avon in Hendricks County, Indiana, Charles Robert Swisher of Hendricks County, Indiana (state), and Jamie Marie Swinford of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 26, 2002 Signed by: Rev. Kenneth D. Wells, Elder (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on August 15, 2002 (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 66
Page 467
7.26.02
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 7.26.02
Name of Physician Dr. David Gladley

MALE APPLICANT

Name: First Bobbie Middle Earl Last Tacker II
Date of Birth: Month 10 Day 13 Year 75
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 18 E. Silden Dr. City Brownsburg County Hendricks State IN
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Bobbie Tacker II Date 7/26/02

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 Bobbie Tacker II
New Address 209 Sycamore
Subscribed and sworn to before me this 26th day of July 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 Abigail Middle Christine Last Foist
Date of Birth: Month 12 Day 14 Year 82
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 209 Sycamore St. Apt. 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 License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Abigail Foist Date 7-26-02

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 Abigail Foist
New Address Same as above
Subscribed and sworn to before me this 26th day of July 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 July 26, 2002, authorizing the marriage of Bobbe Earl Tacker II and Abigail Christine Foist.
I further certify that the following marriage certificate was filed in my office: I, Rev. Dennis L. Dodson (name), certify that on August 10, 2002 (date), at Brownsburg in Hendricks County, Indiana, Bobbe Earl Tacker II of Hendricks County, Indiana (state), and Abigail Christine Foist of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 26, 2002. Signed by: Rev. Dennis L. Dodson, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on August 15, 2002 (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 66
Page 468
7-29-02
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 W. Last Shaw
Date of Birth: Month 1 Day 21 Year 57
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 538 E. Edgewood Dr. City Danville County Hend. State In. 46122
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date 1998
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Driver's License

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

FEMALE APPLICANT

Name: First Eunice Middle Lynn Last Sisk
Date of Birth: Month 10 Day 25 Year 46
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 538 E. Edgewood Dr. 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 Morrison Sisk
   (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 Sarah Florence Parker
   (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 Michael Shaw Date 7/29/02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Shaw
✗ New Address Same
Subscribed and sworn to before me this 29 day of July, 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 Eunice Lynn Sisk Date 7/29/2002

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 Eunice Lynn Sisk
✗ New Address same
Subscribed and sworn to before me this 29 day of July, 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 July 29, 2002, authorizing the marriage of Michael Wayne Shaw and Eunice Lynn Sisk.
I further certify that the following marriage certificate was filed in my office: I, Stephen White (name), certify that on September 7, 2002 (date), at Plainfield in Hendricks County, Indiana, Michael Wayne Shaw of Hendricks County, Indiana (state), and Eunice Lynn Sisk of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 29, 2002. Signed by: Stephen White, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on September 11, 2002 (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 66
Page 469
7-29-02
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 7-16-02
Name of Physician Health Basics

MALE APPLICANT

Name: First John Middle Lee Last Cripe
Date of Birth: Month 10 Day 29 Year 78
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 314 Short Street City Plainfield County Hend. St. IN 46168
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Patrick Cripe
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Linda Lee Mosher
   (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 Sarah Middle Ann Last Young
Date of Birth: Month 11 Day 27 Year 78
Place of Birth (State or foreign country) Kentucky
Residence Address: Street or R.R. 314 Short Street City Plainfield County Hend. St. IN 46168
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Charles Thomas Young
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Ky
   Birthplace of father (State or foreign country) Kentucky
   (b) Full maiden name of applicant's mother Nancy Jo Albrecht
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Pa
   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 7-29-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 29 day of July 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 Sarah Ann Young Date 7-29-02

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

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
X Signed Sarah Ann Young
X New Address same
Subscribed and sworn to before me this 29 day of July 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 July 29, 2002, authorizing the marriage of John Lee Cripe and Sarah Ann Young.
I further certify that the following marriage certificate was filed in my office: I, Rev. Daniel W. Sutherin (name), certify that on September 7, 2002 (date), at Eagle Creek Park in Hendricks County, Indiana, John Lee Cripe of Hendricks County, Indiana (state), and Sarah Ann Young of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 29, 2002. Signed by: Rev. Daniel W. Sutherin, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on September 11, 2002 (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 66
Page 470
7-29-02
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 5-3-02
Name of Physician Robert Deaton

MALE APPLICANT

Name First Christian Middle William Last Fravel
Date of Birth Month December Day 11 Year 1970
Place of Birth (State or foreign country) Indiana
Residence Address Street or R.R. 175 Bent Stream Ln City Brownsburg County Hend. State IN
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date N/A
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Wayne Fravel
6. (a) Full name of applicant's father Roger Michael Fravel
   (If adopted, list adoptive parents only)
   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 Carrol Roberts
   (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 Christian W. Fravel Date 7-29-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Christian W. Fravel
New Address Same
Subscribed and sworn to before me this 29th day of July 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 Samantha Middle Lynn Last White
Date of Birth Month April Day 6 Year 1974
Place of Birth (State or foreign country) Indiana
Residence Address Street or R.R. 175 Bent Stream Ln. City Brownsburg County Hend. State IN
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date N/A
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Samantha L White Date 7-29-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Samantha L. White
New Address Same
Subscribed and sworn to before me this 29th day of July 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 July 29, 2002, authorizing the marriage of Christian William Fravel and Samantha Lynn White.
I further certify that the following marriage certificate was filed in my office: I, David Bock (name), certify that on August 24, 2002 (date), at Brownsburg in Hendricks County, Indiana, Christian William Fravel of Hendricks County, Indiana (state), and Samantha Lynn White of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 29, 2002. Signed by: David Bock, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on September 10, 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 66
Page 471
7-29-02
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 7-26-02
Name of Physician Acorn Clinic

MALE APPLICANT

Name: First Jason Middle Aaron Last Buchanan

Date of Birth: Month 9 Day 17 Year 74

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 2117 Crown Plaza Blvd 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 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. Jacqueline Buchanan, Jack Buchanan
6. (a) Full name of applicant's father Neil C. Buchanan
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Canada
   (b) Full maiden name of applicant's mother Tamara Sue Brown
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Ohio

ACKNOWLEDGEMENT

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

X Signature of Applicant [signature] Date 07/29/02

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

Clerk of 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 29 day of July, 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 Claudia Middle Cecilia Last Rodriguez

Date of Birth: Month 2 Day 9 Year 65

Place of Birth (State or foreign country) Guatemala

Residence Address: Street or R.R. 2117 Crown Plaza Blvd 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 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. Carysone Cecilia Rodriguez, Francisco Rodriguez
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 Mirna Orozco
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Massachusetts
   Birthplace of mother (State or foreign country) Guatemala City

ACKNOWLEDGEMENT

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

X Signature of Applicant Claudia Rodriguez Date 7-29-02

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

Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)

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

X Signed Claudia Rodriguez
X New Address Same

Subscribed and sworn to before me this 29 day of July, 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 July 29, 2002, authorizing the marriage of Jason Aaron Buchanan and Claudia Cecilia Rodriguez.

I further certify that the following marriage certificate was filed in my office: I, Rev. Buddy Baird (name), certify that on August 3, 2002 (date), at Broad Ripple in Marion County, Indiana, Jason Aaron Buchanan of Hendricks County, Indiana (state), and Claudia Cecilia Rodriguez of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 29, 2002 Signed by: Rev. Buddy Baird, Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on August 12, 2002 (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 66
Page 472
7-29-02
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 7-23-02
Name of Physician American Health Network

MALE APPLICANT

Name: First Stevan Middle James Last Oprisu
Date of Birth: Month 6 Day 21 Year 72
Place of Birth (State or foreign country) New York
Residence Address: Street or R.R. 4978 Ohio Street City Clayton County Hend. St. Ind. 46118
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1997
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

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

ACKNOWLEDGEMENT

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

✗Signature of Applicant [signature] Date 7-29-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 29 day of July, 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 Katrina Middle Eileen Last Eytcheson
Date of Birth: Month 3 Day 28 Year 71
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 4978 Ohio Street City Clayton County Hend. St. Ind. 46118
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1997
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Brook, Mikael Eytcheson
6. (a) Full name of applicant's father Robert L. Duncan
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Freida M. 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 Katrina Eytcheson Date 7-29-02

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

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
✗Signed Katrina Eytcheson
✗New Address same
Subscribed and sworn to before me this 29 day of July, 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 July 29, 2002, authorizing the marriage of Stevan James Oprisu and Katrina Eileen Eytcheson.
I further certify that the following marriage certificate was filed in my office: I, Jimmy Johnson (name), certify that on August 31, 2002 (date), at Plainfield in Hendricks County, Indiana, Stevan James Oprisu of Hendricks County, Indiana (state), and Katrina Eileen Eytcheson of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 29, 2002. Signed by: Jimmy Johnson, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on September 18, 2002 (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 66
Page 473
7-30-02
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 7-29-02
Name of Physician Jeffrey M. Blake M.D.

MALE APPLICANT

Name: First Harold Middle Lee Last Schuyler
Date of Birth: Month 12 Day 24 Year 73
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 535 Murphy Lane 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 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 Harold D. Schuyler
   (If adopted, list adoptive parents only)
   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 J. Cox
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
X Signature of Applicant Harold Lee Schuyler Date 7-30-02

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 Harold Lee Schuyler
X New Address Same
Subscribed and sworn to before me this 30 day of July 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 Shelly Middle René Last Phillips
Date of Birth: Month 2 Day 8 Year 73
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 535 Murphy Lane City Brownsburg County Hend State IN 46112
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1998
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
X Signature of Applicant Shelly René Phillips Date 7-30-02

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 Shelly René Phillips
X New Address Same
Subscribed and sworn to before me this 30 day of July 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 July 30, 2002, authorizing the marriage of Harold Lee Schuyler and Shelly Rene' Phillips.
I further certify that the following marriage certificate was filed in my office: I, Rev. Jack L. Stout (name), certify that on August 3, 2002 (date), at Ingalls in Madison County, Indiana, Harold Lee Schuyler of Hendricks County, Indiana (state), and Shelly Rene' 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 July 30, 2002. Signed by: Rev. Jack L. Stout, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on August 6, 2002 (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 66
Page 474
Date of Application 7-30-02

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

Female Applicant > 50 No ☐ Yes ☐
If No, Medical Examination or Report Dated 7-23-02
Name of Physician David Shelley MD

MALE APPLICANT

Name: First James Middle F Last O'Brien
Date of Birth: Month 2 Day 26 Year 1974
Place of Birth (State or foreign country) West Germany
Residence Address: Street or R.R. 485 Prentiss Way City Avon County Hendricks State IN 46123
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 J. O'Brien
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) IN
   Birthplace of father (State or foreign country) NY
   (b) Full maiden name of applicant's mother Shaila Sutherlan
   (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 X [signature] Date 7-30-02

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 X [signature]
New Address X 485 Prentiss Way Avon In. 46123
Subscribed and sworn to before me this 30 day of July, 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 Kellermeyer
Date of Birth: Month 4 Day 6 Year 1978
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. 485 Prentiss Way City Avon County Hendricks State IN 46123
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Olivia, Abigail, Ethan Kellermeyer
6. (a) Full name of applicant's father Steve Kellermeyer
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Diana J Richardson
   (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 X [signature] Date 7-30-02

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 X [signature]
New Address X 485 Prentiss Way Avon In 46123
Subscribed and sworn to before me this 30 day of July, 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 July 30, 2002, authorizing the marriage of James F. O'Brien and Rachel A. Kellermeyer.
I further certify that the following marriage certificate was filed in my office: I, Rev. Lloyd D. Baugues (name), certify that on August 30, 2002 (date), at Indianapolis in Marion County, Indiana, James F. O'Brien of Hendricks County, Indiana (state), and Rachel A. Kellermeyer of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 30, 2002. Signed by: Rev. Lloyd D. Baugues, Elder (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on September 10, 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 66
Page 475
7-30-02
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 Bert Middle Lindley Last Moore

Date of Birth: Month 7 Day 9 Year 43

Place of Birth (State or foreign country) Iowa

Residence Address: Street or R.R. 2514 Willow Rd. NE City Fargo County Cass State ND 58102

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 William Dreus Moore
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) Iowa
   Birthplace of father (State or foreign country) Iowa
   (b) Full maiden name of applicant's mother Grace Harriett Hanson
   (If adopted, list adoptive parents only) _____
   Residence of mother (if deceased, so state) Iowa
   Birthplace of mother (State or foreign country) Wyoming

ACKNOWLEDGEMENT

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

X Signature of Applicant Bert L Moore Date 07/30/02

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 Bert L Moore
X New Address 2514 Willow Rd NE, Fargo, ND 58102
Subscribed and sworn to before me this 30 day of July 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 Mildred Middle Elizabeth Last Brown

Date of Birth: Month 2 Day 18 Year 44

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 4726 S. 600 E. City Plainfield County Hend State In 46168

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

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

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. _____
6. (a) Full name of applicant's father Edward Thomas Strickland 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 Irene Pickett
   (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 Mildred E Brown Date 7-30-02

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 Mildred E Brown
X New Address 2514 Willow Rd NE Fargo ND 58102
Subscribed and sworn to before me this 30 day of July 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 July 30, 2002, authorizing the marriage of Bert Lindley Moore and Mildred Elizabeth Brown.
I further certify that the following marriage certificate was filed in my office: I, Mark A. Tope (name), certify that on August 3, 2002 (date), at Plainfield in Hendricks County, Indiana, Bert Lindley Moore of Cass County, North Dakota (state), and Mildred Elizabeth 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 July 30, 2002. Signed by: Mark A. Tope, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on August 21, 2002 (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 66
Page 476
7-30-02
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 7-30-02
Name of Physician Lon Johnston M.D.

MALE APPLICANT	FEMALE APPLICANT
Name First: Robert Middle: Andrew Last: McLain	Name First: Shannan Middle: Michelle Last: Hensley
Date of Birth Month: 7 Day: 20 Year: 75	Date of Birth Month: 3 Day: 5 Year: 78
Place of Birth (State or foreign country): Indiana	Place of Birth (State or foreign country): Indiana
Residence Address Street or R.R.: 2219 Teal Quail Dr. City: Indpls County: Hend. State: In. 46234	Residence Address Street or R.R.: 2219 Teal Quail Dr. City: Indpls County: Hend. State: In 46234
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages:	Previous Marital Status: Never Married ☐ OR No. of Previous Marriages: 1
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date:	Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date: 2001
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. Lauryn Kristine Hensley, Larry George Hensley III
6. (a) Full name of applicant's father Robert Joseph McLain	6. (a) Full name of applicant's father Jack L. Gleaves
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Kentucky	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 Cynthia Louise Tompos	(b) Full maiden name of applicant's mother Kathy C. Williams
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Kentucky	Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana	Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 30 July 02

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

Clerk 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 30 day of July 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 Shannan Hensley Date 7-30-02

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 Shannan Hensley
✗ New Address same as above

Subscribed and sworn to before me this 30 day of July 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 July 30, 2002, authorizing the marriage of Robert Andrew McLain and Shannan Michelle Hensley.

I further certify that the following marriage certificate was filed in my office: I, Rev. Daniel J. Staublin (name), certify that on August 17, 2002 (date), at Brownsburg in Hendricks County, Indiana, Robert Andrew McLain of Hendricks County, Indiana (state), and Shannan Michelle Hensley of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 30, 2002. Signed by: Rev. Daniel J. Staublin, Priest (official designation) Filed and recorded in accordance with the laws of the State of Indiana on August 28, 2002 (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 66
Page 477
~~3~~ 7-31-02
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 ☐ 3-26-02
If No, Medical Examination or Report Dated
Name of Physician Dr. Sund

MALE APPLICANT	FEMALE APPLICANT
Name: First Robert, Middle William, Last Kidd	Name: First Amanda, Middle Lee, Last Richards
Date of Birth: Month 3, Day 27, Year 79	Date of Birth: Month 4, Day 1, Year 82
Place of Birth (State or foreign country): Indiana	Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 6177 Vigo Dr., City Clayton, County Hendricks, State IN	Residence Address: Street or R.R. 6177 Vigo Dr., City Clayton, 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 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. Gabriyel Kidd, Daimhan Kidd	5. List the full names of any dependent children. Daimhan Kidd
6. (a) Full name of applicant's father Roy Earl Kidd	6. (a) Full name of applicant's father Stevan Ray Richards
(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 Janet Lynn Riches	(b) Full maiden name of applicant's mother Patricia Ann Foster
(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) 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 Robert Kidd Date 7/31/02

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 Robert Kidd
New Address same as above

Subscribed and sworn to before me this _____ 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 _____ ID # _____

Subscribed and sworn to before me this _____ day of _____

_____ Clerk

ACKNOWLEDGEMENT

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

Signature of Applicant Amanda Richards Date 7/31/02

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 Amanda Richards
New Address same as above

Subscribed and sworn to before me this _____ 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 _____ ID # _____

Subscribed and sworn to before me this _____ day of _____

_____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 31, 2002, authorizing the marriage of Robert William Kidd and Amanda Lee Richards.

I further certify that the following marriage certificate was filed in my office: I, Teresa G. Barrett (name), certify that on August 17, 2002 (date), at Clayton in Hendricks County, Indiana, Robert William Kidd of Hendricks County, Indiana (state), and Amanda Lee Richards of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 31, 2002. Signed by: Teresa G. Barrett, Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on September 4, 2002 (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 66
Page 478
7-31
Date of Application

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

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

MALE APPLICANT

Name: First Marion Middle Lawson Last Mitchell

Date of Birth: Month 5 Day 31 Year 39

Place of Birth (State or foreign country): Indiana

Residence Address: Street or R.R. 4965-10 Potomac Square Way City Indpls County Marion State In. 46228

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 female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 Lee Mitchell Sr
   (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 Wilma Harvey
   (If adopted, list adoptive parents only) _____
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
X Signature of Applicant Marion L Mitchell Date 7/31/02

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 Marion L Mitchell
X New Address 4965-10 POTOMAC SQ WAY
Subscribed and sworn to before me this 31 day of July 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 Carole Middle Ann Last Mitchell

Date of Birth: Month 7 Day 7 Year 42

Place of Birth (State or foreign country): Indiana

Residence Address: Street or R.R. 10719 Cardinal Circle City Indpls County Hend. State In. 46231

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

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 2001

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. _____
6. (a) Full name of applicant's father Harlan G. Mitchell
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Ruby M. Byers
   (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 Carole A Mitchell Date 7-31-02

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 Carole A Mitchell
X New Address SAME
Subscribed and sworn to before me this 31 day of July 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 July 31, 2002, authorizing the marriage of Marion Lawson Mitchell and Carole Ann Mitchell.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on July 31, 2002 (date), at Danville in Hendricks County, Indiana, Marion Lawson Mitchell of Marion County, Indiana (state), and Carole Ann Mitchell of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 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 August 2, 2002 (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 66
Page 479
7-31-02
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 7-25-02
Name of Physician Louis Star

MALE APPLICANT

Name: First Joshua Middle Allen Last Ellis
Date of Birth: Month 9 Day 14 Year 80
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 192 High 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) Driver's License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that 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 Ellis Date 7-31-02

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 Joshua Ellis
X New Address Same
Subscribed and sworn to before me this 31 day of July, 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 Christy Middle Shannon Last Hoover
Date of Birth: Month 1 Day 4 Year 78
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 192 High St. City Danville County Hendricks State 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. Jordan Allen Vest
6. (a) Full name of applicant's father Ronald Scott Hoover
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Peggie Lynn Hardin
   (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 Christy Hoover Date 7-31-02

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 Christy Hoover
X New Address Same
Subscribed and sworn to before me this 31 day of July 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 July 31, 2002, authorizing the marriage of Joshua Allen Ellis and Christy Shannon Hoover.
I further certify that the following marriage certificate was filed in my office: I, Terry Bailey (name), certify that on August 2, 2002 (date), at Indianapolis in Marion County, Indiana, Joshua Allen Ellis of Hendricks County, Indiana (state), and Christy Shannon Hoover of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 31, 2002. Signed by: Terry Bailey, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on August 12, 2002 (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 66
Page 480
8-102
Date of Application

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

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 7-30-02
Name of Physician Amy Roberts

MALE APPLICANT

Name First: Jeremiah Middle: Eugene Last: Thompson
Date of Birth Month: 12 Day: 4 Year: 76
Place of Birth (State or foreign country): Illinois
Residence Address: 7766 E. Co Rd 100S. Street or R.R. Avon City Hend Co. County State 46123
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 2000
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 8/1/02

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 X [signature]
New Address X 7766 E CR 100S Avon, IN 46123
Subscribed and sworn to before me this 1 day of August, 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: Kendra Middle: Marie Last: Roberts
Date of Birth Month: 12 Day: 7 Year: 78
Place of Birth (State or foreign country): Illinois
Residence Address: 7766 E. Co Rd 100S. Street or R.R. Avon City Hend Co. County State 46123
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date _____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X [signature] Date 8/01/02

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 X [signature]
New Address X 7766 E CR 100S Avon, 46123
Subscribed and sworn to before me this 1 day of August, 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 August 1, 2002, authorizing the marriage of Jeremiah Eugene Thompson and Kendra Marie Roberts.
I further certify that the following marriage certificate was filed in my office: I, Levi C. Williams (name), certify that on August 3, 2002 (date), at Zionsville in Boone County, Indiana, Jeremiah Eugene Thompson of Hendricks County, Indiana (state), and Kendra Marie 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 Aug. 1, 2002 Signed by: Levi C. Williams, Assoc. Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on August 12, 2002 (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 66
Page 481
8-1-02
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 June 15, 2002
Name of Physician Dr Walker

MALE APPLICANT

Name: First William Middle D Last Humphrey II
Date of Birth: Month 10 Day 25 Year 1977
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. 7206 Andrew Pass City Plainfield County Hendrick 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 William Humphrey
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Suzanne Marie Hunt
   (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 X William D. Humphrey II Date 01 AUG 02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 D. Humphrey II
New Address X 13603 Marina Pointe A516 Marina del Rey, CA 90292
Subscribed and sworn to before me this 1 day of Aug 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 Brooke Last Harvey
Date of Birth: Month 1 Day 26 Year 1979
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. 13603 Marina Pointe Dr City Marina Del Rey County CA State 90292
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 X Jennifer Harvey Date 8-1-02

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed X Jennifer Harvey
New Address X 13603 Marina Pt Dr. A-506
Subscribed and sworn to before me this 1 day of Aug 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 August 1, 2002, authorizing the marriage of William D. Humphrey II and Jennifer Brooke Harvey.
I further certify that the following marriage certificate was filed in my office: I, R. Craig Tucker (name), certify that on August 3, 2002 (date), at Plainfield in Hendricks County, Indiana, William D. Humphrey II of Los Angeles County, California (state), and Jennifer Brooke Harvey of Los Angeles County, California (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Aug. 1, 2002. Signed by: R. Craig Tucker, Assoc. Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on August 12, 2002 (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 66
Page 482
7-31-02
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 7-29-02
Name of Physician Mid America Clinical Lab.

MALE APPLICANT

Name: First Philip Middle John Last Zeunik
Date of Birth: Month April Day 27 Year 1979
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 2638 E. CR 900N. City Pittsboro County Hend. State IN
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date N/A
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Philip Zeunik Date 7/31/02

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 X Philip Zeunik
New Address 9 Lynn Court, Pittsboro, IN 46167
Subscribed and sworn to before me this 31st day of July 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 Lee Last Morgan
Date of Birth: Month July Day 28 Year 1978
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 135 D Sterling Ct. City Pittsboro County Hend. State IN
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date N/A
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Michelle Morgan Date 7/31/02

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 X Michelle Morgan
New Address 9 Lynn Court Pittsboro, IN 46167
Subscribed and sworn to before me this 31st day of July 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 July 31, 2002, authorizing the marriage of Philip John Zeunik and Michelle Lee Morgan.
I further certify that the following marriage certificate was filed in my office: I, Rev. Daniel J. Staublin (name), certify that on August 10, 2002 (date), at Brownsburg in Hendricks County, Indiana, Philip John Zeunik of Hendricks County, Indiana (state), and Michelle Lee 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 July 31, 2002. Signed by: Rev. Daniel J. Staublin, Priest (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on August 21, 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 66
Page 483
8-1-02
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 8-1-02
Name of Physician Dr. Scott

MALE APPLICANT

Name First Timothy Middle Kyle Last Davis
Date of Birth Month 8 Day 12 Year 1981
Place of Birth (State or foreign country) Indiana
Residence Address Street or R.R. 1037 Pinewood Ct S. City Plainfield County Hendricks State IN 46168
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's license

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

ACKNOWLEDGEMENT

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

fSignature of Applicant Timothy Kyle Davis Date 8-1-02

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.
fSigned Timothy Kyle Davis
New Address Same as above
Subscribed and sworn to before me this 1 day of August 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 Eilene Last Kraning
Date of Birth Month 6 Day 20 Year 1979
Place of Birth (State or foreign country) Indiana
Residence Address Street or R.R. 1037 Pinewood Ct. S. City Plainfield County Hendricks State IN 46168
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

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

ACKNOWLEDGEMENT

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

fSignature of Applicant Monica E Kraning Date 8-1-02

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.
fSigned Monica E Kraning
New Address same as above
Subscribed and sworn to before me this 1 day of August 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 August 1, 2002, authorizing the marriage of Timothy Kyle Davis and Monica Eilene Kraning.
I further certify that the following marriage certificate was filed in my office: I, Erik L. Spencer (name), certify that on August 24, 2002 (date), at Greenwood in Johnson County, Indiana, Timothy Kyle Davis of Hendricks County, Indiana (state), and Monica Eilene Kraning of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August 1, 2002. Signed by: Erik L. Spencer, Assoc. Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on September 4, 2002 (date).

Signed Sharon Dugan 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 66
Page 484
8-1-02
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 7-19-02
Name of Physician Dr. Carr

MALE APPLICANT

Name First: Michael Middle: O Last: EFFNER
Date of Birth Month: 8 Day: 18 Year: 1975
Place of Birth (State or foreign country): IN
Residence Address Street or R.R.: 269 Oxmoor Way Apt A City: Avon County: Hendrick 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 Robert O. Effner
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Marjorie L. Morgan
   (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 X Michael O Effner Date 8/1/2

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.
Signed X Michael O Effner
New Address X 269 Oxmoor Way Apt A Avon, IN 46123
Subscribed and sworn to before me this 1 day of August 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: K Last: Sullivan
Date of Birth Month: 1 Day: 23 Year: 1975
Place of Birth (State or foreign country): IN
Residence Address Street or R.R.: 269 Oxmoor Way Apt A City: Avon. County: Hendricks State: IN. 46123
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Erin Sullivan Date 8-1-02

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 X Erin Sullivan
New Address X 269 Oxmoor Way Apt A Avon IN 46123
Subscribed and sworn to before me this 1 day of August, 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 August 1, 2002, authorizing the marriage of Michael o. Effner and Erin Kay Sullivan.
I further certify that the following marriage certificate was filed in my office: I, Roger D. Webb (name), certify that on August 17, 2002 (date), at Greenwood in Johnson County, Indiana, Michael O. Effner of Hendricks County, Indiana (state), and Erin Kay 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 August 1, 2002. Signed by: Roger D. Webb, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on August 21, 2002 (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 66
Page 485
8-1-02
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 7-25-02
Name of Physician Robin Eddie

MALE APPLICANT

Name: First Vincent Middle Edward Last Ferguson
Date of Birth: Month 12 Day 5 Year 73
Place of Birth (State or foreign country) Michigan
Residence Address: Street or R.R. 2063 Woodstream Dr. City Avon County Hend St. Indiana 46123
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 J. 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 Kathleen D. Bublitz
   (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 Vincent E Ferguson Date 8-1-02

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 Vincent E. Ferguson
X New Address same
Subscribed and sworn to before me this 1 day of Aug, 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 Anne Last Young
Date of Birth: Month 9 Day 20 Year 68
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 2063 Woodstream Dr. City Avon County Hend St. IN 46123
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 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. Shelby Elizabeth Young
6. (a) Full name of applicant's father Cleo Dallas, 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 Elizabeth A. Denning
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that 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 A Young Date 8-1-02

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 Kimberly A. Young
X New Address SAME
Subscribed and sworn to before me this 1 day of Aug, 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 August 1, 2002, authorizing the marriage of Vincent Edward Ferguson and Kimberly Anne Young.
I further certify that the following marriage certificate was filed in my office: I, Myron Barnard (name), certify that on August 17, 2002 (date), at Indianapolis in Marion County, Indiana, Vincent Edward Ferguson of Hendricks County, Indiana (state), and Kimberly Anne Young of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August 1, 2002. Signed by: Myron Barnard, Judge (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on August 21, 2002 (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 66
Page 486
8-2-02
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 7-13-02
Name of Physician Dr. Willmont

MALE APPLICANT

Name: First Matthew Middle J Last Drzakowski
Date of Birth: Month 5 Day 20 Year 1980
Place of Birth (State or foreign country) MO
Residence Address: Street or R.R. 533 Shiloh Creek Way City Indpls County Marion State IN 46234
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

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

FEMALE APPLICANT

Name: First Jennifer Middle M Last Harris
Date of Birth: Month 11 Day 3 Year 1982
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. 6913 Karyn Dr City Plainfield County Hendricks State IN 46168
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Mark Allen Harris
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Diana Jean Jones
   (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 X [signature] Date 8/2/02

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.
Signed X [signature]
New Address X 888 Millbrook Drive Avon, IN 46123
Subscribed and sworn to before me this 2 day of August, 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 X Jennifer Harris Date 8/02/02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Harris
New Address X 888 Millbrook Drive Avon, IN 46123
Subscribed and sworn to before me this 2 day of August, 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 August 2, 2002, authorizing the marriage of Matthew John Drzakowski and Jennifer Marie Harris.
I further certify that the following marriage certificate was filed in my office: I, Donald Moran (name), certify that on August 10, 2002 (date), at Brownsburg in Hendricks County, Indiana, Matthew John Drzakowski of Hendricks County, Indiana (state), and Jennifer Marie 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 Aug. 2, 2002 Signed by: Donald Moran, Reverend (official designation) Filed and recorded in accordance with the laws of the State of Indiana on August 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 66
Page 487
8-2-02
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 Melvin Middle Russell Last Brannon
Date of Birth: Month 3 Day 20 Year 24
Place of Birth (State or foreign country) Tennessee
Residence Address: Street or R.R. 638 Spruce St. City Plainfield County Hend. St. IN 46168
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 3
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1976
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Discharge Papers

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Ike Brannon
   (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 Stella Finch
   (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 Melvin Brannon Date 8-2-02

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 Melvin Brannon
X New Address Same
Subscribed and sworn to before me this 2 day of Aug. 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 Roxann Middle Mae Last McCallister
Date of Birth: Month 5 Day 7 Year 32
Place of Birth (State or foreign country) Kentucky
Residence Address: Street or R.R. 638 Spruce St. City Plainfield County Hend. St. IN 46168
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 4
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1991
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. _____
6. (a) Full name of applicant's father Alfred L. Williams
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Kentucky
   (b) Full maiden name of applicant's mother Edna N. Callister
   (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 Roxann McCallister Date 8-2-02

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 Roxann McCallister
X New Address Same
Subscribed and sworn to before me this 2 day of Aug. 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 Aug. 2, 2002, authorizing the marriage of Melvin Russell Brannon and Roxann Mae McCallister.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on August 2, 2002 (date), at Danville in Hendricks County, Indiana, Melvin Russell Brannon of Hendricks County, Indiana (state), and Roxann Mae McCallister of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Aug. 2, 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 August 6, 2002 (date).

Sharon Dugan
Signed _____ 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 66
Page 488
8-2-02
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 7-16-02
Name of Physician David L. Tyring M.D.

MALE APPLICANT

Name: First Gregory, Middle Allen, Last Brewer
Date of Birth: Month 7, Day 21, Year 64
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 8809 Lary 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 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. Carrie Rae Brewer
6. (a) Full name of applicant's father James Roland Brewer
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Mattie Jane Sawyer
   (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 Greg Brewer Date 8-2-02

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.
✗Signed Greg Brewer
✗New Address Same
Subscribed and sworn to before me this 2 day of Aug, 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 Mitzi, Middle Darlene, Last Chastain
Date of Birth: Month 8, Day 26, Year 69
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 8809 Lary Drive, City Clayton, County Hend., State In. 46118
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 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. Miranda Nicole Chastain
6. (a) Full name of applicant's father Myron Lindsey
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Hazel Minor
   (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 Mitzi Chastain Date 8-02-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Chastain
✗New Address Same
Subscribed and sworn to before me this 2 day of Aug, 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 Aug. 2, 2002, authorizing the marriage of Gregory Allen Brewer and Mitzi Darlene Chastain.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on August 2, 2002 (date), at Danville in Hendricks County, Indiana, Gregory Allen Brewer of Hendricks County, Indiana (state), and Mitzi Darlene Chastain of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Aug. 2, 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 August 2, 2002 (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 66
Page 489
8-2-02
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 7-29-02
Name of Physician Dr. Clark

MALE APPLICANT

Name: First Eli Middle Nathan Last Hendry
Date of Birth: Month 9 Day 19 Year 1978
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. 4931 W 14th St 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 Michael Reddick
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Debie Sunier
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) IN
   Birthplace of mother (State or foreign country) IN

FEMALE APPLICANT

Name: First Carrie Middle Renee Last Crawford
Date of Birth: Month 12 Day 21 Year 1977
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. 526 Trevor St 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 6-2001
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) School ID

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Mckenzie
6. (a) Full name of applicant's father James Snoddy
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Rita Shortridge
   (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 ☒ Eli Hendry Date 8-2-02

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.
Signed ☒ Eli Hendry
New Address ☒ 526 TREVOR ST. BROWNSBURG, IN 46112
Subscribed and sworn to before me this 2 day of August, 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 ☒ Carrie Crawford Date 8-2-02

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.
Signed ☒ Carrie Crawford
New Address ☒ 526 Trevor St. Brownsburg, IN 46112
Subscribed and sworn to before me this 2 day of August, 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 August 2, 2002, authorizing the marriage of Eli Nathan Hendry and Carrie Renee Crawford.
I further certify that the following marriage certificate was filed in my office: I, Edward Dean Dickinson (name), certify that on September 7, 2002 (date), at Indianapolis in Marion County, Indiana, Eli Nathan Hendry of Marion County, Indiana (state), and Carrie Renee Crawford of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August 2, 2002. Signed by: Edward Dean Dickinson, Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on September 11, 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 66
Page 490
8-5-02
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 7-26-02
Name of Physician Karen Gallagher

MALE APPLICANT

Name: First James Middle Leslie Last Moore
Date of Birth: Month 10 Day 10 Year 79
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1118 Windhaven Circle City Apt. 6 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 David Thomas Moore
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Carmen Belinda 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).
X Signature of Applicant James L. Moore Date 8/5/02

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 L. Moore
X New Address Same
Subscribed and sworn to before me this 5 day of Aug, 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 Priscilla Middle Christine Last Stewart
Date of Birth: Month 12 Day 27 Year 82
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1118 Windhaven Circle City Apt. 6 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 Grant Michael Stewart
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Julie Ann Abart
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
X Signature of Applicant P. Stewart Date 8/5/02

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 P. Stewart
X New Address Same
Subscribed and sworn to before me this 5 day of Aug, 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 Aug. 5, 2002, authorizing the marriage of James Leslie Moore and Priscilla Christine Stewart.
I further certify that the following marriage certificate was filed in my office: I, Richard R. Burdett (name), certify that on August 9, 2002 (date), at Avon in Hendricks County, Indiana, James Leslie Moore of Hendricks County, Indiana (state), and Priscilla Christine Stewart of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Aug 5, 2002. Signed by: Richard R. Burdett, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on August 15, 2002 (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 66
Page 491
8-5-02
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 John Middle Lysander Last Reese
Date of Birth: Month 2 Day 14 Year 34
Place of Birth (State or foreign country) Michigan
Residence Address: Street or R.R. 8027 Middlethian Way City Avon County Marion State In 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) Driver's License

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

ACKNOWLEDGEMENT

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

X Signature of Applicant John L Reese Date 8-5-02

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 John L Reese
X New Address 7271 PLANTATION LN, AVON, IN 46123
Subscribed and sworn to before me this 5 day of Aug, 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 Janice Middle Sue Last Hankins
Date of Birth: Month 3 Day 25 Year 35
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 7271 Plantation Lane 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 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 Wm. Eugene Matthews
   (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 Valerie Marguerite Sommers
   (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 Janice S. Hankins Date 8/5/02

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 Janice S. Hankins
X New Address same
Subscribed and sworn to before me this 5 day of Aug, 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 August 5, 2002, authorizing the marriage of John Lysander Reese and Janice Sue Hankins.
I further certify that the following marriage certificate was filed in my office: I, David L. Powell (name), certify that on September 1, 2002 (date), at Indianapolis in Marion County, Indiana, John Lysander Reese of Marion County, Indiana (state), and Janice Sue Hankins of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August 5, 2002. Signed by: David L. Powell, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on September 4, 2002 (date).

Sharon Dugan
Signed _____ 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 66
Page 492
8-5-02
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 7-15-02
Name of Physician Dr. Kirtley

MALE APPLICANT

Name: First Dennis Middle N Last Strange
Date of Birth: Month 12 Day 27 Year 1948
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. 10179 Buell Dr. ~~Indpls~~ Avon City Hend. Marion County IN State 46234 / 46123
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 4
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 2-2002
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. ~~[illegible]~~
6. (a) Full name of applicant's father
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state)
   Birthplace of father (State or foreign country)
   (b) Full maiden name of applicant's mother
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state)
   Birthplace of mother (State or foreign country)

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Dennis N Strange Date 8-5-02

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 X Dennis N Strange
New Address X 10179 Buell DR. Avon IN 46123
Subscribed and sworn to before me this 5 day of August, 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 Diana Middle L Last Harlow
Date of Birth: Month 5 Day 11 Year 1953
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. 10179 Buell Dr Avon City Hendricks County IN State 46123
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 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 male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state)
   Birthplace of father (State or foreign country)
   (b) Full maiden name of applicant's mother
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state)
   Birthplace of mother (State or foreign country)

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Diana L Harlow Date 8-5-02

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 X Diana L Harlow
New Address X 10179 Buell DR Avon IN 46123
Subscribed and sworn to before me this 5 day of August, 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 August 5, 2002, authorizing the marriage of Dennis Neil Strange and Diana Lynn Harlow.
I further certify that the following marriage certificate was filed in my office: I, Brian L. Correll (name), certify that on August 10, 2002 (date), at Danville in Hendricks County, Indiana, Dennis Neil Strange of Hendricks County, Indiana (state), and Diana Lynn Harlow of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August 5, 2002 Signed by: Brian L. Correll, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on August 23, 2002 (date).

Sharon Dugan
Signed _____ 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 66
Page 493
8-5-02
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 7-23-02
Name of Physician Dr. King

MALE APPLICANT

Name First Berthrum Middle R Last Cooper Jr
Date of Birth Month 7 Day 8 Year 1971
Place of Birth (State or foreign country) NY
Residence Address Street or R.R. 344 Thornburg Parkway City Brownsburg County Hendricks State IN 46112
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 BthRCooper Jr Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 BthRCooper Jr.
New Address X 344 THORNBURG PKWY BROWNSBURG IN 46112
Subscribed and sworn to before me this 5 day of August, 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 Ellen Middle C Last Nylen
Date of Birth Month 6 Day 17 Year 1962
Place of Birth (State or foreign country) Ma
Residence Address Street or R.R. 30 Sterling Pl City Brooklyn County Kings State NY 11217
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

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

ACKNOWLEDGEMENT

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

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Ellen Nylen
New Address X 344 Thornburg Pkwy Brownsburg IN
Subscribed and sworn to before me this 5 day of August, 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 August 5, 2002, authorizing the marriage of Berthrum R. Cooper, Jr. and Ellen C. Nylen.
I further certify that the following marriage certificate was filed in my office: I, Rev. Franklin D. Sablan (name), certify that on August 17, 2002 (date), at Brownsburg in Hendricks County, Indiana, Berthrum R. Cooper, Jr. of Hendricks County, Indiana (state), and Ellen C. Nylen of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August 5, 2002 Signed by: Rev. Franklin D. Sablan, Clergy (official designation) Filed and recorded in accordance with the laws of the State of Indiana on August 23, 2002 (date).

Signed Sharon Dugan 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 66
Page 494
8-6-02
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 7-8-02
Name of Physician Holly Cooper MD

MALE APPLICANT

Name: First James Middle Curtis Last Hill II
Date of Birth: Month 11 Day 19 Year 72
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 3147 Bonham Dr. City Indpls County Marion State In. 46222
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

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

FEMALE APPLICANT

Name: First Lindsey Middle Marie Last Holmes
Date of Birth: Month 12 Day 20 Year 77
Place of Birth (State or foreign country) California
Residence Address: Street or R.R. 1001 Statesman 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.
6. (a) Full name of applicant's father Richard D. Holmes
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Janice M. Snowball
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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. Hill II Date 8-6-02

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 James C. Hill II
New Address 3147 BONHAM DR INDPLS, IN 46222
Subscribed and sworn to before me this 6 day of August, 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 Lindsey M. Holmes Date 8/6/02

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 Lindsey M. Holmes
New Address 3147 Bonham Drive, Indianapolis 46222
Subscribed and sworn to before me this 6 day of August, 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 August 6, 2002, authorizing the marriage of James Curtis Hill, II and Lindsey Marie Holmes.
I further certify that the following marriage certificate was filed in my office: I, David Bourne (name), certify that on September 28, 2002 (date), at Whitestown in Boone County, Indiana, James Curtis Hill, II of Marion County, Indiana (state), and Lindsey Marie Holmes of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August 6, 2002. Signed by: David Bourne, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 9, 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 66
Page 495
8-6-02
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 8-6-02
Name of Physician Sterling Clinic

MALE APPLICANT

Name First Joey Middle Coloma Last Angus
Date of Birth Month October Day 26 Year 1961
Place of Birth (State or foreign country) Manila - Philippines
Residence Address 271 Douglas Dr. Apt. 131 Street or R.R. Oceanside City San Diego County CA State
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 7/96
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) California Drivers License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [signature] Date 8.6.02

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]
New Address 271 DOUGLAS DR, #131, OCEANSIDE, CA 92054
Subscribed and sworn to before me this 6th day of August 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 Vernola Middle Edna Last Collins
Date of Birth Month January Day 14 Year 1958
Place of Birth (State or foreign country) Indiana
Residence Address 1125 Parkside Ct. E Street or R.R. Plainfield City Hend. County IN State
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date N/A
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) 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. N/A
6. (a) Full name of applicant's father Vernes Efford Collins
   (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 Lola Mae Glenn
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Arizona
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [signature] Date 8/6/02

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] 8/6/02
New Address STATE
Subscribed and sworn to before me this 6th day of August 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 August 6, 2002, authorizing the marriage of Joey Coloma Angus and Vernola Edna Collins.
I further certify that the following marriage certificate was filed in my office: I, Athol B. Packer (name), certify that on August 6, 2002 (date), at Evansville in Vanderburgh County, Indiana, Joey Coloma Angus of San Diego County, California (state), and Vernola Edna Collins of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Aug. 6, 2002. Signed by: Athol B. Packer, Elder (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on August 12, 2002 (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 66
Page 494
8-6-02
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 8-6-02
Name of Physician Dr. Harris

MALE APPLICANT

Name First: Seth Middle: Robert Last: Wilson
Date of Birth Month: 2 Day: 20 Year: 1980
Place of Birth (State or foreign country): Indiana
Residence Address Street or R.R.: 69727 U.S. 33 City: Millersburg County: Elkhart State: IN 46543
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. ____
6. (a) Full name of applicant's father Robert D Wilson
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) New Jersey
   (b) Full maiden name of applicant's mother Debra 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 Seth R. Wilson Date 8/6/02

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 Seth R. Wilson
New Address ____
Subscribed and sworn to before me this 6 day of August 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: Autumn Middle: Renee Last: Black
Date of Birth Month: 11 Day: 27 Year: 1980
Place of Birth (State or foreign country): Indiana
Residence Address Street or R.R.: 2 Mark Manor 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 Gregory W - Black
   (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 Virginia Crago
   (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 Autumn R Black Date 8/6/02

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 Autumn R Black
New Address 2 Mark Manor, Danville, IN 46122
Subscribed and sworn to before me this 6 day of August 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 August 6, 2002, authorizing the marriage of Seth Robert Wilson and Autumn Renee Black.
I further certify that the following marriage certificate was filed in my office: I, Douglas A. Litsey (name), certify that on August 10, 2002 (date), at Avon in Hendricks County, Indiana, Seth Robert Wilson of Elkhart County, Indiana (state), and Autumn Renee Black of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Aug. 6, 2002. Signed by: Douglas A. Litsey, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on August 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 66
Page 497
8-7-02
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 8-7-02
Name of Physician J. Williams

MALE APPLICANT

Name: First Jason Middle Michael Last Maloy
Date of Birth: Month 8 Day 23 Year 77
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 110 Carters Ave City Plainfield County Hend. State In. 46168
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) State ID Card

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Jamie Maloy
6. (a) Full name of applicant's father Joseph Curtis Maloy
   (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 Sherri Lee Bloomfield
   (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 Kay Middle Lynn Last Goodman
Date of Birth: Month 1 Day 10 Year 71
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 110 Carters Ave 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 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 Shelby Lynn Goodman, Kristian Michael Goodman
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 Drina Lucille McKee
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Ohio

ACKNOWLEDGEMENT

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

✗ Signature of Applicant Jason M. Maloy Date 8-7-02

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 Jason M. Maloy
✗ New Address SAME
Subscribed and sworn to before me this 7 day of August, 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 Kay Goodman Date 8-7-02

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 Kay Goodman
✗ New Address SAME
Subscribed and sworn to before me this 7 day of August, 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 August 7, 2002, authorizing the marriage of Jason Michael Maloy and Kay Lynn Goodman.
I further certify that the following marriage certificate was filed in my office: I, Don Burch (name), certify that on August 9, 2002 (date), at Plainfield in Hendricks County, Indiana, Jason Michael Maloy of Hendricks County, Indiana (state), and Kay Lynn Goodman of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August 7, 2002 Signed by: Don Burch, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on August 13, 2002 (date).

Signed Sharon Dugan 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 66
Page 498
8-8-02
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 7-9-02
Name of Physician Karen D. Johns MD

MALE APPLICANT	FEMALE APPLICANT
Name: First Jared Middle Christopher Last Kohn	Name: First Jessica Middle Ann Last Crum
Date of Birth: Month 8 Day 21 Year 76	Date of Birth: Month 4 Day 21 Year 79
Place of Birth (State or foreign country) Michigan	Place of Birth (State or foreign country) Illinois
Residence Address: Street or R.R. 1447 Hidden Valley Dr Apt 2 City Grand Rapids County Kent State MI 49508	Residence Address: Street or R.R. 5320 Hill Valley Dr. City Pittsboro County Hend. State In. 46167
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) Michigan 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 Roger Dean Kohn	6. (a) Full name of applicant's father Bruce Edward Crum
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Michigan	Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Michigan	Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Valerie Ann Schell	(b) Full maiden name of applicant's mother Rosa JoAnn Wilson
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Michigan	Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) 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 J C K Date 8/8/02

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 J C K
X New Address 5320 Hill Valley Dr. Pittsboro, IN 46167

Subscribed and sworn to before me this 8 day of August, 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 Jessica A. Crum Date 8-8-02

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 Jessica A. Crum
X New Address same as above

Subscribed and sworn to before me this 8 day of August, 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 August 8, 2002, authorizing the marriage of Jared Christopher Kohn and Jessica Ann Crum.

I further certify that the following marriage certificate was filed in my office: I, Donald Moran (name), certify that on August 10, 2002 (date), at Brownsburg in Hendricks County, Indiana, Jared Christopher Kohn of Kent County, Michigan (state), and Jessica Ann Crum of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Aug. 8, 2002. Signed by: Donald Moran, Reverend (official designation) Filed and recorded in accordance with the laws of the State of Indiana on August 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 66
Page 499
8-7-02
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 ☐ 8-1-02
If No, Medical Examination or Report Dated
Name of Physician Dr. Kirtley

MALE APPLICANT

Name: First Bruce Middle Randall Last Bowman
Date of Birth: Month 10 Day 10 Year 67
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. 3705 Prairie View Cir 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 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 John W Bowman Sr
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Joyce A. Austin
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) IN
   Birthplace of mother (State or foreign country) Mass

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Bruce R Bowman Date 8-7-02

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 X Bruce R Bowman
New Address X Same as above
Subscribed and sworn to before me this 8 day of August, 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 N Last Meier
Date of Birth: Month 7 Day 17 Year 1967
Place of Birth (State or foreign country) Nuremburg Germany
Residence Address: Street or R.R. 6372 Robert Lee City Fairfield, Butler County State OH 45014
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 4-2002
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. Chelsea Danielle Meier, Sarah Lindsey Meier
6. (a) Full name of applicant's father Billy Pridemore
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) TX
   Birthplace of father (State or foreign country) VA
   (b) Full maiden name of applicant's mother Jacqueline Sue Peters
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) TX
   Birthplace of mother (State or foreign country) TX

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Patricia N. Meier Date 8/7/02

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 X Patricia N. Meier
New Address X 3705 E Prairie View Cir Danville IN 46122
Subscribed and sworn to before me this 8 day of August, 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 August 8, 2002, authorizing the marriage of Bruce Randall Bowman and Patricia N. Meier.
I further certify that the following marriage certificate was filed in my office: I, /s/ Jonthan Lilly (name), certify that on August 15, 2002 (date), at Avon in Hendricks County, Indiana, Bruce Randall Bowman of Hendricks County, Indiana (state), and Patricia N. Meier of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August 8, 2002. Signed by: /s/ Jonathan Lilly, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on August 30, 2002 (date).

Signed Sharon Dugan 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 66
Page 500
8-8-02
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 8-5-02
Name of Physician Nicholas M. Brison MD

MALE APPLICANT

Name: First Joseph Middle Alan Last Coram
Date of Birth: Month 9 Day 11 Year 78
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 166 Capitol Dr. apt A 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) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Brayden Riley Coran
6. (a) Full name of applicant's father Robert Lafe Coram
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Krista Lynn Cook
   (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 Erin Middle Lindsay Last Roehling
Date of Birth: Month 6 Day 28 Year 79
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 166 Capitol Dr. apt A 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) Driver's License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
✗ Signature of Applicant Joseph A Coram Date 8/8/02

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 Joseph A Coram
✗ New Address SAME AS ABOVE
Subscribed and sworn to before me this 8 day of August, 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 Erin Roehling Date 8-8-02

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 Erin Roehling
✗ New Address 1166 Capitol Drive Apt A Avon, IN 46123
Subscribed and sworn to before me this 8 day of August, 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 August 8, 2002, authorizing the marriage of Joseph Alan Coram and Erin Lindsay Roehling.
I further certify that the following marriage certificate was filed in my office: I, Rev. Myles H. Smith (name), certify that on August 10, 2002 (date), at Indianapolis in Marion County, Indiana, Joseph Alan Coram of Hendricks County, Indiana (state), and Erin Lindsay Roehling of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Aug 8, 2002. Signed by: Rev. Myles H. Smith, Priest (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on August 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 66
Page 501
8-8-02
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 8-5-02
Name of Physician Mark C. Gentry, MD

MALE APPLICANT

Name: First Dov Middle Lantz Last Bonawitz
Date of Birth: Month 1 Day 30 Year 65
Place of Birth (State or foreign country) Pa
Residence Address: Street or R.R. 4943 Beechwood 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 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 female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 L. Bonawitz
6. (a) Full name of applicant's father Calvin F. Bonawitz
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Tennessee
   Birthplace of father (State or foreign country) Pa
   (b) Full maiden name of applicant's mother Susan Lantz
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) North Carolina
   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 Dov Lantz Bonawitz Date 8-8-02

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 Dov Lantz Bonawitz
X New Address SAME
Subscribed and sworn to before me this 8 day of August, 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 Elizabeth Last Larson
Date of Birth: Month 5 Day 15 Year 67
Place of Birth (State or foreign country) Virginia
Residence Address: Street or R.R. 4943 Beechwood 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) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 L. Bonawitz
6. (a) Full name of applicant's father Charles E. Larson
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Tennessee
   Birthplace of father (State or foreign country) Michigan
   (b) Full maiden name of applicant's mother Margaret M. Waller
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) New Hampshire
   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 Mary E. Larson Date 8/8/02

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 Mary E. Larson
X New Address SAME
Subscribed and sworn to before me this 8 day of August, 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 Aug. 8, 2002, authorizing the marriage of Dov Lantz Bonawitz and Mary Elizabeth Larson.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on August 8, 2002 (date), at Danville in Hendricks County, Indiana, Dov Lantz Bonawitz of Hendricks County, Indiana (state), and Mary Elizabeth Larson of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August 8, 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 August 12, 2002 (date).

Signed Sharon Dugan 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 66
Page 502
8-8-02
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 7-24-02
Name of Physician Britt Graham

MALE APPLICANT

Name: First Jason Middle Alexander Last Lettinga
Date of Birth: Month 6 Day 6 Year 78
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 4615 Tinches Rd. City Indpls County Marion State In. 46221
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

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

ACKNOWLEDGEMENT

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

✗ Signature of Applicant [signature] Date 8-8-02

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 [signature]
✓ New Address 3637 St. Thomas Ln. Apt D Indpls, In 46214
Subscribed and sworn to before me this 8 day of August, 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 Stacy Middle Lynn Last Sherven
Date of Birth: Month 2 Day 23 Year 84
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 10470 Wilson Rd. City Brownsburg County Hend State In. 46112
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Lee Sherven
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Wyoming
   (b) Full maiden name of applicant's mother Kathryn Ann 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 [signature] Date 8-8-02

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 [signature]
✓ New Address 3637 St Thomas Lane Apt D Indpls, In 46214
Subscribed and sworn to before me this 8 day of August, 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 August 8, 2002, authorizing the marriage of Jason Alexander Lettinga and Stacy Lynn Sherven.
I further certify that the following marriage certificate was filed in my office: I, Charles E. Hostetter (name), certify that on August 24, 2002 (date), at Brownsburg in Hendricks County, Indiana, Jason Alexander Lettinga of Marion County, Indiana (state), and Stacy Lynn Sherven of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August 8, 2002 Signed by: Charles E. Hostetter, Brownsburg Town Court Judge (official designation) Filed and recorded in accordance with the laws of the State of Indiana on September 4, 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 66
Page 503
8-8-02
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 7-1-02
Name of Physician Pediatric & Internal Medicine

MALE APPLICANT

Name: First Ryan Middle Samuel Last Schmidt
Date of Birth: Month 10 Day 10 Year 78
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 288 N. Odell St City Brownsburg County Hendricks State IN
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. ____
6. (a) Full name of applicant's father Jay Hilson Schmidt
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Vickie Louise Rice
   (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 Heather Middle Leann Last King
Date of Birth: Month 09 Day 15 Year 78
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 288 N Odell St City Brownsburg County Hendricks State IN
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Ryan Schmidt Date 8-8-02

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 Ryan Schmidt
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 Heather King Date 8/8/02

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 Heather King
New Address same as above
Subscribed and sworn to before me this ____ day of ____
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August 8, 2002, authorizing the marriage of Ryan Samuel Schmidt and Heather LeAnn King.
I further certify that the following marriage certificate was filed in my office: I, Michael L. Manning (name), certify that on August 10, 2002 (date), at Greenfield in Hancock County, Indiana, Ryan Samuel Schmidt of Hendricks County, Indiana (state), and Heather LeAnn King of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Aug. 8, 2002. Signed by: Michael L. Manning, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on August 15, 2002 (date).

Sharon Dugan
Signed ____ 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 66
Page 304
8-8-02
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 7-16-02
Name of Physician Dr. Cooper

MALE APPLICANT	FEMALE APPLICANT
Name: First Jason Middle A Last Wagers	Name: First Stephanie Middle M Last Strong
Date of Birth: Month 12 Day 23 Year 1977	Date of Birth: Month 4 Day 22 Year 1978
Place of Birth (State or foreign country) IN	Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. 6714 E CR 1000N City Brownsburg County Hendricks State IN 46112	Residence Address: Street or R.R. 7315 E CR 900 N 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) 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 Jeffery Jay Wagers	6. (a) Full name of applicant's father Roy Matthew Strong
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) IN	Residence of father (if deceased, so state) IN
Birthplace of father (State or foreign country) IN	Birthplace of father (State or foreign country) IN
(b) Full maiden name of applicant's mother Kimberly Lee Thompson	(b) Full maiden name of applicant's mother Judith Ann Esther Dezmain
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) IN	Residence of mother (if deceased, so state) IN
Birthplace of mother (State or foreign country) 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 Jason Wagers Date 8/8/02

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 Jason Wagers
New Address 7315 E Co Rd 900N
Subscribed and sworn to before me this 8 day of August, 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 Stephanie Strong Date 8/8/02

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 Stephanie Strong
New Address Same
Subscribed and sworn to before me this 8 day of August, 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 August 8, 2002, authorizing the marriage of Jason Allen Wagers and Stephanie Michelle Strong
I further certify that the following marriage certificate was filed in my office: I, Sheila E. Ramsey (name), certify that on September 6, 2002 (date), at Indianapolis in Hendricks County, Indiana, Jason Allen Wagers of Hendricks County, Indiana (state), and Stephanie Michelle Strong of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August 8, 2002. Signed by: Sheila E. Ramsey, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 4, 2002 (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 66
Page 505
August 8, 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 8-5-02
Name of Physician Dr. Marcia Favali

MALE APPLICANT

Name: First Brian Philip Middle Andres Last
Date of Birth: Month 4 Day 30 Year 1973
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 7816 S. County Rd. 200 W City Clayton County Hendricks State IN 46118
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Brian P Andres Date 8/18/2002

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 Brian P Andres
New Address SAME
Subscribed and sworn to before me this 8 day of August
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Jennifer Middle Ann Last Cannon
Date of Birth: Month 6 Day 8 Year 1968
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 7816 S. County Rd 200 W. City Clayton County Hendricks State IN 46118
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 3/00
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Cannon Date 8/8/2002

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 Jennifer Ann Cannon
New Address Same
Subscribed and sworn to before me this 8 day of August
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August 8, 2002, authorizing the marriage of Brian Philip Andres and Jennifer Ann Cannon.
I further certify that the following marriage certificate was filed in my office: I, Lawrence Rech (name), certify that on August 10, 2002 (date), at Terre Haute in Vigo County, Indiana, Brian Philip Andres of Hendricks County, Indiana (state), and Jennifer Ann Cannon of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Aug. 8, 2002. Signed by: Lawrence Rech, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on August 15, 2002 (date).

Signed Sharon Dugan 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 66
Page 506
8-9-02
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 7-11-02
Name of Physician MS King

MALE APPLICANT

Name: First Dave Middle Paul Last Toscano
Date of Birth: Month 3 Day 2 Year 67
Place of Birth (State or foreign country) California
Residence Address: Street or R.R. 1215 Lookout Pass Apt B 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) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Pilar
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) California
   Birthplace of father (State or foreign country) Mexico
   (b) Full maiden name of applicant's mother Elvira M. Toscano
   (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 David P Toscano Date 8/9/02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 P. Toscano
✗ New Address SAME AS ABOVE
Subscribed and sworn to before me this 9 day of Aug, 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 Nicole Middle Danielle Last Doney
Date of Birth: Month 5 Day 29 Year 74
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1215 Lookout Pass Apt B. 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) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Zoe Athena Holland
6. (a) Full name of applicant's father Nicky T. Doney
   (If adopted, list adoptive parents only)
   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 LaylAnn Horscroft
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 D. Doney Date 8-9-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 D Doney
✗ New Address same as above
Subscribed and sworn to before me this 9 day of Aug, 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 Aug. 9, 2002, authorizing the marriage of David Paul Toscano and Nicole Danielle Doney.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on August 9, 2002 (date), at Danville in Hendricks County, Indiana, David Paul Toscano of Hendricks County, Indiana (state), and Nicole Danielle Doney of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Aug. 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 August 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 66
Page 507
8-9-02
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 7-28-02
Name of Physician Sonya A. Elmer MD

MALE APPLICANT

Name: First Michael Middle Bernard Last Bertsch
Date of Birth: Month 9 Day 14 Year 78
Place of Birth (State or foreign country): Ohio
Residence Address: Street or R.R. 107 Red Cloud Trail Apt 1021 City Lafayette County Tippecanoe State In 47905
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify)
Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 Michael Bertsch
   (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 Mona Ellen Luidhardt
   (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 Michael B. Bertsch Date 8-9-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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. Bertsch
X New Address Same
Subscribed and sworn to before me this 9 day of August, 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 Britney Middle Anne Last Follas
Date of Birth: Month 5 Day 11 Year 80
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 9310 N. CoRd 800 E. City B'Burg County Ripley State In 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. ____
6. (a) Full name of applicant's father Evan E. Follas
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Ohio
   (b) Full maiden name of applicant's mother Debra K. Sloop
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Ohio

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
X Signature of Applicant Britney A. Follas Date 8-9-02

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

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
X Signed Britney A. Follas
X New Address 107 Red Cloud Trail Apt. 1021 Lafayette, IN 47905
Subscribed and sworn to before me this 9 day of August, 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 August 9, 2002, authorizing the marriage of Michael Bernard Bertsch and Britney Anne Follas.
I further certify that the following marriage certificate was filed in my office: I, Stephen A. Yeaton (name), certify that on August 10, 2002 (date), at Brownsburg in Hendricks County, Indiana, Michael Bernard Bertsch of Tippecanoe County, Indiana (state), and Britney Anne Follas of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August 9, 2002 Signed by: Stephen A. Yeaton, Preacher (official designation) Filed and recorded in accordance with the laws of the State of Indiana on August 23, 2002 (date).

Sharon Dugan
Signed ____ 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 66
Page 508
August 9, 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 8/7/02
Name of Physician Dr. Virginia Caine

MALE APPLICANT

Name: First Jason Middle Patrick Last Craney
Date of Birth: Month 10 Day 23 Year 1977
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1210 Ridgewood Ct City Plainfield County Hendricks State IN 46168
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. ____
6. (a) Full name of applicant's father Patrick Craney
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Kim Kohlbacher
   (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 Molly Middle Anne Last Williams
Date of Birth: Month 8 Day 13 Year 1978
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1210 Ridgewood Ct. 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 Lawrence R. Williams
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Carole Lee Carstens
   (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 Jason Craney Date 8-9-02

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

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
X Signed Jason Craney
New Address same
Subscribed and sworn to before me this 9 day of August 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 Molly A Williams Date 8/9/02

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

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
X Signed Molly A Williams
New Address same
Subscribed and sworn to before me this 9 day of August 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 August 9, 2002, authorizing the marriage of Jason Patrick Craney and Molly Anne Williams.
I further certify that the following marriage certificate was filed in my office: I, Samuel J. Chizmar (name), certify that on August 31, 2002 (date), at Madison in Jefferson County, Indiana, Jason Patrick Craney of Hendricks County, Indiana (state), and Molly Anne Williams of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August 9, 2002. Signed by: Samuel J. Chizmar, Elder (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on September 4, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

357

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 66
Page 509
9-9-02
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 8-8-02
Name of Physician Dr. Todd

MALE APPLICANT

Name First: Jason Middle: Glenn Last: Burton
Date of Birth Month: 10 Day: 25 Year: 1979
Place of Birth (State or foreign country): IN
Residence Address Street or R.R.: 3233 N CR 575 E City: Danville County: Hendricks State: IN 46122
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify)
Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Burton
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Jewell Walker
   (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 X Jason D. Burton Date 8-9-02

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

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed X Jason D. Burton
New Address X 1130 Windhaven Cir Apt E Brownsburg, IN
Subscribed and sworn to before me this 9 day of August, 2002 46112
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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: Estes
Date of Birth Month: 10 Day: 24 Year: 1981
Place of Birth (State or foreign country): IN
Residence Address Street or R.R.: 5611 Imperial Woods Cir 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 male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Estes
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Tammy Old
   (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 X Melissa Estes Date 8/9/02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Melissa Estes
New Address X 1130 Windhaven Cir. Apt E Brownsburg, IN 46112
Subscribed and sworn to before me this 9 day of August, 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 August 9, 2002, authorizing the marriage of Jason Glenn Burton and Melissa Sue Estes.
I further certify that the following marriage certificate was filed in my office: I, Rev. Royce T. Willerton (name), certify that on August 10, 2002 (date), at Avon in Hendricks County, Indiana, Jason Glenn Burton of Hendricks County, Indiana (state), and Melissa Sue 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 August 9, 2002 Signed by: Rev. Royce T. Willerton, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on August 28, 2002 (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 66
Page 510
8-12-02
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 7-16-02
Name of Physician Gary Ward MD

MALE APPLICANT

Name: First Michael Middle Andrew Last Kopriva
Date of Birth: Month 11 Day 16 Year 66
Place of Birth (State or foreign country) Pa
Residence Address: Street or R.R. 303 E. Pearl St. City North Salem County Hendricks State In. 46165
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Joseph Kopriva
   (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 Shirley Ann Baker
   (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 Michael A Kopriva Date 8-12-02

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 Michael A Kopriva
✗ New Address SAME
Subscribed and sworn to before me this 12 day of August, 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 Darla Middle Sue Last Conrad
Date of Birth: Month 8 Day 14 Year 72
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 5736 Sale St. City Indpls County Marion State In. 46227
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
✗ Signature of Applicant Darla Sue Conrad Date 8/12/02

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 I Darla S. Conrad
✗ New Address 303 E. Pearl St. North Salem, IN 46165
Subscribed and sworn to before me this 12 day of August, 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 August 12, 2002, authorizing the marriage of Michael Andrew Kopriva and Darla Sue Conrad.
I further certify that the following marriage certificate was filed in my office: I, Michael Tinkler (name), certify that on August 24, 2002 (date), at Trafalgar in Johnson County, Indiana, Michael Andrew Kopriva of Hendricks County, Indiana (state), and Darla Sue Conrad of Marion County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August 12, 2002 Signed by: Michael Tinkler, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on August 28, 2002 (date).

Sharon Dugan
Signed ____ 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 66
Page 511
8-12-02
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 ☐ 8-2-02
If No, Medical Examination or Report Dated
Name of Physician J. Thompson MD

MALE APPLICANT

Name: First Andrew Middle Nathan Last Edwards
Date of Birth: Month 12 Day 13 Year 79
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 707 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. Andrew Nathan Copeland, Katelyn Jane Copeland
6. (a) Full name of applicant's father Floyd Dean Edwards, 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 Patti Kay Carrey
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that 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 Edwards Date 8-12-02

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 Andrew Edwards
X New Address same
Subscribed and sworn to before me this 12 day of August, 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 Copeland
Date of Birth: Month 3 Day 3 Year 79
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 707 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 male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Andrew Nathan Copeland, Katelyn Jane Copeland
6. (a) Full name of applicant's father Ralph Emerson Copeland, Jr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Debra Ann 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).
X Signature of Applicant Jennifer Copeland Date 8-12-02

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 Jennifer Copeland
X New Address same
Subscribed and sworn to before me this 12 day of August, 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 August 12, 2002, authorizing the marriage of Andrew Nathan Edwards and Jennifer Marie Copeland.
I further certify that the following marriage certificate was filed in my office: I, Rev. Daniel J. Staublin (name), certify that on September 14, 2002 (date), at Brownsburg in Hendricks County, Indiana, Andrew Nathan Edwards of Hendricks County, Indiana (state), and Jennifer Marie 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 August 12, 2002 Signed by: Rev. Daniel J. Staublin, Priest (official designation) Filed and recorded in accordance with the laws of the State of Indiana on September 24, 2002 (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 66
Page 512
8-12-02
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 _____
Name of Physician _____

MALE APPLICANT

Name: First David Middle Douglas Last Webb

Date of Birth: Month 8 Day 10 Year 43

Place of Birth (State or foreign country) Illinois

Residence Address: Street or R.R. 339 Glenbrook Lane City Avon County Hendricks State 46123

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

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 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 George Holloway Webb
   (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 Anna Cutler
   (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 David Webb Date 8-12-02

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 David Webb
New Address SAME
Subscribed and sworn to before me this 12 day of August, 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 Elaine Last Gilliatte

Date of Birth: Month 10 Day 11 Year 44

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 339 Glenbrook Lane City Avon County Hendricks State 46123

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

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 2000

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

Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
5. List the full names of any dependent children. _____
6. (a) Full name of applicant's father Nova Ensor Gilliatte
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Lorraine Bass
   (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 Joyce E. Gilliatte Date 8-12-02

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 Joyce E. Gilliatte
New Address Same
Subscribed and sworn to before me this 12 day of August, 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 August 12, 2002, authorizing the marriage of David Douglas Webb and Joyce Elaine Gilliatte.
I further certify that the following marriage certificate was filed in my office: I, Dr. Linda McCoy (name), certify that on October 5, 2002 (date), at Avon in Hendricks County, Indiana, David Douglas Webb of Hendricks County, Indiana (state), and Joyce Elaine Gilliatte of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August 12, 2002 Signed by: Dr. Linda McCoy, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 11, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Book 66
Page 513
August 12, 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 _____
Name of Physician _____

MALE APPLICANT

Name: First Ronald Middle D Last Carmony
Date of Birth: Month 5 Day 16 Year 1949
Place of Birth (State or foreign country): IN
Residence Address: Street or R.R. 1070 Lakewood N Dr. City Brownsburg County Hendricks State IN 46112
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 4
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. Allison, Courtney
6. (a) Full name of applicant's father Marvin Carmony
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Mary Joan Nicholson
   (If adopted, list adoptive parents only) _____
   Residence of mother (if deceased, so state) deceased
   Birthplace of mother (State or foreign country) IN

FEMALE APPLICANT

Name: First Sandra Middle Van Last Lannen
Date of Birth: Month 8 Day 02 Year 1949
Place of Birth (State or foreign country): IN
Residence Address: Street or R.R. 6560 Sprenger Dr City Plainfield County Hendricks State IN 46168
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages _____
Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐ Date 1976
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Ronald D Carmony Date 8-12-02

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 Ronald D Carmony
New Address X NA
Subscribed and sworn to before me this 12 day of August, 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 X Sandra K. VanLannen Date 8-12-02

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 Sandra K. VanLannen
New Address X 1070 LAKEWOOD N DRIVE, BROWNSBURG, IN
Subscribed and sworn to before me this 12 day of August, 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 August 12, 2002, authorizing the marriage of Ronald D. Carmony and Sandra K. VanLannen.
I further certify that the following marriage certificate was filed in my office: I, Harold L. Leininger II (name), certify that on August 31, 2002 (date), at Brownsburg in Hendricks County, Indiana, Ronald D. Carmony of Hendricks County, Indiana (state), and Sandra K. VanLannen of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August 12, 2002 Signed by: Harold L. Leininger II, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on September 18, 2002 (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 66
Page 514
August. 12, 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 8-12-02
Name of Physician August, 12, 2002

MALE APPLICANT

Name First: Cuper Middle: Last: Lopez
Date of Birth Month: 6 Day: 9 Year: 1978
Place of Birth (State or foreign country): Mexico
Residence Address Street or R.R.: 560 Osborne Ave City: Pittsboro County: Hendricks State: IN 46167
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Roberto Lopez G
   (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 Juana Anaya M
   (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 X Cuper Lopez Date August 12 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 Cuper Lopez
New Address X 560 Osborne Ave. Pittsboro In 46167
Subscribed and sworn to before me this 12 day of August 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: Ann Last: Mayes
Date of Birth Month: 9 Day: 5 Year: 1975
Place of Birth (State or foreign country): IN
Residence Address Street or R.R.: 518 Saratoga 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. Dillon Castaneda
6. (a) Full name of applicant's father John Mayes
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Kathryn Comegys
   (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 X Stephanie A. Mayes Date August 12, 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 Stephanie A. Mayes
New Address X 560 Osborne Ave. Pittsboro In 46167
Subscribed and sworn to before me this 12 day of August 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 August 12, 2002, authorizing the marriage of Cuper Lopez and Stephanie Ann Mayes.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on September 6, 2002 (date), at Danville in Hendricks County, Indiana, Cuper Lopez of Hendricks County, Indiana, (state), and Stephanie Ann Mayes of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August 12, 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 September 11, 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 66
Page 515
8-12-02
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 7-23-02
Name of Physician Don Hostetler MD

MALE APPLICANT

Name: First James Middle Edward Last Pearcy
Date of Birth: Month 6 Day 7 Year 68
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 1921 Abbey Lane 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) Driver's License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that 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 Edward Pearcy Date 8-12-02

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 James Edward Pearcy
X New Address Same
Subscribed and sworn to before me this 12 day of August, 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 Ilene Last Hughes
Date of Birth: Month 2 Day 8 Year 73
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 1921 Abbey Lane 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) Driver's License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that 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 I. Hughes Date 8-12-02

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 8-12-02

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
X Signed Jennifer I. Hughes
X New Address
Subscribed and sworn to before me this 12 day of August, 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 August 12, 2002, authorizing the marriage of James Edward Pearcy and Jennifer Ilene Hughes.
I further certify that the following marriage certificate was filed in my office: I, Lou Stoops (name), certify that on September 21, 2002 (date), at Danville in Hendricks County, Indiana, James Edward Pearcy of Hendricks County, Indiana (state), and Jennifer Ilene 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 August 12, 2002 Signed by: Lou Stoops, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on September 24, 2002 (date).

Sharon Dugan
Signed _____ 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 66
Page 516
8-13-02
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 8-13-02
Name of Physician David Hadley MD

MALE APPLICANT

Name: First Michael Middle Eugene Last Lawson
Date of Birth: Month 7 Day 28 Year 72
Place of Birth (State or foreign country) California
Residence Address: Street or R.R. 5828 North East Street 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 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 Kassandra Lynn Lawson, Ashley Dale Lawson
6. (a) Full name of applicant's father Charles Timothy Lawson
   (If adopted, list adoptive parents only)
   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 Lou 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).

X Signature of Applicant Michael Lawson Date 8-13-02

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.
X Signed Michael Lawson
X New Address ~~5828~~ P.O BOX 55 STILESVILLE, IN. 46180
Subscribed and sworn to before me this 13 day of August, 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 Jamie Middle Marie Last McCrum
Date of Birth: Month 6 Day 13 Year 68
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 302 1/2 N. Center St. City Fflld 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 Phillip Michael Settles, Neal D. Settles, Keriele Nicole Settles
6. (a) Full name of applicant's father Ralph Eric McCrum
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother June Evelyn Collins
   (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).

X Signature of Applicant Jamie M. McCrum Date Aug. 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.
X Signed Jamie M. McCrum
X New Address P.O BOX 55 Stilesville In 46180
Subscribed and sworn to before me this 13 day of August, 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 August 13, 2002, authorizing the marriage of Michael Eugene Lawson and Jamie Marie McCrum.
I further certify that the following marriage certificate was filed in my office: I, Basil L. Shumaker (name), certify that on August 13, 2002 (date), at Stilesville in Hendricks County, Indiana, Michael Eugene Lawson of Hendricks County, Indiana (state), and Jamie Marie McCrum of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Aug. 13, 2002. Signed by: Basil L. Shumaker, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on August 23, 2002 (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 66
Page 517
August 13, 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 _____
Name of Physician _____

MALE APPLICANT	FEMALE APPLICANT
Name: First Bradley, Middle Mason, Last Holman	Name: First Donna, Middle J., Last McCurdy
Date of Birth: Month 2, Day 5, Year 1951	Date of Birth: Month 6, Day 10, Year 47
Place of Birth (State or foreign country): Indiana	Place of Birth (State or foreign country): Wisconsin
Residence Address: Street or R.R. 609 N Lebanon St, City Lizton, County Hendricks, State IN 46149	Residence Address: Street or R.R. 609 N. Lebanon St, City Lizton, County Hendricks, State IN 46149
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 1994	Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐ Date 1988
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 George Holman	6. (a) Full name of applicant's father Coles Richard Cochran
(If adopted, list adoptive parents only) _____	(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Deceased	Residence of father (if deceased, so state) Deceased
Birthplace of father (State or foreign country) Indiana	Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Amanda Singleton	(b) Full maiden name of applicant's mother Lydia Esther Lie
(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) Wisconsin
Birthplace of mother (State or foreign country) Indiana	Birthplace of mother (State or foreign country) Colorado

ACKNOWLEDGEMENT

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

Signature of Applicant Bradley M Holman Date 8/13/2002

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 Bradley M Holman
New Address PO Box 127, Lizton, In 46149-0127
Subscribed and sworn to before me this 13 day of August 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 Donna J McCurdy Date 8/13/2002

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 Donna J McCurdy
New Address P.O. Box 127, Lizton, In 46149-0127
Subscribed and sworn to before me this 13 day of August 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 August 13, 2002, authorizing the marriage of Bradley Mason Holman and Donna J. McCurdy.
I further certify that the following marriage certificate was filed in my office: I, Chuck Britt (name), certify that on August 17, 2002 (date), at Lizton in Hendricks County, Indiana, Bradley M. Holman of Hendricks County, Indiana (state), and Donna J. McCurdy of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August 13, 2002 Signed by: Chuck Britt, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on September 18, 2002 (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 66
Page 518
8-14-02
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 8-14-02
Name of Physician David Hadley MD

MALE APPLICANT

Name: First Jeffrey Middle Howard Last Crist, Jr.
Date of Birth: Month 9 Day 6 Year 75
Place of Birth (State or foreign country) Washington
Residence Address: Street or R.R. 1133 Windhaven Cir. City a/k/a Brownsburg County Hendricks State IN 46112
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 2000
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Alexandra Marie Crist
6. (a) Full name of applicant's father Jeffrey Howard Crist Sr.
   (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 Cheryl Lynn Anderson
   (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).
X Signature of Applicant [signature] Date 14 AUG 02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 14 day of August, 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 Renee Last Tichenor
Date of Birth: Month 10 Day 6 Year 77
Place of Birth (State or foreign country) Iowa
Residence Address: Street or R.R. 1133 Windhaven Cir a/k/a 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 Gary Tichenor
   (If adopted, list adoptive parents only)
   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 J. Reisinger
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that 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 8/14/02

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 [signature]
X New Address SAME
Subscribed and sworn to before me this 14 day of August, 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 August 14, 2002, authorizing the marriage of Jeffrey Howard Crist, Jr. and Lisa Renee Tichenor.
I further certify that the following marriage certificate was filed in my office: I, David H. Lee (name), certify that on September 28, 2002 (date), at Newburgh in Warrick County, Indiana, Jeffrey Howard Crist, Jr. of Hendricks County, Indiana (state), and Lisa Renee Tichenor of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August 14, 2002 Signed by: David H. Lee, Pastor (official designation) Filed and recorded in accordance with the laws of the State of Indiana on October 9, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

367

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 66
Page 519
8-13-02
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 8-13-02
Name of Physician David Hadley

MALE APPLICANT

Name: First Richard Middle Allen Last Harvey
Date of Birth: Month 3 Day 22 Year 49
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 2342 N Old 425 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 1995
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that 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 A Harvey Date 8.13.02

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.
X Signed Richard A Harvey
X New Address SAME
Subscribed and sworn to before me this 13 day of August, 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 Kathleen Middle Joan Last Dreyer
Date of Birth: Month 1 Day 8 Year 54
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 2342 N 425 W 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 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. Daniel Cody White, Brandon Michael White
6. (a) Full name of applicant's father John A. Lauhoff
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Michigan
   (b) Full maiden name of applicant's mother Donna Jean Willis
   (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 Kathleen J Dreyer Date 8-13-02

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.
X Signed Kathleen J Dreyer
X New Address Same
Subscribed and sworn to before me this 13 day of August, 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 August 13, 2002, authorizing the marriage of Richard Allen Harvey and Kathleen Joan Dreyer.
I further certify that the following marriage certificate was filed in my office: I, Sharon Dugan (name), certify that on August 17, 2002 (date), at Danville in Hendricks County, Indiana, Richard Allen Harvey of Hendricks County, Indiana (state), and Kathleen Joan Dreyer of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August 13, 2002. Signed by: Sharon Dugan, Hendricks Co. Clerk (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on August 23, 2002 (date).

Signed Sharon Dugan 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 66
Page 520
8.13.02
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 ☐ 8-5-02
If No, Medical Examination or Report Dated
Name of Physician Dr. Glienkler

MALE APPLICANT

Name: First Anthony Middle David Last Ardeel
Date of Birth: Month 8 Day 27 Year 72
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 246 Brooks Way City Pittsboro County IN State 46167
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [signature] Date 8-13-02

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 [signature]
New Address SAME AS ABOVE
Subscribed and sworn to before me this day of
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Rachel Middle Lea Last Snoeberger
Date of Birth: Month 10 Day 03 Year 79
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 5775 N Co Rd 250 E City Pittsboro County Hendricks State IN
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Lynn Snoeberger
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Carol Ann 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 Rachel L Snoeberger Date 8-13-02

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 Rachel L Snoeberger
New Address SAME AS HIS
Subscribed and sworn to before me this day of
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August 13, 2002, authorizing the marriage of Anthony David Ardeel and Rachel Lea Snoeberger.
I further certify that the following marriage certificate was filed in my office: I, Donald E. Buchanan (name), certify that on September 21, 2002 (date), at Danville in Hendricks County, Indiana, Anthony David Ardeel of Hendricks County, Indiana (state), and Rachel Lea Snoeberger of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August 13, 2002. Signed by: Donald E. Buchanan, Priest (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 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 66
Page 521
8-14-02
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 8-14-02
Name of Physician Dr. Barlan

MALE APPLICANT

Name First Jagdish Middle H Last Raval
Date of Birth Month 6 Day 2 Year 1928
Place of Birth (State or foreign country) India
Residence Address 2452 E Main St Street or R.R. Plainfield City Hendricks County IN State 46168
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. —
6. (a) Full name of applicant's father Harilal Raval
   (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 Pushpa Trivedi
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) deceased
   Birthplace of mother (State or foreign country) India

FEMALE APPLICANT

Name First Dorothy Middle A Last Smith
Date of Birth Month 6 Day 2 Year 1957
Place of Birth (State or foreign country) WA
Residence Address 245 E Main St Street or R.R. Plainfield City Hend County IN State 46122
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 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 male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 L Cain
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Ondell
   Birthplace of father (State or foreign country) En
   (b) Full maiden name of applicant's mother Sallie J. Thompson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) deceased
   Birthplace of mother (State or foreign country) Idaho

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Jagdish Raval Date 08/14/02

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 X Jagdish Raval
New Address X 2452 E Main St Plainfield 46168
Subscribed and sworn to before me this 14 day of August, 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 X Dorothy A Smith Date 08/14/02

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 X Dorothy A Smith
New Address X PO Box 303 Brownsburg IN 46112
Subscribed and sworn to before me this 14 day of August, 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 August 14, 2002, authorizing the marriage of Jagdish Harilal Raval and Dorothy Alberta Smith.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on August 14, 2002 (date), at Danville in Hendricks County, Indiana, Jagdish Harilal Raval of Hendricks County, Indiana (state), and Dorothy Alberta Smith of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August 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 August 14, 2002 (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 66
Page 522
8-14-02
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 8-14-02
Name of Physician Mark Bemis

MALE APPLICANT

Name First Michael Middle E. Last Fowler
Date of Birth Month 9 Day 21 Year 1975
Place of Birth (State or foreign country) Virginia
Residence Address Street or R.R. 86 S. County Rd 400 E. City Danville County Hendricks State IN 46122
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Aubrea R. Fowler
6. (a) Full name of applicant's father Faye Henry Fowler
   (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 Julia Ann Brock
   (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 E Fowler Date 8-14-02

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 E Fowler
New Address Same
Subscribed and sworn to before me this 14 day of August 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 Stacy Middle Renae Last Lang
Date of Birth Month 2 Day 17 Year 1982
Place of Birth (State or foreign country) Indiana
Residence Address Street or R.R. 86 S. County Rd 400 E City Danville County Hendricks State IN 46122
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 R. Lang Date 8-14-02

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 Stacy R. Lang
New Address Same
Subscribed and sworn to before me this 14 day of August 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 August 14, 2002, authorizing the marriage of Michael E. Fowler and Stacy R. Lang.
I further certify that the following marriage certificate was filed in my office: I, Buford Brock (name), certify that on August 16, 2002 (date), at Plainfield in Hendricks County, Indiana, Michael E. Fowler of Hendricks County, Indiana (state), and Stacy R. Lang of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August 14, 2002 Signed by: Buford Brock, Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on August 28, 2002 (date).

Sharon Dugan
Signed _____ Clerk
Hendricks Circuit Court

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 66
Page 523
8-14-02
Date of Application

8-14

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

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 8-14-02
Name of Physician Dr. Daniel Gaddy

MALE APPLICANT

Name: First Billy Middle J Last MacLaren

Date of Birth: Month 8 Day 13 Year 1979

Place of Birth (State or foreign country) IL

Residence Address: Street or R.R. 905 N 10th St City Clinton County Vermillion State IN 47842

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

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

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. ____
6. (a) Full name of applicant's father Brad MacLaren
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Gwen Clines
   (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 Billy J. MacLaren Date 8-15-02

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 Billy J. MacLaren
New Address 6383 Monument Circle Avon In. 46123
Subscribed and sworn to before me this 14 day of August, 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 Christy Middle Lee Last Abernathy

Date of Birth: Month 2 Day 22 Year 75

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 6383 Monument Circle 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. Nathan Kyndrick Starkey
6. (a) Full name of applicant's father Bernard Lee Abernathy
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Illinois
   (b) Full maiden name of applicant's mother Carolyn Fesco
   (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 Christy Abernathy Date 8-14-02

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 Christy Lee Abernathy
New Address Same as above
Subscribed and sworn to before me this 14 day of August, 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 August 14, 2002, authorizing the marriage of Billy Joe MacLaren and Christy Lee Abernathy.
I further certify that the following marriage certificate was filed in my office: I, John Thompson Jr. (name), certify that on August 24, 2002 (date), at Clinton in Vermillion County, Indiana, Billy Joe MacLaren of Hendricks County, Indiana (state), and Christy Lee Abernathy of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August 14, 2002. Signed by: John Thompson Jr., Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on September 4, 2002 (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 66
Page 524
8-15-02
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 8-9-02
Name of Physician Southwest Medical Clinic

MALE APPLICANT

Name: First Jack Middle Lee Last Carter
Date of Birth: Month 5 Day 19 Year 52
Place of Birth (State or foreign country) West Virginia
Residence Address: Street or R.R. 145 Meadow Glen Dr. City Avon County Hend. State Ind. 46123
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1995
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Sam Carter
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Virginia
   (b) Full maiden name of applicant's mother Mattie Pauline Marlow
   (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 Jack L. Carter Date 8/15/02

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 Jack L Carter
New Address SAME
Subscribed and sworn to before me this 15 day of August, 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 Rosa Maria Middle Dolosa Last Camba
Date of Birth: Month 10 Day 23 Year 77
Place of Birth (State or foreign country) Philippines
Residence Address: Street or R.R. 145 Meadow Glen Dr. 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) 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 Aglorio K. Camba
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Surigao Del Sur
   (b) Full maiden name of applicant's mother Eufrecina C. Caligner
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) So. Leyte
   Birthplace of mother (State or foreign country) Pintuyan So. Leyte

ACKNOWLEDGEMENT

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

Signature of Applicant Camba Date 08/15/02

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 Camba
New Address SAME
Subscribed and sworn to before me this 15 day of August, 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 August 15, 2002, authorizing the marriage of Jack Lee Carter and Rosa Maria Dolosa Camba.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on September 12, 2002 (date), at Danville in Hendricks County, Indiana, Jack Lee Carter of Hendricks County, Indiana (state), and Rosa Maria Dolosa Camba of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August 15, 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 September 18, 2002 (date).

Sharon Dugan
Signed _____ 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 66
Page 525
8-15-02
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 8-9-02
Name of Physician Wm. Terpstra

MALE APPLICANT

Name: First David Middle Duane Last Clements
Date of Birth: Month 12 Day 18 Year 67
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 10392 W. Whispering Winds Dr. City Indpls County Hend. State 46234
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1998
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
✗ Signature of Applicant David Duane Clements Date 8-15-02

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 David Duane Clements
✗ New Address SAME
Subscribed and sworn to before me this 15 day of August, 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 Julia Middle Kristin Last Horine
Date of Birth: Month 10 Day 2 Year 67
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 7119 Sea Pine Dr. City Indianapolis County Marion State 46250
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date _____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
✗ Signature of Applicant Julia K. Horine Date 8-15-02

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 Julia K. Horine
✗ New Address 10392 Whispering Winds Dr., Indpls, IN.
Subscribed and sworn to before me this 15 day of August, 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 August 15, 2002, authorizing the marriage of David Duane Clements and Julia Kristin Horine.
I further certify that the following marriage certificate was filed in my office: I, Steve Brooke (name), certify that on August 17, 2002 (date), at Indianapolis in Marion County, Indiana, David Duane Clements of Hendricks County, Indiana (state), and Julia Kristin Horine of Marion County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August 15, 2002 Signed by: Steve Brooke, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on August 28, 2002 (date).

Signed Sharon Dugan 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 66
Page 526
8-15-02
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 8-9-02
Name of Physician Planned Parenthood

MALE APPLICANT

Name First Gerald Middle Edward Last Lowe
Date of Birth Month October Day 4 Year 1968
Place of Birth (State or foreign country) Indiana
Residence Address Street or R.R. 890 Ridgewood Dr. Apt. 104D City Plainfield County Hend. State IN
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date N/A
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Gerald Lee Lowe
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Nancy Louise Green
   (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 Gerald E Lowe Date 8/15/02

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 Gerald E Lowe
New Address SAME
Subscribed and sworn to before me this 15th day of August 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 Poe Last Gramer
Date of Birth Month June Day 22 Year 1972
Place of Birth (State or foreign country) Indiana
Residence Address Street or R.R. 890 Ridgewood Dr. Apt. 104D City Plainfield County Hend. State IN
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date N/A
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. N/A
6. (a) Full name of applicant's father Gordon Robert Gramer
   (If adopted, list adoptive parents only)
   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 Ellen 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 X Elizabeth P. Gramer Date 8/15/02

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 Elizabeth P. Gramer
New Address _____
Subscribed and sworn to before me this 15th day of August 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 August 15, 2002, authorizing the marriage of Gerald Edward Lowe and Elizabeth Poe Gramer.
I further certify that the following marriage certificate was filed in my office: I, Rev. Larry E. Dimick (name), certify that on August 24, 2002 (date), at Indianapolis in Marion County, Indiana, Gerald Edward Lowe of Hendricks County, Indiana (state), and Elizabeth Poe Gramer of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August 15, 2002. Signed by: Rev. Larry E. Dimick, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on September 4, 2002 (date).

Sharon Dugan
Signed _____ 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 66
Page 527
August, 16, 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 8-16-02
Name of Physician Dr. Gaddy

MALE APPLICANT

Name: First Timothy Middle A. Last Garrett
Date of Birth: Month April Day 26 Year 1976
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 508 Remington Point 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) Drivers License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [signature] Date 8/22/02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 10209 Fairmont Dr. Apt 8C 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 Julie Middle S Last Horner
Date of Birth: Month 10 Day 27 Year 1979
Place of Birth (State or foreign country) In
Residence Address: Street or R.R. 6746 E CR 151 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) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Horner
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) In
   Birthplace of father (State or foreign country) In
   (b) Full maiden name of applicant's mother Jennifer Fisher
   (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 X Julie S. Horner Date 8/16/02

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 X Julie S. Horner
New Address X 6746 E CR 151 N Avon, IN 46123
Subscribed and sworn to before me this 16 day of August, 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 August 22, 2002, authorizing the marriage of Timothy Alan Garrett and Julie Starr Horner.
I further certify that the following marriage certificate was filed in my office: I, Harry E. Adair, Jr. (name), certify that on October 5, 2002 (date), at Avon in Hendricks County, Indiana, Timothy Alan Garrett of Hendricks County, Indiana (state), and Julie Starr Horner of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August 22, 2002. Signed by: Harry E. Adair, Jr., Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 9, 2002 (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 66
Page 528
8-16-02
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 8-15-02
Name of Physician Dr. Cathy Yoder

MALE APPLICANT

Name: First Shawn Middle P Last Hall
Date of Birth: Month March Day 27 Year 1976
Place of Birth (State or foreign country) Michigan
Residence Address: Street or R.R. 187 Broadmoor Blvd City Pittsboro County Hendricks State In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify)
Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Joseph Hall
   (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 Laura Hall Cornell
   (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 Shawn P. Hall Date 8/16/02

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 Shawn P. Hall
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 Jill Middle Richayne Last Grabowski
Date of Birth: Month December Day 1 Year 1977
Place of Birth (State or foreign country) Michigan
Residence Address: Street or R.R. 187 Broadmoor Blvd City Pittsboro County Hendricks State In. 46167
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify)
Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. NONE
6. (a) Full name of applicant's father John Grabowski
   (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 Christie Baaty
   (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 Jill R. Grabowski Date 8/16/02

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 Jill R. Grabowski
New Address Same as above
Subscribed and sworn to before me this ____ day of ____
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August 16, 2002, authorizing the marriage of Shawn Phillip Hall and Jill Richayne Grabowski.
I further certify that the following marriage certificate was filed in my office: I, Thelma Lamaster (name), certify that on August 31, 2002 (date), at Indianapolis in Marion County, Indiana, Shawn Phillip Hall of Hendricks County, Indiana (state), and Jill Richayne Grabowski of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August 16, 2002. Signed by: Thelma Lamaster, Reverand (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on September 4, 2002 (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 66
Page 529
8-16-02
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 _____
Name of Physician _____

MALE APPLICANT

Name: First John Middle Wayne Last Cozart
Date of Birth: Month 3 Day 18 Year 52
Place of Birth (State or foreign country) Illinois
Residence Address: Street or R.R. 1129 Windhaven Cr Apt D City B'burg County Hendricks State IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 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 Richard Dale Cozart
   (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 Rena Ruth McKenzie
   (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 John W Cozart Date 8-16-02

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 John W Cozart
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 Cheryl Middle Arlene Last Campbell
Date of Birth: Month 6 Day 03 Year 49
Place of Birth (State or foreign country) Canada
Residence Address: Street or R.R. RR 1 Alliston City Montague County Canada State
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 —
   (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 Lulu Mae Munn
   (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 Cheryl A Campbell Date 8-16-02

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 Cheryl A Campbell
New Address 1129 Windhaven Circle Bburg.
Subscribed and sworn to before me this _____ day of _____
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August 16, 2002, authorizing the marriage of John Wayne Cozart and Cheryl Arlene Campbell.
I further certify that the following marriage certificate was filed in my office: I, Cindy Spence (name), certify that on August 16, 2002 (date), at Danville in Hendricks County, Indiana, John Wayne Cozart of Hendricks County, Indiana (state), and Cheryl Arlene Campbell of Kengs County, Canada (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August 16, 2002 Signed by: Cindy Spence, 1st Deputy Clerk (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on August 23, 2002 (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 66
Page 530
August, 16, 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 7-13-02
Name of Physician Dr. Ruff

MALE APPLICANT

Name First Nick Middle A Last Miller
Date of Birth Month 2 Day 11 Year 1979
Place of Birth (State or foreign country) In
Residence Address 250 N East Street Apt 216 Street or R.R. Plainfield City Hend County 46168 State
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers license

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Ralph a Miller
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) In
   Birthplace of father (State or foreign country) In
   (b) Full maiden name of applicant's mother Elaine M. Hopf
   (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 ☒ Nick A Miller Date 8/16/02

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 ☒ Nick A Miller
New Address ☒ 250 N East St Apt 216 Plainfield, IN 46168
Subscribed and sworn to before me this 16 day of August, 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 A Last Hasenour
Date of Birth Month 8 Day 24 Year 1979
Place of Birth (State or foreign country) In
Residence Address 250 N East St Apt 216 Street or R.R. Plainfield 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) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 A Hasenour
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) In
   Birthplace of father (State or foreign country) In
   (b) Full maiden name of applicant's mother Debra M Mehling
   (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 ☒ Melissa A. Hasenour Date 8/16/02

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 ☒ Melissa A. Hasenour
New Address ☒ 250 N. East St. #216 Plainfield, IN 46168
Subscribed and sworn to before me this 16 day of August, 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 August 16, 2002, authorizing the marriage of Nick A. Miller and Melissa A. Hasenour.
I further certify that the following marriage certificate was filed in my office: I, Robert S. Bultman (name), certify that on September 7, 2002 (date), at Celestine in Dubois County, Indiana, Nick A. Miller of Hendricks County, Indiana (state), and Melissa A, Hasenour of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August 16, 2002 Signed by: Robert S. Bultman, Priest (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on September 11, 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 66
Page 531
8-16-02
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 8-15-02
Name of Physician Kelley Burton

MALE APPLICANT

Name: First Randall Middle Edward Last Buschard
Date of Birth: Month 5 Day 7 Year 71
Place of Birth (State or foreign country) Kentucky
Residence Address: Street or R.R. 2312 Nowling Ct #155 City Indpls County Hend State IN 46234
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date _____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) drivers license

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

FEMALE APPLICANT

Name: First Rebecca Middle Marie Last Brickert
Date of Birth: Month 9 Day 9 Year 79
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 2312 Nowling Ct #155 City Indpls County Hend 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. NA
6. (a) Full name of applicant's father Cecil Brickert
   (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 Kathy Delp
   (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 Randall E. Buschard Date 8-16-02

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 Randall E. Buschard
New Address Same
Subscribed and sworn to before me this 16 day of Aug. 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 Becky Brickert Date 8-16-02

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 Becky Brickert
New Address Same
Subscribed and sworn to before me this 16 day of Aug, 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 August 16, 2002, authorizing the marriage of Randall Edward Buschard and Rebecca Marie Brickert.
I further certify that the following marriage certificate was filed in my office: I, Vickie Kivett (name), certify that on September 7, 2002 (date), at Avon in Hendricks County, Indiana, Randall Edward Buschard of Hendricks County, Indiana (state), and Rebecca Marie Brickert of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August 16, 2002. Signed by: Vickie Kivett, Morgan Co. Clerk (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on September 11, 2002 (date).

Sharon Dugan
Signed _____ 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 66
Page 532
8-19-02
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 8-16-02
Name of Physician K. Bardon D

MALE APPLICANT

Name: First Daniel Middle Lee Last Brown
Date of Birth: Month 12 Day 29 Year 80
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 3106 Kirkwood Ct. City Greenwood County Johnson State In 46142
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 L. Brown Date 8-19-02

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 Daniel L. Brown
New Address SAME
Subscribed and sworn to before me this 19 day of August, 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 Misty Middle Faye Last Wagoner
Date of Birth: Month 3 Day 13 Year 84
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 123 Peridale Dr. City Avon County Hend. State In 46123
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Misty F. Wagoner Date 8-19-02

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 Misty F. Wagoner
New Address 3106 Kirkwood Ct. Greenwood, IN 46142
Subscribed and sworn to before me this 19 day of August, 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 August 19, 2002, authorizing the marriage of Daniel Lee Brown and Misty Faye Wagoner.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on August 19, 2002 (date), at Danville in Hendricks County, Indiana, Daniel Lee Brown of Johnson County, Indiana (state), and Misty Faye Wagoner of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Aug. 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 August 23, 2002 (date).

Sharon Dugan
Signed _____ 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 66
Page 533
8-19-02
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 5-28-02
Name of Physician Warren Macy

MALE APPLICANT

Name: First Ronald Middle Gail Last Poe Jr.
Date of Birth: Month 11 Day 26 Year 57
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 4979 Hathaway St. City Coatesville County Hendricks State Ind. 46121
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. Gregory Poe
6. (a) Full name of applicant's father Ronald G. Poe 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 Esther Rosella Elliott
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) North Carolina
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that 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 D Poe J Date 8/19/02

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.
X Signed Ronald D Poe J
X New Address SAME
Subscribed and sworn to before me this 19 day of August, 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 Rhonda Middle Kay Last Ramsey
Date of Birth: Month 2 Day 20 Year 58
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 4979 Hathaway St. 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 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. _____
6. (a) Full name of applicant's father Howard Heavrin
   (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 Flory Pearl Lisby
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
X Signature of Applicant Rhonda K. Ramsey Date 8-19-02

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.
X Signed Rhonda Ramsey
X New Address same
Subscribed and sworn to before me this 19 day of August, 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 August 19, 2002, authorizing the marriage of Ronald Gail Poe, Jr. and Rhonda Kay Ramsey.
I further certify that the following marriage certificate was filed in my office: I, Jimmy Johnson (name), certify that on August 23, 2002 (date), at Hazelwood in Hendricks County, Indiana, Ronald Gail Poe, Jr. of Hendricks County, Indiana (state), and Rhonda Kay Ramsey of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August 19, 2002. Signed by: Jimmy Johnson, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on August 28, 2002 (date).

Sharon Dugan
Signed _____ 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 66
Page 534
8-19-02
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 6-13-02
Name of Physician Dr. Coll

MALE APPLICANT	FEMALE APPLICANT
Name: First Chad, Middle David, Last Groover	Name: First Tanya, Middle Vanessa, Last Varhegyi
Date of Birth: Month 8, Day 31, Year 79	Date of Birth: Month 7, Day 6, Year 72
Place of Birth (State or foreign country): Indiana	Place of Birth (State or foreign country): Illinois
Residence Address: Street or R.R. 9207 N. Co. Rd. 200W, City Lizton, County Hend., State Ind. 46149	Residence Address: Street or R.R. 2609 Briar Trail Apt 302, City Schaumburg, County Cook, State Illinois 60173
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 David Ora Groover	6. (a) Full name of applicant's father Joseph Varhegyi
(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) Hungary
(b) Full maiden name of applicant's mother Robin Suzanne Deese	(b) Full maiden name of applicant's mother Vera Anna De Greve
(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) Illinois
Birthplace of mother (State or foreign country) 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 Chad David Groover Date 8-19-02

X Signature of Applicant Tanya Varhegyi Date 8.19.2002

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 Chad David Groover
X New Address 2609 Briar Tr Schaumburg IL 60173

Subscribed and sworn to before me this 19 day of August, 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

X Signed Tanya Varhegyi
X New Address SAME

Subscribed and sworn to before me this 19 day of August, 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 August 19, 2002, authorizing the marriage of Chad David Groover and Tanya Vanessa Varhegyi.

I further certify that the following marriage certificate was filed in my office: I, Dan Yarger (name), certify that on September 21, 2002 (date), at Lizton in Hendricks County, Indiana, Chad David Groover of Hendricks County, Indiana (state), and Tanya Vanessa Varhegyi of Cook County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August 19, 2002 Signed by: Dan Yarger, Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on October 9, 2002 (date).

Sharon Dugan
Signed _____ 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 66
Page 535
8-19-02
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 8-7-02
Name of Physician Dr. Michael McDaniel

MALE APPLICANT

Name: First Jeffrey Middle Eugene Last Thompson
Date of Birth: Month 5 Day 5 Year 74
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 7497 Grandview 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 License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Annslee Thompson, Anthony Thompson
6. (a) Full name of applicant's father Donald William 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 Zona Kay Butler
   (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 Emily Middle Kristine Last Smith
Date of Birth: Month 5 Day 22 Year 74
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 7497 Grandview 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 License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Smith
6. (a) Full name of applicant's father Darrell Lee Kissell
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Dawna Jean 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 [signature] Date 8-19-02

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 [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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 K. Smith Date 8/19/02

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 Emily K. Smith
New Address Same
Subscribed and sworn to before me this _____ day of _____
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August 19, 2002, authorizing the marriage of Jeffrey Eugene Thompson and Emily Kristine Smith.
I further certify that the following marriage certificate was filed in my office: I, Jonathan Lilly (name), certify that on September 28, 2002 (date), at Avon in Hendricks County, Indiana, Jeffrey Eugene Thompson of Hendricks County, Indiana (state), and Emily Kristine Smith of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August 19, 2002 Signed by: Jonathan Lilly, Pastor (official designation) Filed and recorded in accordance with the laws of the State of Indiana on October 2, 2002 (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 66
Page 536
8-20-02
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 7-23-02
Name of Physician Dr. King

MALE APPLICANT

Name: First Bryan Middle T. Last Casey
Date of Birth: Month 7 Day 31 Year 1978
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 171 Capitol Dr. Apt. C 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) Identification Card

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [signature] Date 8/20/02

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 August 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 M. Last Winkle
Date of Birth: Month 4 Day 24 Year 1980
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 171 Capitol Dr. Apt. C 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 Winkle
   (If adopted, list adoptive parents only) ____
   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 Melton
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [signature] Date 08/20/02

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 August 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 August 20, 2002, authorizing the marriage of Bryan Thomas Casey and Melissa Marie Winkle.
I further certify that the following marriage certificate was filed in my office: I, Rev. Daniel J. Staublin (name), certify that on August 24, 2002 (date), at Brownsburg in Hendricks County, Indiana, Bryan Thomas Casey of Hendricks County, Indiana (state), and Melissa Marie Winkle of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August 20, 2002. Signed by: Rev. Daniel J. Staublin, Priest (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on September 4, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

385

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 66
Page 537
8-21-02
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 _____
Name of Physician _____

MALE APPLICANT

Name: First Gerald Middle Lee Last Jones

Date of Birth: Month 6 Day 17 Year 43

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 304 Rapid Rill Lane 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 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. _____

6. (a) Full name of applicant's father Clifford Alexander Jones
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Alice Leota Melton
   (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 Judith Middle Ellen Last Jones

Date of Birth: Month 9 Day 5 Year 47

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 304 Rapid Rill Lane 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 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. _____

6. (a) Full name of applicant's father James Armstrong
   (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 Avis Yoder
   (If adopted, list adoptive parents only) _____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

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

Signature of Applicant Gerald L Jones Date 8-21-02

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 Gerald L Jones
New Address SAME

Subscribed and sworn to before me this 21 day of August, 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 Judith Jones Date 8-21-02

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 Judith Jones
New Address SAME

Subscribed and sworn to before me this 21 day of August, 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 August 21, 2002, authorizing the marriage of Gerald Lee Jones and Judith Ellen Jones.

I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on August 21, 2002 (date), at Danville in Hendricks County, Indiana, Gerald Lee Jones of Hendricks County, Indiana (state), and Judith Ellen Jones of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August 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 August 23, 2002 (date).

Sharon Dugan

Signed _____ 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 66
Page 538
8-21-02
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 7-3-02
Name of Physician Barbara Koewler MD

MALE APPLICANT

Name: First Kyle Middle Dane Last McInnes
Date of Birth: Month 10 Day 28 Year 76
Place of Birth (State or foreign country) California
Residence Address: Street or R.R. 1380 N. Cold 800E. City Avon County Hend. State In. 46123
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
✗ Signature of Applicant Kyle Dane McInnes Date 8-21-02

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 Kyle Dane McInnes
✗ New Address same
Subscribed and sworn to before me this 21 day of August, 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 Clarinda Middle Sue Last Warner
Date of Birth: Month 12 Day 28 Year 74
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1380 N. Cold 800E. 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 Robert Warner
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Susan McClock
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
✗ Signature of Applicant Clarinda Warner Date 8-21-02

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 Clarinda Warner
✗ New Address same
Subscribed and sworn to before me this 21 day of August, 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 August 21, 2002, authorizing the marriage of Kyle Dane McInnes and Clarinda Sue Warner.
I further certify that the following marriage certificate was filed in my office: I, Mike Chestnut (name), certify that on September 7, 2002 (date), at Avon in Hendricks County, Indiana, Kyle Dane McInnes of Hendricks County, Indiana (state), and Clarinda Sue Warner of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August 21, 2002. Signed by: Mike Chestnut, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 9, 2002 (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 666
Page 539
8-22-02
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 8-8-02
Name of Physician Michelle M. Dakerson

MALE APPLICANT

Name: First Ross Middle Andrew Last Baker
Date of Birth: Month 1 Day 27 Year 79
Place of Birth (State or foreign country) Illinois
Residence Address: Street or R.R. 1065 N. Sterling Ave. apt 201 City Palatine County Cook State Ill. 60067
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Illinois Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Leonard Baker
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Illinois
   Birthplace of father (State or foreign country) Iowa
   (b) Full maiden name of applicant's mother Deborah Lynn Hayes
   (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 Ross A Baker Date 8-22-2002

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 Ross A Baker
New Address SAME
Subscribed and sworn to before me this 22 day of August, 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 Brooke Middle Ayn Last Ruivivar
Date of Birth: Month 10 Day 10 Year 79
Place of Birth (State or foreign country) Hawaii
Residence Address: Street or R.R. 1065 N. Sterling Ave. apt 201 City Palatine County Cook State Ill. 60067
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Illinois Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. ____
6. (a) Full name of applicant's father Benjamin Ruivivar
   (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 Susan Ayn
   (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 Brooke Ruivivar Date 8-22-02

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 Brooke Ruivivar
New Address same
Subscribed and sworn to before me this 22 day of August, 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 August 22, 2002, authorizing the marriage of Ross Andrew Baker and Brooke Ayn Ruivivar.
I further certify that the following marriage certificate was filed in my office: I, Harold L. Leininger (name), certify that on August 23, 2002 (date), at Brownsburg in Hendricks County, Indiana, Ross Andrew Baker of Cook County, Illinois (state), and Brooke Ayn Ruivivar 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 August 22, 2002 Signed by: Harold L. Leininger, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on September 4, 2002 (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 66
Page 540
8-22-02
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 8-22-02
Name of Physician David Hadley M.D.

MALE APPLICANT

Name First Michael Middle Neil Sullivan Last Heath
Date of Birth Month 4 Day 18 Year 70
Place of Birth (State or foreign country) Indiana
Residence Address Street or R.R. 921 Helm 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 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. Justin Michael Heath, Matthew Tyler Bultemeyer
6. (a) Full name of applicant's father Gerald Eugene Heath
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Rose Ann Westfall
   (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 Heather Middle Ann Last Brown
Date of Birth Month 7 Day 22 Year 73
Place of Birth (State or foreign country) Michigan
Residence Address Street or R.R. 921 Helm 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 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.
6. (a) Full name of applicant's father Kenneth Richard Brown
   (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 Mary Caitlyn Horrocks
   (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 22 Aug 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 [signature]
New Address SAME
Subscribed and sworn to before me this 22 day of August, 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 [signature] Date Aug 22, 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 [signature]
New Address SAME
Subscribed and sworn to before me this 22 day of August, 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 August 22, 2002, authorizing the marriage of Michael Neil Sullivan Heath and Heather Ann Brown.
I further certify that the following marriage certificate was filed in my office: I, Rev. Jay T. Silence (name), certify that on August 31, 2002 (date), at Vincennes in Knox County, Indiana, Michael Neil Sullivan Heath of Hendricks County, Indiana (state), and Heather 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 August 22, 2002 Signed by: Rev. Jay T. Silence, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on September 18, 2002 (date).

Sharon Dugan
Signed _____ 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 66
Page 541
8-22-02
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 8-1-02
Name of Physician Ronald Stegemoller M.D.

MALE APPLICANT

Name: First Andrew Middle Allen Last Murray
Date of Birth: Month 8 Day 13 Year 75
Place of Birth (State or foreign country) New York
Residence Address: Street or R.R. 1336 W. Melrose St. #1 City Chicago County Cook State Ill. 60657
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Illinois Drivers License

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

ACKNOWLEDGEMENT

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

X Signature of Applicant [signature] Date 22 Aug. '02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 22 day of August, 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 Nicole Middle Marie Last Shore
Date of Birth: Month 1 Day 3 Year 75
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1111 Charles Court City Plainfield County Hend. State In. 46168
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Drivers License

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

ACKNOWLEDGEMENT

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

X Signature of Applicant Nicole M Shore Date 8/22/02

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 Nicole M Shore
X New Address 1336 W Melrose St #1 Chicago IL 60657
Subscribed and sworn to before me this 22 day of August, 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 August 22, 2002, authorizing the marriage of Andrew Allen Murray and Nicole Marie Shore.
I further certify that the following marriage certificate was filed in my office: I, Robert Joe Walters (name), certify that on August 24, 2002 (date), at Plainfield in Hendricks County, Indiana, Andrew Allen Murray of Cook County, Illinois (state), and Nicole Marie Shore of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August 22, 2002 Signed by: Robert Joe Walters, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on August 26, 2002 (date).

Sharon Dugan
Signed _____ 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 66
Page 542
8-22-02
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 8-22-02
Name of Physician Dr. Gaddy

MALE APPLICANT

Name: First Sebastien Middle — Last Trinh
Date of Birth: Month 1 Day 16 Year 1974
Place of Birth (State or foreign country) Belgium
Residence Address: Street or R.R. 2446 Taylor Way City Antioch County Contra Costa State Ca. 94531
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) California Drivers License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [signature] Date 8-22-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 August, 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 Gina Middle Marie Last LaBan
Date of Birth: Month 5 Day 8 Year 72
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 2446 Taylor Way City Antioch County Contra Costa State Ca 94531
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) California Drivers License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [signature] Date 8-22-02

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

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed [signature]
New Address SAME
Subscribed and sworn to before me this 22 day of August, 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 August 22, 2002, authorizing the marriage of Sebastien Trinh and Gina Marie LaBan.
I further certify that the following marriage certificate was filed in my office: I, Richard M. Givan (name), certify that on August 24, 2002 (date), at Camby in Hendricks County, Indiana, Sebastien Trinh of Contra Costa County, California (state), and Gina Marie LaBan of Contra Costa County, California (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August 22, 2002. Signed by: Richard M. Givan, Judge Pro Tempore (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on August 28, 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 66
Page 543
8-22-02
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 4-17-02
Name of Physician Dr. Hanna

MALE APPLICANT

Name First: Damien Middle: D. Last: Wiles
Date of Birth Month: August Day: 7 Year: 1978
Place of Birth (State or foreign country): Indiana
Residence Address Street or R.R.: 218 Meadow Lane City: Plainfield County: Hendricks State: In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
X Signature of Applicant Damien Wiles Date 8-22-02

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 Damien Wiles
X New Address 279 Meadowlark Dr C 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: Kelly Middle: R Last: Smith
Date of Birth Month: June Day: 28 Year: 1979
Place of Birth (State or foreign country): Indiana
Residence Address Street or R.R.: 2601 East C.R. 875 South City: Mooresville County: Hendricks State: In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
5. List the full names of any dependent children. Kierra Natalee Wiles
6. (a) Full name of applicant's father Sawyer Dan 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 Patricia Ann 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).
X Signature of Applicant Kelly Smith Date 8-22-02

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 Kelly Smith
X New Address 279 Meadowlark Dr C 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 August 22, 2002, authorizing the marriage of Damien Gene Wiles and Kelly Renee' Smith.
I further certify that the following marriage certificate was filed in my office: I, Fr. Kevin Morris (name), certify that on August 24, 2002 (date), at Plainfield in Hendricks County, Indiana, Damien Gene Wiles of Hendricks County, Indiana (state), and Kelly Renee' Smith of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August 22, 2002 Signed by: Fr. Kevin Morris, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on August 30, 2002 (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 66
Page 544
8-22-02
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 8-22-02
Name of Physician David Hadley MD

MALE APPLICANT

Name: First Mario Middle Paul Last Clarizia
Date of Birth: Month 10 Day 21 Year 68
Place of Birth (State or foreign country) Massachusetts
Residence Address: Street or R.R. 5747 Grand Vista Dr. City Indpls County Hend. St. 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 Paul S. Clarizia
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Ma
   Birthplace of father (State or foreign country) Ma
   (b) Full maiden name of applicant's mother Georgia Ruth Irwin
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Ma
   Birthplace of mother (State or foreign country) VT

ACKNOWLEDGEMENT

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

✗ Signature of Applicant Mario P. Clarizia Date 8-22-02

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 Mario P. Clarizia
✗ New Address SAME
Subscribed and sworn to before me this 22 day of August, 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 Beth Middle Ellen Last Jerig
Date of Birth: Month 11 Day 26 Year 72
Place of Birth (State or foreign country) Ohio
Residence Address: Street or R.R. 5747 Grand Vista Dr. City Indpls County Hend. St. 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 John Herman Jerig
   (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 Blanche Ellen Fisher
   (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 Beth E. Jerig Date 8-22-02

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 Beth E. Jerig
✗ New Address same
Subscribed and sworn to before me this 22 day of August, 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 August 22, 2002, authorizing the marriage of Mario Paul Clarizia and Beth Ellen Jerig.
I further certify that the following marriage certificate was filed in my office: I, Don Burch (name), certify that on October 5, 2002 (date), at Indianapolis in Hendricks County, Indiana, Mario Paul Clarizia of Hendricks County, Indiana (state), and Beth Ellen Jerig of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August 22, 2002 Signed by: Don Burch, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 9, 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 66
Page 545
8-22-02
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 ☐ 8-21-02
If No, Medical Examination or Report Dated -
Name of Physician Immediate Care - Girls School Rd

MALE APPLICANT

Name First Middle Last: Jerry Brandon Norris
Date of Birth Month Day Year: April 10 1982
Place of Birth (State or foreign country): Indiana
Residence Address Street or R.R. City County State: 9448 Sturgis St. #1 Norfolk VA
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date N/A
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify)
Driver's License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [signature] Date 8-22-02

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

FEMALE APPLICANT

Name First Middle Last: Shannon Dawn Bjornson
Date of Birth Month Day Year: September 15 1982
Place of Birth (State or foreign country): Oregon
Residence Address Street or R.R. City County State: 9448 Sturgis St. #1 Norfolk VA
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date N/A
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify)
Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. N/A
6. (a) Full name of applicant's father Timothy Rod Bjornson
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Colorado
   Birthplace of father (State or foreign country) Washington
   (b) Full maiden name of applicant's mother Dawn Louise Stolberg
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Colorado
   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 [signature] Date 8-22-02

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 August 22, 2002, authorizing the marriage of Jerry Brandon Norris and Shannon Dawn Bjornson.
I further certify that the following marriage certificate was filed in my office: I, Rev. Dr. Stanley B. Cram (name), certify that on August 24, 2002 (date), at Avon in Hendricks County, Indiana, Jerry Brandon Norris of City of Norfolk County, Virginia (state), and Shannon Dawn Bjornson of City of Norfolk County, Virginia (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August 22, 2002. Signed by: Rev. Dr. Stanley B. Cram, Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on September 11, 2002 (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 66
Page 546
8-22-02
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 7-28-02
Name of Physician Lisa Bluke

MALE APPLICANT

Name: First MATTHEW Middle JAMES Last DITTEMORE
Date of Birth: Month 2 Day 9 Year 63
Place of Birth (State or foreign country) IND.
Residence Address: Street or R.R. 10577 E. CO. RD 600 N 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 5-12-98
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) DR. LIC.

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

ACKNOWLEDGEMENT

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

X Signature of Applicant Matthew J. Dittemore Date 8/22/02

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 Matthew J. Dittemore
X New Address 10577 E. CO RD 600 N Indpls IN 46234

Subscribed and sworn to before me this 22 day of Aug 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 CHRISTINE Last SWITZER
Date of Birth: Month 5 Day 22 Year 01
Place of Birth (State or foreign country) IND
Residence Address: Street or R.R. 10577 E CO. RD. 600 N City INDPLS County HENDRICKS State IN
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date _____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) DR. LIC.

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

ACKNOWLEDGEMENT

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

X Signature of Applicant Kelly C Switzer Date 8/22/02

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 Kelly C Switzer
X New Address 10577 E. County Road 600 N. Indpls, IN 46234

Subscribed and sworn to before me this 22 day of Aug 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 August 22, 2002, authorizing the marriage of Matthew James Dittemore and Kelly Christine Switzer.
I further certify that the following marriage certificate was filed in my office: I, Father Timothy Alkire (name), certify that on September 14, 2002 (date), at Lafayette in Tippecanoe County, Indiana, Matthew James Dittemore of Hendricks County, Indiana (state), and Kelly Christine Switzer of Marion County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August 22, 2002 Signed by: Father Timothy Alkire, Priest (official designation) Filed and recorded in accordance with the laws of the State of Indiana on October 17, 2002 (date).

Sharon Dugan
Signed _____ Clerk
Hendricks Circuit Court

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

395

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

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

Book 66
Page 547
8-23-02
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 8-23-02
Name of Physician Mark Benson

MALE APPLICANT

Name: First Joseph Middle Warren Last Turgeon

Date of Birth: Month 7 Day 10 Year 80

Place of Birth (State or foreign country): Indiana

Residence Address: Street or R.R. 2448 Meadowlark Way Apt F 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) ID Card

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Turgeon Date 8-23-02

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 Joseph V Turgeon
New Address same

Subscribed and sworn to before me this 23 day of August, 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 Amy Middle Berennis Last Goldsberry

Date of Birth: Month 2 Day 19 Year 81

Place of Birth (State or foreign country): Indiana

Residence Address: Street or R.R. 2448 Meadowlark Way Apt F City Plainfield County Hend State In. 46168

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

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

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Natasha Brooke Goldsberry
6. (a) Full name of applicant's father Kenneth Goldsberry
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Zenobia Wright
   (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 Amy Goldsberry Date 8-23-02

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 Amy Goldsberry
New Address same

Subscribed and sworn to before me this 23 day of August, 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

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 66
Page 548
8-23-02
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 _____
Name of Physician _____

MALE APPLICANT

Name: First William Middle Dennis Last Love

Date of Birth: Month 6 Day 11 Year 36

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 134 Dover Blvd 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 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 Merle Merwin Love
   (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 Arlowen Wermuth
   (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 D. Love Date 8/23/02

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 William D. Love
✗New Address 5018 W. CAVEN ST. INDIANAPOLIS IN 46241

Subscribed and sworn to before me this 23 day of August, 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 Lucy Middle _____ Last Begley

Date of Birth: Month 5 Day 6 Year 31

Place of Birth (State or foreign country) Kentucky

Residence Address: Street or R.R. 5018 W. Caven St. City Indpls County Marion State IN 46241

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

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1950

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

Drivers License

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

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

State of Indiana)
County of Hendricks)

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

✗Signed Lucy Begley
✗New Address 5018 W. CAVEN ST. 46241-

Subscribed and sworn to before me this 23 day of August, 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 August 23, 2002, authorizing the marriage of William Dennis Love and Lucy Begley.
I further certify that the following marriage certificate was filed in my office: I, Rev. William H. Steinke (name), certify that on August 31, 2002 (date), at Browsnburg in Hendricks County, Indiana, William Dennis Love of Hendricks County, Indiana (state), and Lucy Begley of Marion County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August 23, 2002 Signed by: Rev. William H. Steinke, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on September 12, 2002 (date).

Sharon Dugan
Signed _____ 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 66
Page 549
August 23, 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 8/12/02
Name of Physician Dr Bruce Inman

MALE APPLICANT

Name First: Mark Middle: Edward Last: Richey
Date of Birth Month: 9 Day: 23 Year: 1952
Place of Birth (State or foreign country): Indiana
Residence Address: 404 Wabash St. Street or R.R. Plainfield City Hendricks County State IN 46168
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. —
6. (a) Full name of applicant's father Robert D Richey
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Helen Morgan
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Kentucky

FEMALE APPLICANT

Name First: Charity Middle: Desiree Last: Barron
Date of Birth Month: 12 Day: 27 Year: 1972
Place of Birth (State or foreign country): Indiana
Residence Address: 404 Wabash St. Street or R.R. Plainfield City Hendricks County State IN 46168
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 3/2000
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 Carroll J Barron
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) South Dakota
   (b) Full maiden name of applicant's mother Barbara Behymer
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Mark Edward Richey Date 8/23/02

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 Mark Edward Richey
New Address Same
Subscribed and sworn to before me this 23 day of August 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 Charity Desiree Barron Date 8/23/02

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 Charity Desiree Barron
New Address Same
Subscribed and sworn to before me this 23 day of August 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 August 23, 2002, authorizing the marriage of Mark Edward Richey and Charity Desirée Barron.
I further certify that the following marriage certificate was filed in my office: I, Reuben B. Hill (name), certify that on August 31, 2002 (date), at Plainfield in Hendricks County, Indiana, Mark Edward Richey of Hendricks County, Indiana (state), and Charity Desirée Barron of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August 23, 2002 Signed by: Reuben B. Hill, Superior Court Judge (official designation) Filed and recorded in accordance with the laws of the State of Indiana on September 5, 2002 (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 66
Page 550
8-23-02
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 8-23-02
Name of Physician David Hadley MD

MALE APPLICANT				FEMALE APPLICANT			
Name	First	Middle	Last	First	Middle	Last	
	Frank	Joseph	Essig	Andria	Dawn	Herrin	
Date of Birth	Month	Day	Year	Month	Day	Year	
	4	22	77	10	2	76	
Place of Birth (State or foreign country)	Indiana			Indiana			
Residence Address	Street or R.R.	City	County / State	Street or R.R.	City	County	State
	751 Pennsylvania Dr Apt 1	Palatine	Cook Ill. 60074	751 Pa. Dr. Apt 1	Palatine	Cook	Ill. 60074
Previous Marital Status:	Never Married ☒	OR No. of Previous Marriages		Never Married ☒	OR No. of Previous Marriages		
Last Marriage Ended By:	Death ☐ Divorce ☐ Annulment ☐ Date			Death ☐ Divorce ☐ Annulment ☐ Date			
Date of Birth Verified By:	☐ Birth Certificate ☐ Other (Specify)			☐ Birth Certificate ☐ Other (Specify)			
	Illinois Drivers License			Illinois Drivers License			
1. Are you now or have you ever been adjudged to be of unsound mind?	No ☒ Yes ☐			No ☒ Yes ☐			
If answer is "yes", has the adjudication been removed?	No ☐ Yes ☐			No ☐ Yes ☐			
2. Are you related to the female applicant closer than second cousin?	No ☒ Yes ☐			Are you related to the male applicant closer than second cousin? No ☒ Yes ☐			
3. Are you now under the influence of an alcoholic beverage?	No ☒ Yes ☐			No ☒ Yes ☐			
4. Are you now under the influence of a narcotic drug?	No ☒ Yes ☐			No ☒ Yes ☐			
5. List the full names of any dependent children.							
6. (a) Full name of applicant's father	Frank Frederick Essig			Dennis Dale Herrin			
(If adopted, list adoptive parents only)							
Residence of father (if deceased, so state)	Indiana			Indiana			
Birthplace of father (State or foreign country)	Indiana			Kentucky			
(b) Full maiden name of applicant's mother	Irma Robert-Roque			Jean Ann Humphress			
(If adopted, list adoptive parents only)							
Residence of mother (if deceased, so state)	Indiana			Indiana			
Birthplace of mother (State or foreign country)	Mexico			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 Frank J. Essig Date 8/23/02

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 Frank J. Essig
New Address Same
Subscribed and sworn to before me this 23 day of August, 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 Andrea Herrin Date 8-23-02

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 Andrea Herrin
New Address Same
Subscribed and sworn to before me this 23 day of August, 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 August 23, 2002, authorizing the marriage of Frank Joseph Essig and Andrea Dawn Herrin.
I further certify that the following marriage certificate was filed in my office: I, Donald E. Buchanan (name), certify that on September 14, 2002 (date), at Danville in Hendricks County, Indiana, Frank Joseph Essig of Cook County, Illinois (state), and Andrea Dawn Herrin 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 August 23, 2002. Signed by: Donald E. Buchanan, Priest (official designation) Filed and recorded in accordance with the laws of the State of Indiana on September 24, 2002 (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 66
Page 351
8-27-02
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 8-26-02
Name of Physician Health Trucks

MALE APPLICANT

Name: First Lantze Middle Ward Last Eichinger
Date of Birth: Month 11 Day 25 Year 64
Place of Birth (State or foreign country) California
Residence Address: Street or R.R. 707 Ironwood 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 William George Eichinger
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Virginia
   Birthplace of father (State or foreign country) Minnesota
   (b) Full maiden name of applicant's mother Gretchen Bisworn
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) California
   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 ____ Date 8-27-02

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~~.
X Signed ____
X New Address Same
Subscribed and sworn to before me this 27 day of August, 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 Carol Middle Louise Last Robbins
Date of Birth: Month 4 Day 11 Year 58
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 707 Ironwood 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 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. Timothy Mark Robbins
6. (a) Full name of applicant's father Kenneth L. Newman
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Margorie Florence Cain
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
X Signature of Applicant Carol L. Robbins Date 8-27-02

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.
X Signed Carol L. Robbins
X New Address Same
Subscribed and sworn to before me this 27 day of August, 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 August 27, 2002, authorizing the marriage of Lantz Ward Eichinger and Carol Louise Robbins.
I further certify that the following marriage certificate was filed in my office: I, Nathaniel Urshan (name), certify that on August 28, 2002 (date), at Kokomo in Howard County, Indiana, Lantz Ward Eichinger of Hendricks County, Indiana (state), and Carol Louise Robbins of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August 27, 2002. Signed by: Nathaniel Urshan, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on September 5, 2002 (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 66
Page 552
August 23, 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 ☐ 8-1-02
If No, Medical Examination or Report Dated
Name of Physician Dr. Benson

MALE APPLICANT	FEMALE APPLICANT
Name: First Vernon Middle P Last Murray	Name: First Charity Middle A Last Lamar
Date of Birth: Month 8 Day 31 Year 1972	Date of Birth: Month 10 Day 12 Year 1977
Place of Birth (State or foreign country): In	Place of Birth (State or foreign country): In
Residence Address: Street or R.R. 146 Merriman Rd City Mooresville County Morgan State In 46158	Residence Address: Street or R.R. 3603 Clarks Creek Rd lot 46 City Plainfield County Hendricks State In 46168
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages	Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date	Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License	Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License
1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐	1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐	If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐	2. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐	3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐	4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
5. List the full names of any dependent children. —	5. List the full names of any dependent children. Kathyn Lamar
6. (a) Full name of applicant's father Doug Murray	6. (a) Full name of applicant's father Dale Lamar
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) In	Residence of father (if deceased, so state) In
Birthplace of father (State or foreign country) Ky	Birthplace of father (State or foreign country) In
(b) Full maiden name of applicant's mother Brodlin Kay Mee	(b) Full maiden name of applicant's mother Carol Collier
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) In	Residence of mother (if deceased, so state) In
Birthplace of mother (State or foreign country) 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 X Vern P. Murray Date —

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

Clerk 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 Vern P. Murray
New Address X 3603 Clarks Creek Rd. #46 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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Charity LaMar Date 8-23-02

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 X Charity LaMar
New Address X 3603 Clarks Creek Rd. #46 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 August 23, 2002, authorizing the marriage of Vernon P. Murray and Charity A. Lamar.

I further certify that the following marriage certificate was filed in my office: I, Rev. George W. Shoonmaker (name), certify that on September 7, 2002 (date), at Plainfield in Hendricks County, Indiana, Vernon P. Murray of Morgan County, Indiana (state), and Charity A. Lamar of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August 23, 2002. Signed by: Rev. George W. Schoonmaker, Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on September 24, 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 604
Page 553
8-23-02
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 5-13-02
Name of Physician Kevin D. Scherdel, M.D.

MALE APPLICANT

Name First Justin Middle Lee Last Scheitlin
Date of Birth Month October Day 4 Year 1977
Place of Birth (State or foreign country) Iowa
Residence Address 452C Superior Ln Street or R.R. Avon City Hend. County IN State
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date N/A
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Rolyce Eugene Scheitlin
   (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 Lori Sue Knobloch
   (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 X Justin Scheitlin Date 8/23/2002

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 Justin Scheitlin
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 Emily Middle Louise Last Chamberlain
Date of Birth Month April Day 27 Year 1978
Place of Birth (State or foreign country) Indiana
Residence Address 40 Saville Row 1310 Street or R.R. Cinn. City Hamilton County OH State
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date N/A
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Emily Chamberl Date 8/23/02

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 X Emily Chamberl
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 August 23, 2002, authorizing the marriage of Justin Lee Scheitlin and Emily Louise Chamberlain.
I further certify that the following marriage certificate was filed in my office: I, Daniel E. Kilgus (name), certify that on September 21, 2002 (date), at Remington in Jasper County, Indiana, Justin Lee Scheitlin of Hendricks County, Indiana (state), and Emily Louise Chamberlain of Hamilton County, Ohio (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August 23, 2002. Signed by: Daniel E. Kilgus, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on September 24, 2002 (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 606
Page 554
8-23-02
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 8-23-02
Name of Physician M.S. King MD

MALE APPLICANT	FEMALE APPLICANT
Name: First Eugene, Middle H, Last Russell Jr.	Name: First Janet, Middle Kay, Last Smith
Date of Birth: Month 11, Day 23, Year 60	Date of Birth: Month 2, Day 11, Year 63
Place of Birth (State or foreign country): Illinois	Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 2155 Wanessa Dr. City Avon County Hend. State In. 46123	Residence Address: Street or R.R. 2155 Wanessa 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 2002
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 Eugene H Russell Sr.	6. (a) Full name of applicant's father James W. Traylor Sr.
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Deceased	Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Kentucky	Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Kitty Mae Thompson	(b) Full maiden name of applicant's mother Marilyn J Lewellen
(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) 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).

X Signature of Applicant Eugene H Russell Jr Date 8/23/02

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.

X Signed Eugene H Russell Jr
X New Address same

Subscribed and sworn to before me this 23 day of August, 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 Janet K. Smith Date 8/23/02

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.

X Signed Janet K. Smith
X New Address same

Subscribed and sworn to before me this 23 day of August, 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 August 23, 2002, authorizing the marriage of Eugene H Russell Jr. and Janet Kay Smith.

I further certify that the following marriage certificate was filed in my office: I, Roger L. Stroup (name), certify that on August 30, 2002 (date), at Indianapolis in Hendricks County, Indiana, Eugene H Russell Jr. of Hendricks County, Indiana (state), and Janet 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 August 23, 2002 Signed by: Roger L. Stroup, Pastor (official designation) Filed and recorded in accordance with the laws of the State of Indiana on September 5, 2002 (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 66
Page 555
8-23-02
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 8-7-02
Name of Physician S. Thompson MD

MALE APPLICANT

Name: First Michael Middle Charles Last Morgan

Date of Birth: Month 7 Day 6 Year 63

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 231 Nicole Blvd City Avon County Hend. State In. 46123

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

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 2000

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

Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Vicki Marie Morgan, Daryl Scott Morgan
6. (a) Full name of applicant's father Walter Lee 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 Florence Jean Sees
   (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).

X Signature of Applicant [signature] Date 8-23-02

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.

X Signed [signature]
X New Address SAME

Subscribed and sworn to before me this 23 day of August, 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 Robin Middle Lynn Last Burnett

Date of Birth: Month 9 Day 10 Year 63

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 231 Nicole Blvd 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)

Driver's License

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

ACKNOWLEDGEMENT

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

X Signature of Applicant Robin L Burnett Date 8/23/02

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.

X Signed Robin L Burnett
X New Address SAME

Subscribed and sworn to before me this 23 day of August 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 August 23, 2002, authorizing the marriage of Michael Charles Morgan and Robin Lynn Burnett.

I further certify that the following marriage certificate was filed in my office: I, Michael A. Courtney (name), certify that on October 20, 2002 (date), at Avon in Hendricks County, Indiana, Michael Charles Morgan of Hendricks County, Indiana (state), and Robin Lynn Burnett of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August 23, 2002. Signed by: Michael A. Courtney, Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on October 23, 2002 (date).

Signed Sharon Dugan 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 66
Page 356
8-23-02
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 8-13-02
Name of Physician C. Luschecher MD

MALE APPLICANT

Name: First Christopher Middle John Last Belleville

Date of Birth: Month 9 Day 28 Year 74

Place of Birth (State or foreign country) New York

Residence Address: Street or R.R. 1067 Huntwick Lane 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 Ronald N. Belleville
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) New York
   Birthplace of father (State or foreign country) New York
   (b) Full maiden name of applicant's mother Pamela Nichols
   (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] Signature of Applicant ____ Date 8/23/02

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.
X [signature] Signed ____
X SAME New Address ____
Subscribed and sworn to before me this 23 day of August, 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 Suzanne Last Chaplin

Date of Birth: Month 7 Day 7 Year 77

Place of Birth (State or foreign country) Germany

Residence Address: Street or R.R. 1067 Huntwick Lane City Indpls County Hend State In. 46231

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. Taylor Elizabeth Chaplin
6. (a) Full name of applicant's father Richard Johnson
   (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 Linda Suzanne Polston
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

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

X Elizabeth Chaplin Signature of Applicant ____ Date Aug 23 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 Elizabeth Chaplin Signed ____
X Same New Address ____
Subscribed and sworn to before me this 23 day of August, 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 August 23, 2002, authorizing the marriage of Christopher John Belleville and Elisabeth Suzanne Chaplin.

I further certify that the following marriage certificate was filed in my office: I, Stephen White (name), certify that on August 23, 2002 (date), at Plainfield in Hendricks County, Indiana, Christopher J. Belleville of Hendricks County, Indiana (state), and Elisabeth S. Chaplin of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August 23, 2002. Signed by: Stephen White, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on August 30, 2002 (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 66
Page 557
August 23, 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 8/15/02
Name of Physician Dr. Cockett

MALE APPLICANT

Name: First Timothy Middle Dale Last Perry
Date of Birth: Month 3 Day 31 Year 1976
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 10334 Whispering Winds St City Indpls County Hendricks State IN 46234
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 D. Perry Date 8/23/02

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 Timothy D. Perry
New Address SAME
Subscribed and sworn to before me this 23 day of August 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 Lynn Last Duby
Date of Birth: Month 11 Day 14 Year 1973
Place of Birth (State or foreign country): Michigan
Residence Address: Street or R.R. 1004 Carlyle Lane Apt D City Indpls County Marion State IN 46240
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Morse Duby
   (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 Debra Newbold
   (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 Jennifer L. Duby Date 8/23/02

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 Jennifer L. Duby
New Address SAME AS HIS
Subscribed and sworn to before me this 23 day of August 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 August 23, 2002, authorizing the marriage of Timothy Dale Perry and Jennifer Lynn Duby.
I further certify that the following marriage certificate was filed in my office: I, John Caldwell (name), certify that on September 14, 2002 (date), at Avon in Hendricks County, Indiana, Timothy Dale Perry of Hendricks County, Indiana (state), and Jennifer Lynn Duby of Marion County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August 23, 2002 Signed by: John Caldwell, Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on September 18, 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 66
Page 558
8-26-02
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 7-16-02
Name of Physician Dr. Strate

MALE APPLICANT

Name First: Kennith Middle: D. Last: Inskeep Sr.
Date of Birth Month: 8 Day: 26 Year: 1971
Place of Birth (State or foreign country): Ohio
Residence Address: 10429 Secretariat Dr. Street or R.R. City: Indpls. County: Hend. State: IN 46234
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Kennith D. Inskeep Jr. Kiara D. Clemons, Deaundre D. Inskeep Donshay L. Bates
6. (a) Full name of applicant's father Kennith Inskeep
   (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 Virgie L. Hagler
   (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 Kennith D. Inskeep Date 8/26/02

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 Kennith D. Inskeep Sr.
New Address same as above
Subscribed and sworn to before me this 26 day of August 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: Yvonne Middle: Last: Bates
Date of Birth Month: 5 Day: 16 Year: 1970
Place of Birth (State or foreign country): Ohio
Residence Address: 10429 Secretariat Dr. Street or R.R. City: Indpls. County: Hend. State: IN 46234
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Deaundre D. Inskeep, Donshay L. Bates, Demetrius D. Bates, Derrick A. Shepherd Jr.
6. (a) Full name of applicant's father Thomas Spears
   (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 Pearlean Bates
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Ohio
   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 Yvonne Bates Date 8-26-02

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 Yvonne Bates
New Address same as above
Subscribed and sworn to before me this 26 day of August 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 August 26, 2002, authorizing the marriage of Kennith Dantie Inskeep Sr. and Yvonne Bates.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on August 26, 2002 (date), at Danville in Hendricks County, Indiana, Kennith D. Inskeep Sr. of Hendricks County, Indiana (state), and Yvonne Bates of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August 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 August 30, 2002 (date).

Sharon Dugan
Signed _____ 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 66
Page 539
8-26-02
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 8-21-02
Name of Physician Dr. King

MALE APPLICANT

Name First: John Wayne Middle: Richard Last: Jr.
Date of Birth Month: September Day: 26 Year: 1976
Place of Birth (State or foreign country): Virginia
Residence Address Street or R.R.: 393 Erie Cove Apt E 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 female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Wayne Richard Sr.
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) ME
   (b) Full maiden name of applicant's mother Brenda Reid
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Virginia

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
X Signature of Applicant John W. Richard Jr. Date 26AUG02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 W. Richard Jr.
New Address ____
Subscribed and sworn to before me this ____ 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 ____ ID # ____
Subscribed and sworn to before me this ____ day of ____
____ Clerk

FEMALE APPLICANT

Name First: Rachel Middle: L. Last: Vickery
Date of Birth Month: July Day: 27 Year: 1981
Place of Birth (State or foreign country): Illinois
Residence Address Street or R.R.: 1402 North Alabama Street 105 City: Indianapolis County: Marion State: In.
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Frank A. Vickery
   (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 Belinda 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).
X Signature of Applicant Rachel L Vickery Date 8-26-02

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 Rachel L Vickery
New Address 393 Erie Cove, Apt E Avon, IN 46123
Subscribed and sworn to before me this ____ 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 ____ ID # ____
Subscribed and sworn to before me this ____ day of ____
____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August 26, 2002, authorizing the marriage of John Wayne Richard Jr. and Rachel Lynn Vickery.
I further certify that the following marriage certificate was filed in my office: I, Ron Bontrager (name), certify that on August 31, 2002 (date), at Indianapolis in Marion County, Indiana, John Wayne Richard Jr. of Hendricks County, Indiana (state), and Rachel Lynn Vickery of Marion County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August 26, 2002 Signed by: Ron Bontrager, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on September 12, 2002 (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 66
Page 560
8-27-02
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 8-26-02
Name of Physician Avon Health Mess

MALE APPLICANT

Name: First Zhang Middle Feng Last Chen
Date of Birth: Month 11 Day 19 Year 42
Place of Birth (State or foreign country): China
Residence Address: Street or R.R. 237 Austin 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 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: Yow Chen, Kevin Chen, Katrina Chen
6. (a) Full name of applicant's father: Wen Dan Chen
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state): China
   Birthplace of father (State or foreign country): China
   (b) Full maiden name of applicant's mother: Li Qin Zhang
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state): China
   Birthplace of mother (State or foreign country): China

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [signature] Date 8-27-02

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 [signature]
New Address Same
Subscribed and sworn to before me this 27 day of August, 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 Wen Qing Middle _____ Last Lin
Date of Birth: Month 9 Day 8 Year 66
Place of Birth (State or foreign country): China
Residence Address: Street or R.R. 237 Austin 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 2002
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify)
So Carolina ID Card

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant LIN WEN QING Date 8-27-02

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 LIN WEN QING
New Address Same
Subscribed and sworn to before me this 27 day of August, 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 August 27, 2002, authorizing the marriage of Zhang Feng Chen and Wen Qing Lin.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on August 27, 2002 (date), at Danville in Hendricks County, Indiana, Zhang Feng Chen of Hendricks County, Indiana (state), and Wen Qing Lin of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August 27, 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 August 30, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

409

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

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

Book 66
Page 561
8-27-02
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 _____
Name of Physician _____

MALE APPLICANT

Name: First Richard Middle Lee Last Hunt

Date of Birth: Month 8 Day 30 Year 37

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 5960 W. 200 S. City Danville County Hend. State In. 46122

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

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1991

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. _____
6. (a) Full name of applicant's father Leon Hunt
   (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 Wanda Mae Dove
   (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 Richard Lee Hunt Date 8-27-02

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 Richard Lee Hunt
New Address same

Subscribed and sworn to before me this 27 day of August, 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 Norma Middle Jean Last Washburn

Date of Birth: Month 5 Day 24 Year 38

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 5960 W. Co Rd. 200 S. 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 1988

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. _____
6. (a) Full name of applicant's father Harold W. Lynch
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Marjorie Brown Lynch
   (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 Norma J. Washburn Date 8-27-02

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 Norma J. Washburn
New Address same

Subscribed and sworn to before me this 27 day of August, 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 August 27, 2002, authorizing the marriage of Richard Lee Hunt and Norma Jean Washburn.

I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on August 27, 2002 (date), at Danville in Hendricks County, Indiana, Richard Lee Hunt of Hendricks County, Indiana (state), and Norma Jean Washburn of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August 27, 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 August 27, 2002 (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 66
Page 562
August 27, 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 8-26-02
Name of Physician Dr. Poulos

MALE APPLICANT

Name: First Joshua Middle Scott Last Marlar
Date of Birth: Month 9 Day 18 Year 1977
Place of Birth (State or foreign country) GA
Residence Address: Street or R.R. 331 F Great Lakes Circle W City Avon County Hendricks State In 46123
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers 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 Randy Elwood Marlar
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) In
   Birthplace of father (State or foreign country)
   (b) Full maiden name of applicant's mother Sheila Elisabeth Wise
   (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 X Joshua Scott Marlar Date 08/27/02

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 X Joshua Scott Marlar
New Address X 7427 HIDDEN VALLEY DR. PLAINFIELD IN 46168
Subscribed and sworn to before me this 27 day of August 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 Allison Middle R Last Gant
Date of Birth: Month 11 Day 15 Year 1976
Place of Birth (State or foreign country) In
Residence Address: Street or R.R. 331 F Great Lakes Circle W City Avon County Hendricks State In 46123
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Floyd B Grant II
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) In
   Birthplace of father (State or foreign country) In
   (b) Full maiden name of applicant's mother Joyce Ellen Burris
   (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 X Allison R Gant Date Aug 27, 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 Allison R Gant
New Address X 7427 Hidden Valley Dr. Plainfield IN 46168
Subscribed and sworn to before me this 27 day of August, 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 August 27, 2002, authorizing the marriage of Joshua Scott Marlar and Allison Renee Gant.
I further certify that the following marriage certificate was filed in my office: I, Rev. John C. Parsley (name), certify that on August 31, 2002 (date), at Plainfield in Hendricks County, Indiana, Joshua Scott Marlar of Hendricks County, Indiana (state), and Allison Renee Gant of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August 27, 2002 Signed by: Rev. John C. Parsley, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on September 12, 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 66
Page 563
8-28-02
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 8-12-02
Name of Physician Barbara Kowalski MD

MALE APPLICANT

Name: First Charles Middle Matthew Last Zentz
Date of Birth: Month 2 Day 13 Year 73
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 2012 Fullwood 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 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. Devin Matthew Zentz, Derrick Michael Zentz, Cassandra Marie Zentz
6. (a) Full name of applicant's father Gregory Duane Zentz
   (If adopted, list adoptive parents only)
   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 Regina Hunter
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 M. Zentz Date 8/28/02

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 Charles M. Zentz
New Address 75 Fl N. St Rd 267 Brownsburg, IN 46112
Subscribed and sworn to before me this 28 day of August, 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 Gretchen Middle Ann Last Haggard
Date of Birth: Month 6 Day 17 Year 77
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 7579 N. St Rd 267 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. Zaitl Renee Haggard, Noah Christian Haggard
6. (a) Full name of applicant's father Billy Joe Christain
   (If adopted, list adoptive parents only)
   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 Kay Thompson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Gretchen Haggard Date 8/28/02

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 Gretchen Haggard
New Address SAME
Subscribed and sworn to before me this 28 day of August, 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 August 28, 2002, authorizing the marriage of Charles Matthew Zentz and Gretchen Ann Haggard.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on August 28, 2002 (date), at Danville in Hendricks County, Indiana, Charles Matthew Zentz of Hendricks County, Indiana (state), and Gretchen Ann Haggard of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August 28, 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 September 5, 2002 (date).

Signed Sharon Dugan 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 66
Page 564
8-28-02
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 8-28-02
Name of Physician David Hadley MD

MALE APPLICANT

Name: First Scott Middle Anthony Last Matthews
Date of Birth: Month 3 Day 8 Year 71
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 251 Glenwood Court City Avon County Hendricks State Ind. 46168
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. ____
6. (a) Full name of applicant's father Joe T. Matthews
   (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 Kathleen A. Whitsett
   (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 Gretchen Middle Elaine Last Batic
Date of Birth: Month 12 Day 21 Year 77
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 6693 Royal Lane City Avon County Hend Co. 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 John Batic
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Katharyn Sue 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 Scott Anthony Matthews Date 8-28-02

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.
X Signed Scott Anthony Matthews
X New Address SAME
Subscribed and sworn to before me this 28 day of August, 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 Gretchen E Batic Date 8/28/02

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.
X Signed Gretchen E Batic
X New Address 251 Glenwood Court Avon In 46123
Subscribed and sworn to before me this 28 day of August, 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 August 28, 2002, authorizing the marriage of Scott Anthony Matthews and Gretchen Elaine Batic.
I further certify that the following marriage certificate was filed in my office: I, Karen E. Devaisher (name), certify that on September 14, 2002 (date), at Avon in Hendricks County, Indiana, Scott Anthony Matthews of Hendricks County, Indiana (state), and Gretchen Elaine Batic of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August 28, 2002 Signed by: Karen E. Devaisher, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on September 18, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

413

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 66
Page 565
8-28-02
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 8-14-02
Name of Physician Dr. David Gaddy

MALE APPLICANT	FEMALE APPLICANT
Name: First William Middle Garrett Last Hughes	Name: First Tiffany Middle Dawn Last Whistler
Date of Birth: Month 11 Day 4 Year 71	Date of Birth: Month 8 Day 17 Year 74
Place of Birth (State or foreign country): Indiana	Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 1440 Temple Dr. City Danville County Hendricks State IN	Residence Address: Street or R.R. 1440 Temple Dr. City Danville County Hendricks State IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1	Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1999	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 Gary Ryan Hughes	6. (a) Full name of applicant's father Gary Wayne Whistler
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Indiana	Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Ohio	Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Patricia Ann Jackson	(b) Full maiden name of applicant's mother Mary Jane Harrison
(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) Mississippi

ACKNOWLEDGEMENT

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

Signature of Applicant: William G Hughes Date 8-28-02

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 William G Hughes
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: Tiffany D. Whistler Date 8-28-02

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 Tiffany D. Whistler
New Address same

Subscribed and sworn to before me this _____ day of _____

Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of Hendricks)

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August 28, 2002, authorizing the marriage of William Garrett Hughes and Tiffany Dawn Whistler.

I further certify that the following marriage certificate was filed in my office: I, Dr. Billy Strother (name), certify that on September 14, 2002 (date), at Danville in Hendricks County, Indiana, William Garrett Hughes of Hendricks County, Indiana (state), and Tiffany Dawn Whistler of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August 28, 2002. Signed by: Dr. Billy Strother, Preacher (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

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 66
Page 566
8-29-02
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 8-20-02
Name of Physician Dr. Oliver

MALE APPLICANT

Name: First Michael Middle F. Last Steffen
Date of Birth: Month 8 Day 6 Year 1964
Place of Birth (State or foreign country) Nebraska
Residence Address: Street or R.R. 3365 N CR 950 E 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 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 female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 Steffen
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Colorado
   Birthplace of father (State or foreign country) South Dakota
   (b) Full maiden name of applicant's mother Delores Johnson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Colorado
   Birthplace of mother (State or foreign country) Nebraska

ACKNOWLEDGEMENT

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

Signature of Applicant [signature] Date 8-29-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 861 Pioneer Woods Dr. Indpls IN 46234
Subscribed and sworn to before me this 29 day of August 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 A. Last Kroft
Date of Birth: Month 11 Day 17 Year 1963
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 861 Pioneer Woods Dr. City Indpls. County Marion State IN 46234
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date _____
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Fred Kroft
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Patricia Ann Davis
   (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 Kimberly A. Kroft Date 8/29/02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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. Kroft
New Address Same as above
Subscribed and sworn to before me this 29 day of August 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 August 29, 2002, authorizing the marriage of Michael Francis Steffen and Kimberly Ann Kroft.
I further certify that the following marriage certificate was filed in my office: I, David Berthold (name), certify that on September 14, 2002 (date), at Brownsburg in Hendricks County, Indiana, Michael Francis Steffen of Hendricks County, Indiana (state), and Kimberly Ann Kroft of Marion County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August 29, 2002 Signed by: David Berthold, Minister (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

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 66
Page 567
8-29-02
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 8-28-02
Name of Physician _____

MALE APPLICANT	FEMALE APPLICANT
Name: First Russell Middle Cebert Last Powers	Name: First Tracy Middle Ann Last VanHook
Date of Birth: Month 9 Day 4 Year 63	Date of Birth: Month 4 Day 14 Year 66
Place of Birth (State or foreign country): Indiana	Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 713 Roosevelt St. City Plainfield County Hend. State Ind. 46168	Residence Address: Street or R.R. 713 Roosevelt St City Plainfield County Hend. State Ind. 46168
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2	Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 2002	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. Kelly May Powers, Misty Dawn Powers	5. List the full names of any dependent children. Corey Paul VanHook, Aaron Michael VanHook, Drew Taylor VanHook
6. (a) Full name of applicant's father Robert C. Powers	6. (a) Full name of applicant's father Norman Ralph Hendy
(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) Indiana
Birthplace of father (State or foreign country) Ohio	Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Edna Akins	(b) Full maiden name of applicant's mother Sharon Mae Kersey
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Florida	Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Ohio	Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

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

X Signature of Applicant Russell C Powers Date 8/29/02

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

Clerk of Court _____ Date _____

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

X Signed Russell C Powers
X New Address Same

Subscribed and sworn to before me this 29 day of August, 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 Tracy VanHook Date 8/29/02

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

Clerk of Court _____ Date _____

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

X Signed Tracy VanHook
X New Address Same

Subscribed and sworn to before me this 29 day of August, 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 August 29, 2002, authorizing the marriage of Russell Cebert Powers and Tracy Ann VanHook.

I further certify that the following marriage certificate was filed in my office: I, Ron Hallock (name), certify that on September 21, 2002 (date), at Indianapolis in Marion County, Indiana, Russell Cebert Powers of Hendricks County, Indiana (state), and Tracy Ann VanHook of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August 29, 2002 Signed by: Ron Hallock, Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on September 24, 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 66
Page 568
8-29-02
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 8-7-02
Name of Physician M S King

MALE APPLICANT

Name: First Daniel Middle Sidney Last Evans
Date of Birth: Month 4 Day 16 Year 76
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 228 Broadway St. City Pella County Marion State Iowa 50219
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Iowa Drivers License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 S Evans Date 8/28/02

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 S Evans
New Address 228 Broadway St
Subscribed and sworn to before me this 29 day of August, 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 Margie Middle Marie Last Bond
Date of Birth: Month 7 Day 19 Year 77
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1744 Bridgewater 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) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
5. List the full names of any dependent children. Millani E.M. Evans
6. (a) Full name of applicant's father Randy Bond
   (If adopted, list adoptive parents only)
   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 M. Wilson
   (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 Margie M. Bond Date 8-29-02

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

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Margie M. Bond
New Address 228 Pella St. 50219
Subscribed and sworn to before me this 29 day of August, 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 August 29, 2002, authorizing the marriage of Daniel Sidney Evans and Margie Marie Bond.
I further certify that the following marriage certificate was filed in my office: I, Rev. Delbert R. Watkins (name), certify that on August 31, 2002 (date), at South Bend in St. Joseph County, Indiana, Daniel Sidney Evans of Marion County, Iowa (state), and Margie Marie Bond of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August 29, 2002 Signed by: Rev. Delbert R. Watkins, Assoc. 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

417

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

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

Book 66
Page 569
8-29-02
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 ☐ 8-29-02
If No, Medical Examination or Report Dated
Name of Physician Dr. David Gaddy

MALE APPLICANT	FEMALE APPLICANT
Name: First John, Middle Richard, Last Iddings	Name: First Amanda, Middle Lee, Last White
Date of Birth: Month 4, Day 21, Year 77	Date of Birth: Month 10, Day 7, Year 78
Place of Birth (State or foreign country) Indiana	Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 7795 S 450 E, City Brownsburg, County Hendricks, State IN	Residence Address: Street or R.R. 7795 S 450 E, City Brownsburg, County Hendricks, State IN
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages	Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date	Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's Licens	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 ☐	1. Are you now 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. Sydney Stowe, Colin Stowe, Elizabeth Bliss
6. (a) Full name of applicant's father John Dean Iddings	6. (a) Full name of applicant's father Donald Allen White
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Indiana	Residence of father (if deceased, so state) ?
Birthplace of father (State or foreign country) Indiana	Birthplace of father (State or foreign country) ?
(b) Full maiden name of applicant's mother Monica Ann Dennis	(b) Full maiden name of applicant's mother Vicki Lee Bowman
(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 John R Iddings Date 8-29-02

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

Clerk 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 R. Iddings
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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 White Date 8-30-02

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 Amanda White
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 August 29, 2002, authorizing the marriage of John Richard Iddings and Amanda Lee White.

I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on August 29, 2002 (date), at Danville in Hendricks County, Indiana, John Richard Iddings of Hendricks County, Indiana (state), and Amanda Lee 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 August 29, 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 September 5, 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 66
Page 570
8-30-02
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 8-26-02
Name of Physician Buland Ashraf

MALE APPLICANT

Name: First Christopher Middle Scott Last Shuler
Date of Birth: Month 2 Day 26 Year 63
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 475 Glen Villa Lane Unit 147 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 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. Breanna Chelsea Shuler, Spencer Douglas Shuler
6. (a) Full name of applicant's father Michael Scott Shuler
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Andrea Jean Romer
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
✗Signature of Applicant [signature] Date 8/30/02

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 [signature]
✗New Address Same
Subscribed and sworn to before me this 30 day of August, 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 Rachelle Middle Marie Last Mason
Date of Birth: Month 10 Day 9 Year 78
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 475 Glen Villa Lane Unit 147 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 Lance A. Mason
   (If adopted, list adoptive parents only)
   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 Fleck
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
✗Signature of Applicant [signature] Date 083002

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 August, 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 August 30, 2002, authorizing the marriage of Christopher Scott Shuler and Rachelle Marie Mason.
I further certify that the following marriage certificate was filed in my office: I, David Patrick (name), certify that on September 28, 2002 (date), at Indianapolis in Marion County, Indiana, Christopher Scott Shuler of Hendricks County, Indiana (state), and Rachelle Marie 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 August 30, 2002 Signed by: David Patrick, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 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 66
Page 371
8/29/02
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 8/21/02
Name of Physician Holly Cooper MD

MALE APPLICANT

Name: First Brent Middle Edward Last Larkin
Date of Birth: Month 1 Day 3 Year 1980
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 3603 Clarks Creek Rd Lot 32 City Plainfield County Hendricks State IN 46168
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

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

FEMALE APPLICANT

Name: First Darcy Middle Renee' Last Kennedy
Date of Birth: Month 3 Day 11 Year 1983
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 3603 Clarks Creek Rd Lot 32 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 Michael Kennedy
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Tonda Sowers
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Brent E. Larkin Date 8-29-02

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

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Brent E. Larkin
New Address same
Subscribed and sworn to before me this 29 day of August 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 Darcy R Kennedy Date 8/29/02

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

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Darcy R Kennedy
New Address same
Subscribed and sworn to before me this 29 day of August 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 August 29, 2002, authorizing the marriage of Brent Edward Larkin and Darcy Renee' Kennedy.
I further certify that the following marriage certificate was filed in my office: I, John L. Ross (name), certify that on September 6, 2002 (date), at Plainfield in Hendricks County, Indiana, Brent Edward Larkin of Hendricks County, Indiana (state), and Darcy Renee' Kennedy of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August 29, 2002. Signed by: John L. Ross, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on September 12, 2002 (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 66
Page 572
8-30-02
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 1-27-74
Name of Physician Barbara Smorawiec MD

MALE APPLICANT

Name: First Jason Middle Carlton Last Schubert
Date of Birth: Month 4 Day 4 Year 78
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 7632 Calvert Make A. Pkwd. City Hend. 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 Jacky Carlton Schubert
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Tennessee
   (b) Full maiden name of applicant's mother Carol Jean Cummings
   (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 Kimberly Middle Ruth Last DeSandre
Date of Birth: Month 1 Day 15 Year 73
Place of Birth (State or foreign country) New Jersey
Residence Address: Street or R.R. 746 Estates Blvd City Trenton County Mercer State NJ 08619
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) NJ Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 DeSandre
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) New Jersey
   Birthplace of father (State or foreign country) New Jersey
   (b) Full maiden name of applicant's mother Linda Westbrook
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) New Jersey
   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 Jason C Schubert Date 8/30/02

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 Jason C. Schubert
X New Address 746 ESTATES BLVD #99 TRENTON, NJ 08619
Subscribed and sworn to before me this 30 day of Aug, 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 Kimberly R DeSandre Date 8/30/02

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 Kimberly R DeSandre
X New Address same
Subscribed and sworn to before me this 30 day of August 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 August 30, 2002, authorizing the marriage of Jason Carlton Schubert and Kimberly Ruth DeSandre.
I further certify that the following marriage certificate was filed in my office: I, Donald E. Buchanan (name), certify that on October 12, 2002 (date), at Danville in Hendricks County, Indiana, Jason Carlton Schubert of Hendricks County, Indiana (state), and Kimberly Ruth DeSandre of Mercer County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August 30, 2002 Signed by: Donald E. Buchanan, Priest (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 17, 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 66
Page 573
8-30-02
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 Robert Middle Dale Last Gibbs
Date of Birth: Month 6 Day 26 Year 60
Place of Birth (State or foreign country) Tennessee
Residence Address: Street or R.R. 2835 Colonial Circle City Nashville County Davidson State Tn 37214
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) Tennessee Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Robert Barry Gibbs
6. (a) Full name of applicant's father Barry Gibbs
   (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 Carmen Stansberry
   (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 Robert D Gibbs Date 8-30-02

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 Robert D Gibbs
X New Address 303 Blue Ridge Dr. Old Hickory TN 37138
Subscribed and sworn to before me this 30 day of August, 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 Evelyn Middle Roberta Last Scott
Date of Birth: Month 10 Day 29 Year 49
Place of Birth (State or foreign country) Tennessee
Residence Address: Street or R.R. 303 Blue Ridge Dr. City Old Hickory County Wilson State Tn 37138
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) Tennessee Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father John Daffron
   (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 Jessie Disberon
   (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 Evelyn Roberta Scott Date 8-30-02

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 Evelyn Roberta Scott
X New Address Same
Subscribed and sworn to before me this 30 day of August, 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 August 30, 2002, authorizing the marriage of Robert Dale Gibbs and Evelyn Roberta Scott.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on August 30, 2002 (date), at Danville in Hendricks County, Indiana, Robert Dale Gibbs of Davidson County, Tennessee (state), and Evelyn Roberta Scott of Wilson County, Tennessee (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August 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 September 5, 2002 (date).

Signed Sharon Dugan 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 66
Page 574
8-30-02
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 8-22-02
Name of Physician Robin Classic

MALE APPLICANT

Name: First Scott Middle Adrian Last Stippich
Date of Birth: Month 1 Day 24 Year 72
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 81 Briarwood 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 female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Darrell Stippich
   (If adopted, list adoptive parents only) ____
   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 Jean Brown
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Scott A. Stippich Date 8/30/02

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 Scott A. Stippich
New Address Same
Subscribed and sworn to before me this 30 day of August, 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 Louise Last Mathis
Date of Birth: Month 8 Day 10 Year 67
Place of Birth (State or foreign country) Illinois
Residence Address: Street or R.R. 81 Briarwood Dr. City Brownsburg County Hend. State IN 46112
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Karen L Mathis Date 8/30/02

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 Karen L Mathis
New Address Same
Subscribed and sworn to before me this 30 day of August, 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 August 30, 2002, authorizing the marriage of Scott Adrian Stippich and Karen Louise Mathis.
I further certify that the following marriage certificate was filed in my office: I, Thomas E. Anthony (name), certify that on September 7, 2002 (date), at Indianapolis in Marion County, Indiana, Scott Adrian Stippich of Hendricks County, Indiana (state), and Karen Louise Mathis of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August 30, 2002. Signed by: Thomas E. Anthony, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on September 19, 2002 (date).

Sharon Dugan
Signed ____ 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 66
Page 575
8-30-02
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 3-2702
Name of Physician Dr. Reed

MALE APPLICANT

Name: First Derek Middle A. Last Isenhour
Date of Birth: Month 7 Day 9 Year 1974
Place of Birth (State or foreign country) Indiana
Residence Address: 46112 Street or R.R. 16 Pondview Ct. City Brownsburg County Hend State IN
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Driver's License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [signature] Date 8-30-02

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 [signature]
New Address same as above
Subscribed and sworn to before me this 30 day of August 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 Alison Middle M. Last Spires
Date of Birth: Month 11 Day 23 Year 1977
Place of Birth (State or foreign country) Indiana
Residence Address: 46112 Street or R.R. 16 Pondview Ct. City Brownsburg County Hend State IN
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Driver's License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [signature] Date 08-30-02

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 [signature]
New Address same as above
Subscribed and sworn to before me this 30 day of August 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 August 30, 2002, authorizing the marriage of Derek A. Isenhour and Alison M. Spires.
I further certify that the following marriage certificate was filed in my office: I, Jeffrey Harlow (name), certify that on September 21, 2002 (date), at Oakford in Howard County, Indiana, Derek A. Isenhour of Hendricks County, Indiana (state), and Alison M. Spires of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August 30, 2002 Signed by: Jeffrey Harlow, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 2, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

424

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 66
Page 576
8-30-02
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 8-22-02
Name of Physician Avon Family Medicine

MALE APPLICANT

Name: First Kevin Middle Robert Last Robbins
Date of Birth: Month 4 Day 2 Year 80
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 2604 West 300 So. 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 female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. ____
6. (a) Full name of applicant's father Robert D. Robbins
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Barbara A. Dailey
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
X Signature of Applicant Kevin K. Robbins Date 8-30-02

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 Kevin K. Robbins
X New Address Same As Above
Subscribed and sworn to before me this 30 day of August, 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 Amy Middle Rachelle Last Polson
Date of Birth: Month 2 Day 5 Year 80
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 2604 W. 300 S. City Danville County Hendricks State Ind. 46122
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
X Signature of Applicant Amy R Polson Date 8-30-02

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 Amy R Polson
X New Address same as above
Subscribed and sworn to before me this 30 day of August, 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 August 30, 2002, authorizing the marriage of Kevin Robert Robbins and Amy Rachelle Polson.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on August 30, 2002 (date), at Danville in Hendricks County, Indiana, Kevin Robert Robbins of Hendricks County, Indiana (state), and Amy Rachelle Polson of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August 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 September 5, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

425

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

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

Book 66
Page 577
8-30-02
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 8-21-02
Name of Physician Avon Clinic

MALE APPLICANT

Name: First Daniel Middle Lee Last Weaver
Date of Birth: Month 3 Day 14 Year 63
Place of Birth (State or foreign country) Ohio
Residence Address: Street or R.R. 5882 Apple Blossom 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) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Nicole Weaver
6. (a) Full name of applicant's father Richard L. Weaver
   (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 Connie L. Yates
   (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 Daniel L Weaver Date 8-30-02

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 Daniel L Weaver
X New Address Same
Subscribed and sworn to before me this 30 day of August, 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 Theresa Middle Marie Last Reppert
Date of Birth: Month 1 Day 29 Year 58
Place of Birth (State or foreign country) Virginia
Residence Address: Street or R.R. 5882 Apple Blossom 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 Thomas C. Reppert
   (If adopted, list adoptive parents only)
   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 Schimmel
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

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

X Signature of Applicant Theresa M Reppert Date 8-30-02

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 Theresa M Reppert
X New Address SAME
Subscribed and sworn to before me this 30 day of August, 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 August 30, 2002, authorizing the marriage of Daniel Lee Weaver and Theresa Marie Reppert.
I further certify that the following marriage certificate was filed in my office: I, Michelle L. Knight (name), certify that on October 4, 2002 (date), at Brownsburg in Hendricks County, Indiana, Daniel Lee Weaver of Hendricks County, Indiana (state), and Theresa Marie Reppert of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August 30, 2002 Signed by: Michelle L. Knight, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 9, 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 66
Page 578
8-30-02
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 10-10-02
Name of Physician David Hadley MD

MALE APPLICANT

Name: First Eric Middle Steven Last Wagoner
Date of Birth: Month 5 Day 28 Year 80
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 2450 Meadowlark Way Apt G City Plainfield County Hendricks State IN
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [signature] Date 8-30-02

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 [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

FEMALE APPLICANT

Name: First Andrea Middle Dee Last Greathouse
Date of Birth: Month 3 Day 17 Year 81
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 2450 Meadowlark Way Apt G 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. Brayden Dunlevy
6. (a) Full name of applicant's father Steven Edward Greathouse
   (If adopted, list adoptive parents only)
   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 Kay Franklin
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [signature] Date 8-30-02

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 [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 August 30, 2002, authorizing the marriage of Eric Steven Wagoner and Andrea Dee Greathouse.
I further certify that the following marriage certificate was filed in my office: I, Oakie L. Shepherd (name), certify that on September 28, 2002 (date), at Plainfield in Hendricks County, Indiana, Eric Steven Wagoner of Hendricks County, Indiana (state), and Andrea Dee Greathouse of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August 30, 2002. Signed by: Oakie L. Shepherd, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 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 66
Page 579
9-3-02
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 8-23-02
Name of Physician Dr. Dascoli, MD

MALE APPLICANT

Name: First Nicholas Middle Anthony Last Purdy
Date of Birth: Month 9 Day 12 Year 79
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 227 Lake Moore St City Brownsburg County Hendricks State IN
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Nicholas Anthony Purdy Date 9-6-02

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 Nicholas Anthony Purdy
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 Stefanie Middle _____ Last Harter
Date of Birth: Month 10 Day 18 Year 80
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 3125 N CR 900 E City Bburg County Hend. State IN 46112
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) drivers license

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. NA
6. (a) Full name of applicant's father Danny Harter
   (If adopted, list adoptive parents only)
   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 F. 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 Stefanie Harter Date 9-3-02

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 Stefanie Harter
New Address 267 Lakemoore St. Brownsburg 46112
Subscribed and sworn to before me this 3 day of Sept., 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 Sept. 6, 2002, authorizing the marriage of Nicholas Anthony Purdy and Stefanie Marie Harter.
I further certify that the following marriage certificate was filed in my office: I, Donald Purdy (name), certify that on September 14, 2002 (date), at Indianapolis in Marion County, Indiana, Nicholas Anthony Purdy of Hendricks County, Indiana (state), and Stefanie Marie Harter of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept. 6, 2002. Signed by: Donald Purdy, Minister (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

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 66
Page 380
8-30-02
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 8-26-02
Name of Physician Dr. Rosenwater

MALE APPLICANT				FEMALE APPLICANT			
Name	First	Middle	Last	First	Middle	Last	
	Darien		Sanders	Sheila	Evette	Faison	
Date of Birth	Month	Day	Year	Month	Day	Year	
	1	30	76	12	29	75	
Place of Birth (State or foreign country)	Florida			Florida			
Residence Address	Street or R.R.	City	County	State			
	934 Dudle Ridge Dr	B'Burg	Hend	In. 46112	934 Dudle Ridge Dr	B'Burg	Hend In. 46112
Previous Marital Status:	Never Married ☑	OR No. of Previous Marriages			Never Married ☑		
Last Marriage Ended By:	Death ☐ Divorce ☐ Annulment ☐ Date				Death ☐ Divorce ☐ Annulment ☐ Date		
Date of Birth Verified By:	☐ Birth Certificate ☑ Other (Specify)				☐ Birth Certificate ☑ Other (Specify)		
	Drivers License				Drivers License		

		MALE APPLICANT	FEMALE APPLICANT
1.	Are you now or have you ever been adjudged to be of unsound mind?	No ☑ Yes ☐	No ☑ Yes ☐
	If answer is "yes", has the adjudication been removed?	No ☐ Yes ☐	No ☐ Yes ☐
2.	Are you related to the female applicant closer than second cousin?	No ☑ Yes ☐	
	Are you related to the male applicant closer than second cousin?		No ☑ Yes ☐
3.	Are you now under the influence of an alcoholic beverage?	No ☑ Yes ☐	No ☑ Yes ☐
4.	Are you now under the influence of a narcotic drug?	No ☑ Yes ☐	No ☑ Yes ☐
5.	List the full names of any dependent children.	Dka Rkeanne Sanders, Dka Monequa Sanders, Tamaurica Sanders	Dka Rkeanne Sanders, Dka Monequa Sanders, Tamaurica Sanders
6.	(a) Full name of applicant's father	Harry L. Sanders	Archie Lucido Faison
	(If adopted, list adoptive parents only)		
	Residence of father (if deceased, so state)	Georgia	Florida
	Birthplace of father (State or foreign country)	So. Carolina	Florida
	(b) Full maiden name of applicant's mother	Mary A. Johnson	Tresa Burdette McDonald
	(If adopted, list adoptive parents only)		
	Residence of mother (if deceased, so state)	Florida	Virginia
	Birthplace of mother (State or foreign country)	Florida	Alabama

ACKNOWLEDGEMENT

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

X Signature of Applicant Darien Sanders Date 8-30-02

X Signature of Applicant Sheila Faison Date 8-30-02

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 Darien Sanders
X New Address Same

Subscribed and sworn to before me this 30 day of August, 2002
Sharon Dugan Clerk of the Hendricks Circuit Court

State of Indiana)
County of Hendricks)

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

X Signed Sheila Faison
X New Address Same

Subscribed and sworn to before me this 30 day of August 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 August 30, 2002, authorizing the marriage of Darien Sanders and Sheila Evette Faison.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on August 30, 2002 (date), at Danville in Hendricks County, Indiana, Darien Sanders of Hendricks County, Indiana (state), and Sheila Evette Faison of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August 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 September 4, 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 66
Page 581
9-3-02
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 8-29-02
Name of Physician Dr. Johnson

MALE APPLICANT

Name: First Michael Middle R. Last Swalley
Date of Birth: Month 8 Day 15 Year 1955
Place of Birth (State or foreign country) Texas
Residence Address: Street or R.R. 71 Holloway Blvd 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 2/02
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Driver's License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 R Swalley Date 9-3-02

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 Michael R Swalley
New Address same as above
Subscribed and sworn to before me this 3 day of Sept. 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 Marnie Middle A. Last Groover
Date of Birth: Month 11 Day 18 Year 1966
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 9302 N. CR 75 W City Lizton County Hend State IN 46149
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 10/98
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Driver's License

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

ACKNOWLEDGEMENT

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

✗Signature of Applicant Marnie Groover Date 9/3/02

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 Marnie Groover
New Address 71 Holloway Blvd, Brownsburg, IN
Subscribed and sworn to before me this 3 day of Sept. 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 Sept. 3, 2002, authorizing the marriage of Michael Ray Swalley and Marnie Ann Groover.
I further certify that the following marriage certificate was filed in my office: I, Joan Groover (name), certify that on October 5, 2002 (date), at Brownsburg in Hendricks County, Indiana, Michael Ray Swalley of Hendricks County, Indiana (state), and Marnie Ann Groover of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept. 3, 2002. Signed by: Joan Groover, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 17, 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 66
Page 582
9-4-02
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 ☐ 9-4-02
If No, Medical Examination or Report Dated
Name of Physician Dr. Gaddy

MALE APPLICANT

Name First Joseph Middle Michael Last Farmer
Date of Birth Month 3 Day 26 Year 75
Place of Birth (State or foreign country) Indiana
Residence Address Street or R.R. 1682 Cedar Mill 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 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. Marissa Farmer, Miranda Farmer
6. (a) Full name of applicant's father Clyde Bonnie Farmer
   (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 Ruby Kathleen Groom
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 M Farmer Date 9/4/02

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 Joseph M Farmer
New Address 1682 Cedar Mill Drive
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 Helen Middle Nichole Last Baer
Date of Birth Month 9 Day 28 Year 76
Place of Birth (State or foreign country) Indiana
Residence Address Street or R.R. 1682 Cedar Mill 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 License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Helen N Baer Date 9-4-02

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 Helen N Baer
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 Sept. 4, 2002, authorizing the marriage of Joseph Michael Farmer and Helen Nichole Baer.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on September 4, 2002 (date), at Danville in Hendricks County, Indiana, Joseph Michael Farmer of Hendricks County, Indiana (state), and Helen Nichole Baer of Hendricks County, Indiana (state) were 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. 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 September 12, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

431

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 66
Page 583
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage 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 Benito Middle _ Last Conde Jr.
Date of Birth: Month September Day 19 Year 1975
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 9221 Amberleigh Drive City Plainfield County Hendricks State In.
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages _
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date _
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Driver's License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Benito Conde Jr. Date 9/4/02

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 Benito Conde Jr.
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 Andrea Middle E. Last Hunt
Date of Birth: Month October Day 23 Year 1974
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 9221 Amberleigh Drive City Plainfield County Hendricks State In.
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages _
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date _
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Aaron Joshua Conde
   Brian Gabriel Hunt
6. (a) Full name of applicant's father Joe Hunt
   (If adopted, list adoptive parents only) _
   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 Ruth Kraack
   (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 Andrea E. Hunt Date

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

431

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 66
Page 583
Date of Application

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

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

CONFIDENTIAL INFORMATION: IC 16-37-1-10

*SOCIAL SECURITY NUMBER

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

RECORD OF MARRIAGE

HENDRICKS COUNTY — No. 583

INSERT NAME OF COUNTY

GROOM

Name of groom (*Print in full*) (*last, first, middle*): Conde Jr, Benito
Residence address (*number and street*): 9221 Amberleigh Dr
County: Hendricks
City or town, state, ZIP code: Plainfield IN 46168
Is residence inside city limits? ☒ Yes ☐ No
Social Security number *: 311-02-2880
Usual occupation: Mail Sorter
Education (*specify highest grade completed*): 16
Name of father: Benito Conde Sr.
Birthplace: Raymondsville, Tx
Name of mother (*full maiden*): Maria Andrea Dominguez
Birthplace: Mexico City, Mex.

Race: ☐ White ☐ Black ☐ Multi-Racial ☑ Other (*specify*) Hispanic
Age of groom: 26
Place of birth (*State or Foreign Country*): Indiana
PREVIOUS MARITAL STATUS
☑ Never Married
LAST MARRIAGE ENDED BY:
☐ Death ☐ Annulment ☐ Divorce
Total number of previous marriages:
Date last marriage ended:

BRIDE

Name of bride (*Print in full legal name before this marriage*) (*last, first, middle*): Hunt Andrea Elan
Residence address (*number and street*): 9221 Amberleigh Dr.
County: Hendricks
City or town, state, ZIP code: Plainfield, IN 46168
Is residence inside city limits? ☑ Yes ☐ No
Social Security number *: 306-02-7545
Usual occupation: Home Maker
Education (*specify highest grade completed*): One year of college
Name of father: Joe Hunt
Birthplace: Indiana
Name of mother (*full maiden*): Martha Ruth Kreack
Birthplace: New York

Race: ☑ White ☐ Black ☐ Multi-Racial ☐ Other (*specify*)
Age of bride: 27
Place of birth (*State or Foreign Country*): Indiana
PREVIOUS MARITAL STATUS
☐ Never Married
LAST MARRIAGE ENDED BY:
☐ Death ☐ Annulment ☐ Divorce
Total number of previous marriages:
Date last marriage ended:

THIS APPLICATION FOR LICENSE EXPIRES ON:

PLACE OF MARRIAGE

City or town:
County:
Signature of groom:
Signature of bride:
Date of marriage:
AIDS Education Acknowledgment signed ☑ Yes ☐ No
Religious Objection signed ☐ Yes ☐ No

OFFICIANT

Name:
Title:
Address (*number ar*
City or town, state, Z
Telephone number

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

Date of Recording _____ Book _____

Signed Sharon Dugan Clerk of HENDRICKS
Insert Name

Need to fill in all dates on both forms.
Need Pre-Marital form and $20.00

RECORD OF MARRIAGE
State Form 27553 (R5 / 8-99) / SDH06-025-32
IC 31-11-4-18
Department of Health

Name F
Date of Birth Bene
Place of Birth (State or fo
Residence Address
9221 Amberlea
Previous Marital Status:
Last Marriage Ended By:
Date of Birth Verified By
Drivers
1. Are you now or ha
If answer is "yes",
2. Are you related to
3. Are you now und
4. Are you now und
5. List the full name
Aaron C
6. (a) Full name o
(If adopted,
Residence
Birthplace
(b) Full maide
(If adopted
Residence
Birthplace

I acknowledge that I hav
are sexually transmitted
immune deficiency synd
Signature of Applicant

The above applicant has
acknowledgment becaus
Clerk of Court

State of Indiana
County of Hendricks)
Signed
New Address
Subscribed and sworn to
Sharon

CONSENT OF PAREN
We, the parents of this a
state facts which make

State of Indiana)
County of Hendricks)
Father
Mother
Subscribed and sworn t

COMPLETE IF M

and filed in

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

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

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 66
Page 584
9-5-02
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 8-22-02
Name of Physician Charles Tripplett MD

MALE APPLICANT

Name: First Shawn Middle Michael Last Gruca
Date of Birth: Month 9 Day 2 Year 77
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 10711 Glenaye Dr. City Cmby County Hend. State In. 46113
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Randall Allen Gruca
   (If adopted, list adoptive parents only)
   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 Lowry
   (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 Shawn M. Gruca Date 9/5/02

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 Shawn M. Gruca
New Address SAME
Subscribed and sworn to before me this 5 day of September 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 Stacie Middle Renee Last Kurtz
Date of Birth: Month 11 Day 13 Year 78
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 7717 Andrew Pass City Plainfield County Hend. State In. 46168
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Gregory Robert Kurtz
   (If adopted, list adoptive parents only)
   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 Williman
   (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 Stacie R. Kurtz Date 9/5/02

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 Stacie R. Kurtz
New Address 10711 Glenaye Drive
Subscribed and sworn to before me this 5 day of September 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 Sept. 5, 2002, authorizing the marriage of Shawn Michael Gruca and Stacie Renee Kurtz.
I further certify that the following marriage certificate was filed in my office: I, Stephen White (name), certify that on September 14, 2002 (date), at Plainfield in Hendricks County, Indiana, Shawn Michael Gruca of Hendricks County, Indiana (state), and Stacie Renee Kurtz of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept. 5, 2002. Signed by: Stephen White, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on September 20, 2002 (date).

Sharon Dugan
Signed _____ 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 66
Page 585
Sept 5, 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 9-5-02
Name of Physician Dr - David Gaddy

MALE APPLICANT	FEMALE APPLICANT
Name: First Brian Middle Eugene Last Vernick	Name: First Denise Middle Rashell Last Jackson
Date of Birth: Month 4 Day 9 Year 1979	Date of Birth: Month 7 Day 2 Year 1978
Place of Birth (State or foreign country): Indiana	Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 1637 Woodpointe Dr. City Indpls. County Marion State IN 46234	Residence Address: Street or R.R. 203 Gordon Ct 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 Ron Vernick	6. (a) Full name of applicant's father Jerry Jackson
(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) Tennessee
(b) Full maiden name of applicant's mother Mary Carrico	(b) Full maiden name of applicant's mother Phyllis Bechtel
(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 Brian E. Vernick Date 9-5-02

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 Brian E. Vernick
New Address 203 Gordon Ct

Subscribed and sworn to before me this 5 day of September 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 Denise R. Jackson Date 9-5-02

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 Denise R. Jackson
New Address SAME

Subscribed and sworn to before me this 5 day of September 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 Sept. 5, 2002, authorizing the marriage of Brian Eugene Vernick and Denise Rashell Jackson.

I further certify that the following marriage certificate was filed in my office: I, Brian Jenkins (name), certify that on November 2, 2002 (date), at Plainfield in Hendricks County, Indiana, Brian Eugene Vernick of Marion County, Indiana (state), and Denise Rashell Jackson of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept. 5, 2002. Signed by: Brian Jenkins, Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on November 12, 2002 (date).

Sharon Dugan

Signed _____ 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 66
Page 586
9-5-02
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 ☐ 9-5-02
If No, Medical Examination or Report Dated
Name of Physician Dr. David Hadley

MALE APPLICANT

Name: First Mark Middle A Last Hera
Date of Birth: Month October Day 26 Year 1977
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1413 Countryside Drive City Indianapolis County Marion State In
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Drivers License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Mk Hera Date 9/5/02

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 Mk Hera
New Address 8405 Cabin Creek Dr. #F Indianapolis, IN 46237
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 Carol Last Scudder
Date of Birth: Month September Day 18 Year 1978
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 5385 Green Hills Drive 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. NONE
6. (a) Full name of applicant's father David Allen Scudder
   (If adopted, list adoptive parents only)
   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 Lynn Litzford
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) N.J.

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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. Scudder Date 9-5-02

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 Andrea C. Scudder
New Address 8405 Cabin Creek Dr. #F Indianapolis, IN 46237
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. 5, 2002, authorizing the marriage of Mark Andrew Hera and Andrea Carol Scudder.
I further certify that the following marriage certificate was filed in my office: I, Fred Rodkey (name), certify that on September 14, 2002 (date), at Indianapolis in Marion County, Indiana, Mark Andrew Hera of Marion County, Indiana (state), and Andrea Carol Scudder of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept. 5, 2002. Signed by: Fred Rodkey, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on September 20, 2002 (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 66
Page 587
9-6-02
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 8-29-02
Name of Physician Jonathan A. Gish, MD

MALE APPLICANT

Name: First Gerald Middle Lamoin Last Shull, Jr.
Date of Birth: Month 6 Day 2 Year 48
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1012 Corey Lane 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. Elyssa Anne Shull, Kristen Lynn Shull
6. (a) Full name of applicant's father Gerald Lamoin Shull
   (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 Miriam Anne Overholser
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name: First Teresa Middle Sue Last Byrd
Date of Birth: Month 12 Day 16 Year 60
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1012 Corey Lane City Plainfield County Hend. State In 46168
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 2000
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
X Signature of Applicant Gerald L Shull Date 9/6/02

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.
X Signed Gerald L Shull
X New Address Same
Subscribed and sworn to before me this 6 day of September, 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 Teresa S. Byrd Date 9-6-02

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.
X Signed Teresa S. Byrd
X New Address SAME
Subscribed and sworn to before me this 6 day of September, 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 Sept. 6, 2002, authorizing the marriage of Gerald Lamoin Shull, Jr. and Teresa Sue Byrd.
I further certify that the following marriage certificate was filed in my office: I, Stevan W. Ranson (name), certify that on September 8, 2002 (date), at Clayton in Hendricks County, Indiana, Gerald Lamoin Shull, Jr. of Hendricks County, Indiana (state), and Teresa Sue Byrd of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept. 6, 2002. Signed by: Stevan W. Ranson, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on September 12, 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 606
Page 588
9-6-02
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 5-3-01
Name of Physician Barbara Kocuba MD

MALE APPLICANT

Name: First Paul Middle Keith Last Conley
Date of Birth: Month 12 Day 3 Year 56
Place of Birth (State or foreign country) Kentucky
Residence Address: Street or R.R. 5379 N. Reeves Rd. 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 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 Henry Thomas Conley
   (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 Ruby McFord
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) 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 Paul Conley Date 9-6-02

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 Paul Conley
✗ New Address SAMC
Subscribed and sworn to before me this 6 day of September 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 Tina Middle Renee Last Mansbach
Date of Birth: Month 5 Day 10 Year 59
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 5379 N. Reeves Rd 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 1986
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Sue Mansbach
6. (a) Full name of applicant's father Jesse Lee
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Kentucky
   (b) Full maiden name of applicant's mother Margaret Ahern
   (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 Tina Mansbach Date 9/6/02

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 Tina Mansbach
✗ New Address SAME
Subscribed and sworn to before me this 6 day of September 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 Sept. 6, 2002, authorizing the marriage of Paul Keith Conley and Tina Renee Mansbach.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on September 6, 2002 (date), at Danville in Hendricks County, Indiana, Paul Keith Conley of Hendricks County, Indiana (state), and Tina Renee Mansbach of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept. 6, 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 September 12, 2002 (date).

Sharon Dugan
Signed _____ Clerk
Hendricks Circuit Court

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

437

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 66
Page 589
9-6-02
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 9-3-02
Name of Physician Dr. at Health Traces

MALE APPLICANT

Name: First Aaron Middle Dale Last Law
Date of Birth: Month 2 Day 7 Year 60
Place of Birth (State or foreign country) Germany
Residence Address: Street or R.R. 6673 N. St Rd 44 City Morgantown County Johnson 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. Jessie Nicole Law
6. (a) Full name of applicant's father Talmadge Law
   (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 Betty Jewel Meador
   (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 Aaron D. Law Date 9-6-02

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 Aaron D Law
New Address SAME AS ABOVE
Subscribed and sworn to before me this _____ day of _____
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Catherine Middle Sue Last Traynor
Date of Birth: Month 12 Day 30 Year 58
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 119 E Buchanan 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 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 James Richard Reva
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Eilene Ellen Clark
   (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 Catherine S. Traynor Date 9-6-02

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 Catherine S. Traynor
New Address SAME AS GROOM
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. 6, 2002, authorizing the marriage of Aaron Dale Law and Catherine Sue Traynor.
I further certify that the following marriage certificate was filed in my office: I, Mark A. Tope (name), certify that on October 18, 2002 (date), at Beanblossom in Brown County, Indiana, Aaron Dale Law of Johnson County, Indiana (state), and Catherine Sue Traynor of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept. 6, 2002. Signed by: Mark A. Tope, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 23, 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 66
Page 590
9-6-02
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 9-6-02
Name of Physician Dr. Wells

MALE APPLICANT

Name: First Ronald Middle Christopher Last Minton
Date of Birth: Month 12 Day 21 Year 69
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 3400 Prairieview Circle City Danville County Hendricks State IN
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Stella-Theresa Marie Minton, Christopher Angelus Minton
6. (a) Full name of applicant's father Charles McCurdy Minton
   (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 Ann Hamilton
   (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 9/6/02

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]
New Address SAME
Subscribed and sworn to before me this 6 day of Sept.
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Tiffany Middle Marie Last Elizondo
Date of Birth: Month 2 Day 18 Year 80
Place of Birth (State or foreign country) Ohio
Residence Address: Street or R.R. 3400 Prairie View Circle City Danville County Hendricks State IN
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Stella-Theresa Marie Minton, Christopher Angelus Minton
6. (a) Full name of applicant's father Darrell Elizondo
   (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 Martha Anne Kane
   (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 [signature] Date 9-6-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court [signature] Date 9-6-02

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed [signature]
New Address 3400 PRAIRIE VIEW CR.
Subscribed and sworn to before me this 16th day of Sept.
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept. 6, 2002, authorizing the marriage of Ronald Christopher Minton and Tiffany Marie Elizondo.
I further certify that the following marriage certificate was filed in my office: I, Aaron Holsapple (name), certify that on September 21, 2002 (date), at Indianapolis in Marion County, Indiana, Ronald Christopher Minton of Hendricks County, Indiana (state), and Tiffany Marie Elizondo of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept. 6, 2002. Signed by: Aaron Holsapple, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on September 24, 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 66
Page 591
September 6, 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 _____
Name of Physician _____

MALE APPLICANT

Name: First John Middle David Last Richardson
Date of Birth: Month 11 Day 26 Year 1948
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1161 Henry Drive City Avon County Hendricks State IN 46123
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 4/2001
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 Loel C. Richardson
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Annora M. Harlas
   (If adopted, list adoptive parents only) _____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that 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. Richardson Date 9-6-02

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.
X Signed John D. Richardson
New Address SAME AS ABOVE
Subscribed and sworn to before me this 6 day of September 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 Kaye Last Roberts
Date of Birth: Month 10 Day 20 Year 1949
Place of Birth (State or foreign country) Kentucky
Residence Address: Street or R.R. 1161 Henry Drive City Avon County Hendricks State IN 46123
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐ Date 8/81
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 William Simmons
   (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 Norma June Guffey
   (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 Linda K. Roberts Date 9-6-02

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.
X Signed Linda K. Roberts
New Address SAME
Subscribed and sworn to before me this 6 day of September 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 Sept. 6, 2002, authorizing the marriage of John David Richardson and Linda Kaye Roberts.
I further certify that the following marriage certificate was filed in my office: I, George W. Schoonmaker (name), certify that on October 5, 2002 (date), at Indianapolis in Marion County, Indiana, John David Richardson of Hendricks County, Indiana (state), and Linda Kaye 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 Sept. 6, 2002. Signed by: George W. Schoonmaker, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 21, 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 66
Page 592
9-9-02
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 9-5-02
Name of Physician John D. Zitrick MD

MALE APPLICANT

Name: First Jeremy Middle Allen Last Kass
Date of Birth: Month 3 Day 11 Year 73
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 5572 E. US Highway 36 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. Drake Allen Jensen
6. (a) Full name of applicant's father Gary Allen Phelps
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) NA
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Karen Rose Kass
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Jeremy Kass Date 9-9-02

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

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Jeremy Kass
New Address SAME
Subscribed and sworn to before me this 9 day of September 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 Jessica Middle Lynn Last Drewry
Date of Birth: Month 2 Day 19 Year 77
Place of Birth (State or foreign country) Massachusetts
Residence Address: Street or R.R. 5572 E. US Highway 36 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. Kayla Drewry
6. (a) Full name of applicant's father Eric Drewry
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Jamaica
   Birthplace of father (State or foreign country) New York
   (b) Full maiden name of applicant's mother Lynn Prindle
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) NA
   Birthplace of mother (State or foreign country) AFB 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 Jessica Drewry Date 9-9-02

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

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Jessica Drewry
New Address Same
Subscribed and sworn to before me this 9 day of September 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 Sept. 9, 2002, authorizing the marriage of Jeremy Allen Kass and Jessica Lynn Drewry.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on September 9, 2002 (date), at Danville in Hendricks County, Indiana, Jeremy Allen Kass of Hendricks County, Indiana (state), and Jessica Lynn Drewry of Hendricks County, Indiana (state) were 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. 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 September 12, 2002 (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 66
Page 393

Date of Application

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

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 6-10-02
Name of Physician Dr. Clupton

MALE APPLICANT	FEMALE APPLICANT
Name: First Matthew Middle Lee Last Rhodes	Name: First Stacy Middle Lynn Last Ayers-Jones
Date of Birth: Month 6 Day 21 Year 68	Date of Birth: Month 1 Day 19 Year 69
Place of Birth (State or foreign country) Indiana	Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 49 Pike Place City Plainfield County Hendricks State IN	Residence Address: Street or R.R. 1737 Birch Drive City Plainfield County Hendricks State IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1	Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 97	Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 2002
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. Matthew Austin Rhodes	5. List the full names of any dependent children. Taylor Ayers, William A Jones
6. (a) Full name of applicant's father Gordon Pierce Rhodes	6. (a) Full name of applicant's father Kenneth Lowell Hutton
(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 Rose Ellen Fye	(b) Full maiden name of applicant's mother Margaret Marilyn Taylor
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Indiana	Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana	Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

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

X Signature of Applicant Matthew L. Rhodes Date 9-10-02

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 Matthew L. Rhodes
New Address SAME AS ABOVE

Subscribed and sworn to before me this _____ day of _____

Sharon Dugan Clerk of the Hendricks Circuit Court

ACKNOWLEDGEMENT

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

Signature of Applicant Stacy L. Ayers-Jones Date 9/10/02 †

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 Stacy L. Ayers-Jones
New Address Same as his

Subscribed and sworn to before me this _____ day of _____

Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of Hendricks)

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____

_____ Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of Hendricks)

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____

_____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept. 10, 2002, authorizing the marriage of Matthew Lee Rhodes and Stacy Lynn Ayers-Jones.

I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on October 7, 2002 (date), at Danville in Hendricks County, Indiana, Matthew Lee Rhodes of Hendricks County, Indiana (state), and Stacy Lynn Ayers-Jones of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept. 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 October 7, 2002 (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 66
Page 594
9-11-02
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 7-26-02
Name of Physician Plainfield Health Tracks

MALE APPLICANT

Name: First Barry Middle Del Last Nighbert
Date of Birth: Month 7 Day 31 Year 41
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 228 Mill Run Dr. Apt D 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 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. ____
6. (a) Full name of applicant's father John Henry Nighbert 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 Margarette Fern Cooley
   (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 Barry D. Nighbert Date 9-11-2002

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.
X Signed Barry D. Nighbert
X New Address SAME
Subscribed and sworn to before me this 11 day of September, 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 Janet Middle Elaine Last Nighbert
Date of Birth: Month 2 Day 1 Year 53
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 228 Mill Run Dr. Apt D City Plainfield County Hend. State In. 46168
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 4
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 Dewey B. Beaver
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Patricia Ann Teal
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that 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 E. Nighbert Date 9-11-02

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 Janet E Nighbert
X New Address Same
Subscribed and sworn to before me this 11 day of September, 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 Sept. 11, 2002, authorizing the marriage of Barry Del Nighbert and Janet Elaine Nighbert.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on Setpember 11, 2002 (date), at Danville in Hendricks County, Indiana, Barry Del Nighbert of Hendricks County, Indiana (state), and Janet Elaine Nighbert of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept. 11. 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 September 12, 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 66
Page 595
9-11-02
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 723-02
Name of Physician Dr. Wells

MALE APPLICANT

Name: First Carl Middle Thomas Last Tuttle Jr.
Date of Birth: Month 7 Day 12 Year 80
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 355 W Lincoln Street City Danville County Hendricks State IN
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's 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. —
6. (a) Full name of applicant's father Carl Thomas Tuttle Sr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Barbara Louise Barnhart
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Tanna K. Ware Date 9/11/02

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 Tanna K. Ware
New Address 219 S. Kentucky St.
Subscribed and sworn to before me this 11 day of September
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Tanna Middle Kay Last Ware
Date of Birth: Month 6 Day 4 Year 83
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 219 S. Kentucky St. City Danville County Hendricks State IN
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's 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 Steven Joseph Ware
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Kandace Kay Howe
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [signature] Date 9-11-02

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 219 S. Kentucky St.
Subscribed and sworn to before me this 11 day of Sept
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept. 11, 2002, authorizing the marriage of Carl Thomas Tuttle, Jr. and Tanna Kay Ware.
I further certify that the following marriage certificate was filed in my office: I, Dr. Billy Strother (name), certify that on September 28, 2002 (date), at Clayton in Hendricks County, Indiana, Carl Thomas Tuttle, Jr. of Hendricks County, Indiana (state), and Tanna Kay Ware of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept. 11, 2002. Signed by: Dr. Billy Strother, Preacher (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 7, 2002 (date).

Signed Sharon Dugan 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 66
Page 596
9-11-02
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 9-9-02
Name of Physician Kristine Knapp MD

MALE APPLICANT

Name: First Michael Middle David Last Abbott
Date of Birth: Month 9 Day 11 Year 54
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1485 E. Main 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) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Clarence Alexis Abbott
   (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 Margarete J. Proctor
   (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 Michael D. Abbott Date 9/11/02

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 D. Abbott
X New Address P.O. BOX 35 BROWNSBURG IN 46112
Subscribed and sworn to before me this 11 day of September 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 Diana Middle Lea Last Fife
Date of Birth: Month 10 Day 1 Year 52
Place of Birth (State or foreign country) Texas
Residence Address: Street or R.R. 1485 E. Main St. 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 1991
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
X Signature of Applicant Diana Lea Fife Date 9-11-02

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 Diana Lea Fife
X New Address P.O. Box 35 Brownsburg, IN 46112
Subscribed and sworn to before me this 11 day of September 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 Sept. 11, 2002, authorizing the marriage of Michael David Abbott and Diana Lea Fife.
I further certify that the following marriage certificate was filed in my office: I, Charles E. Hughes (name), certify that on September 21, 2002 (date), at Brownsburg in Hendricks County, Indiana, Michael David Abbott of Hendricks County, Indiana (state), and Diana Lea Fife of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept. 11, 2002. Signed by: Charles E. Hughes, Deacon (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on September 24, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

445

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 66
Page 597
9-11-02
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 8-2-02
Name of Physician Dr. Mark Schopper

MALE APPLICANT

Name: First Timothy Middle W Last Perkinson
Date of Birth: Month 1 Day 29 Year 1973
Place of Birth (State or foreign country) In
Residence Address: 5775 Kenwood Ln Brownsburg Hend In 46112
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Michael W. Perkinson
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) IN
   Birthplace of father (State or foreign country) Ky
   (b) Full maiden name of applicant's mother Linda E Winslow
   (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 Timothy W. Perkinson Date 09/11/02

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 Timothy W. Perkinson
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 Jennifer Middle L Last Brinker
Date of Birth: Month 9 Day 24 Year 1975
Place of Birth (State or foreign country) OH
Residence Address: 5775 Kenwood Ln Brownsburg Hend IN 46112
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Jennifer L Brinker Date 9-11-02

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 Jennifer L Brinker
New Address SAME
Subscribed and sworn to before me this _____ day of _____
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept. 11, 2002, authorizing the marriage of Timothy Wayne Perkinson and Jennifer Lyn Brinker.
I further certify that the following marriage certificate was filed in my office: I, John P. Roof (name), certify that on October 5, 2002 (date), at Danville in Hendricks County, Indiana, Timothy Wayne Perkinson of Hendricks County, Indiana (state), and Jennier Lyn Brinker of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept. 11, 2002. Signed by: John P. Roof, Priest (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 9, 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 66
Page 598
Date of Application 9-12-02

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

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 9-11-02
Name of Physician Patsy Wilbur Hurst MD

MALE APPLICANT

Name: First Robert Middle Ralph Last Berry

Date of Birth: Month 12 Day 5 Year 73

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 9173 S. County Rd. 100 W. City Clayton County Hend. State In. 46118

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

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

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

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

ACKNOWLEDGEMENT

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

✗Signature of Applicant Robert Berry Date 9/12/02

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 Robert Berry
✗New Address SAME

Subscribed and sworn to before me this 12 day of September 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 Marcella Middle Day Last Crum

Date of Birth: Month 10 Day 26 Year 76

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 9173 S. Co Rd 100 W. City Clayton County Hend. State In. 46118

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

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

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

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

ACKNOWLEDGEMENT

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

✗Signature of Applicant Marcella Crum Date 9/12/02

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 Marcella Crum
✗New Address same

Subscribed and sworn to before me this 12 day of September, 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 Sept. 12, 2002, authorizing the marriage of Robert Ralph Berry and Marcella Day Crum.
I further certify that the following marriage certificate was filed in my office: I, Christine R. Hursh (name), certify that on September 14, 2002 (date), at Plainfield in Hendricks County, Indiana, Robert Ralph Berry of Hendricks County, Indiana (state), and Marcella Day Crum of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept. 12, 2002. Signed by: Christine R. Hursh, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 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 66
Page 599
9-12-02
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 ☐ 9-4-02
If No, Medical Examination or Report Dated
Name of Physician Harold Hacker

MALE APPLICANT

Name: First Dean Middle Arthur Last Anderson
Date of Birth: Month 5 Day 7 Year 55
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 3530 S. State Rd 267 City Plainfield County Hendricks State 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) Driver's License

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

ACKNOWLEDGEMENT

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

Signature of Applicant Dean Anderson Date 9-12-02

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 Dean Anderson
New Address P.O. Box 101 Plainfield, Ind.
Subscribed and sworn to before me this 12 day of September 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 Dirae Middle Delma Last Crawford
Date of Birth: Month 12 Day 25 Year 56
Place of Birth (State or foreign country) North Dakota
Residence Address: Street or R.R. 3530 S. State Rd 267 City Plainfield County Hendricks State 46168
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 male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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. Hoffmann
   (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 Lillian L. Knittel
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) North Dakota

ACKNOWLEDGEMENT

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

Signature of Applicant Dirae Crawford Date 9-12-02

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 Dirae Crawford
New Address PO Box 101 Plainfield 46168
Subscribed and sworn to before me this 12 day of September, 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 Sept. 12, 2002, authorizing the marriage of Dean Arthur Anderson and Dirae Delma Crawford.
I further certify that the following marriage certificate was filed in my office: I, Robert E. Jackson, Jr. (name), certify that on September 21, 2002 (date), at Plainfield in Hendricks County, Indiana, Dean Arthur Anderson of Hendricks County, Indiana (state), and Dirae Delma Crawford of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept. 12 2002. Signed by: Robert E. Jackson, Jr., Elder (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on September 24, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

448

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

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

Book 66
Page 600
9-12-02
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 8-20-02
Name of Physician Robin Eldik

MALE APPLICANT

Name: First Michael Middle Allen Last Nolley
Date of Birth: Month 9 Day 17 Year 52
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1015 Buffalo Pass 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 1988
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

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

ACKNOWLEDGEMENT

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

✗ Signature of Applicant Michael Allen Nolley SR Date 9-12-02

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 Michael Allen Nolley
✓ New Address SAME
Subscribed and sworn to before me this 12 day of September, 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 Carol Middle Ann Last Childers (Schnell)
Date of Birth: Month 12 Day 6 Year 53
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 10110 Joann Dr. 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 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. _____
6. (a) Full name of applicant's father Walter Leroy Childers
   (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 Shirley Jean Buchanan
   (If adopted, list adoptive parents only) _____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

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

✗ Signature of Applicant Carol A. Schnell Date 9-12-02

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 Carol A. Schnell
✓ New Address 1015 Buffalo Pass Danville, IN
Subscribed and sworn to before me this 12 day of September, 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 Sept. 12, 2002, authorizing the marriage of Michael Allen Nolley and Carol Ann Schnell (Childers)
I further certify that the following marriage certificate was filed in my office: I, Rev. Eric R. Faulkner (name), certify that on October 2, 2002 (date), at Brownsburg in Hendricks County, Indiana, Michael Allen Nolley of Hendricks County, Indiana (state), and Carol Ann Schnell (Childers) of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept. 12, 2002. Signed by: Rev. Eric R. Faulkner, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 8, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

449

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

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

Book 66
Page 601
9-13-02
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 9-13-02
Name of Physician David Hadley MD

MALE APPLICANT

Name: First Lance Middle Matthew Last Hayden

Date of Birth: Month 9 Day 24 Year 82

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 6997 W. CR 200 N. 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 Dennis J. Hayden
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Oklahoma
   (b) Full maiden name of applicant's mother Glenna Joan Wrigley
   (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 Kristie Middle Lynn Last Eakle

Date of Birth: Month 4 Day 18 Year 83

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 6997 W. CR 200 N. 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 Alba Earl Eakle
   (If adopted, list adoptive parents only) ____
   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 Jane Dye
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) California

ACKNOWLEDGEMENT

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

Signature of Applicant James M Hayden Date 9/13/02

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 James M Hayden
New Address SAME

Subscribed and sworn to before me this 13 day of September, 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 Kristie L. Eakle Date 9/13/02

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 Kristie L. Eakle
New Address SAME

Subscribed and sworn to before me this 13 day of September, 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 Sept. 13, 2002, authorizing the marriage of Lance Matthew Hayden and Kristie Lynn Eakle.

I further certify that the following marriage certificate was filed in my office: I, Frank Bunn (name), certify that on October 5, 2002 (date), at Coatesville in Putnam County, Indiana, Lance Matthew Hayden of Hendricks County, Indiana (state), and Kristie Lynn Eakle of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept. 13, 2002. Signed by: Frank Bunn, Minister (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on October 10, 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 66
Page 602
9-13-02
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 9-10-02
Name of Physician Dr. Johnston

MALE APPLICANT

Name: First Wayne Middle Allen Last Baker
Date of Birth: Month 4 Day 17 Year 74
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 202 S. Jefferson City Danville County Hendricks State IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1999
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify)

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 A. Baker Date 9-13-02

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 Wayne A. Baker
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 Christina Middle Kay Last Boller
Date of Birth: Month 4 Day 22 Year 72
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 202 S. Jefferson City Danville County Hendricks State IN
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date _____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Deondre Julian Boller
6. (a) Full name of applicant's father William Lee Boller
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Karen Sue 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 C K Boller Date 9-13-02

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 C K Boller
New Address same
Subscribed and sworn to before me this _____ day of _____
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept. 13, 2002, authorizing the marriage of Wayne Allen Baker and Christina Kay Boller.
I further certify that the following marriage certificate was filed in my office: I, Rev. Mark Dodd (name), certify that on October 12, 2002 (date), at Brownsburg in Hendricks County, Indiana, Wayne Allen Baker of Hendricks County, Indiana (state), and Christina Kay Boller of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept. 13, 2002. Signed by: Rev. Mark Dodd, Chaplain (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 30, 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 66
Page 603
9-13-02
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 9-3-02
Name of Physician Southwest OB

MALE APPLICANT

Name: First Phillip Middle Eugene Last Hewitt, Jr.
Date of Birth: Month 6 Day 22 Year 78
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 963 Pinewood Dr. Apt B City Plainfield County Hendricks State 46168
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Drivers License

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

ACKNOWLEDGEMENT

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

Signature of Applicant Phillip E Hewitt Jr Date 9/13/2002

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 Phillip E Hewitt Jr
New Address SAME
Subscribed and sworn to before me this 13 day of September, 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 Marie Last Muse
Date of Birth: Month 10 Day 8 Year 80
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 963 Pinewood Dr. Apt B City Plainfield County Hendricks State 46168
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Drivers License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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. Muse Date 9-13-02

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 Amanda M. Muse
New Address SAME
Subscribed and sworn to before me this 13 day of September, 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 Sept. 13, 2002, authorizing the marriage of Phillip Eugene Hewitt, Jr. and Amanda Marie Muse.
I further certify that the following marriage certificate was filed in my office: I, Joshua Paul Brandt (name), certify that on September 14, 2002 (date), at Mooresville in Morgan County, IndianaPhillip Eugene Hewitt Jr. of Hendricks County, Indiana (state), and Amanda Marie Muse of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept. 13, 2002. Signed by: Joshua Paul Brandt, Assoc. Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on September 20, 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 66
Page 604
9-13-02
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 9-12-02
Name of Physician Lisa Bleeke

MALE APPLICANT

Name: First Ronald, Middle Allen, Last Evans, Jr.
Date of Birth: Month 8, Day 29, Year 78
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 3308 Prairie View Cir., 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 Ronald Allen Evans, Jr.
   (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 Patty Joanne James
   (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 [signature] Date 9-13-02

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.
X Signed [signature]
X New Address 5841 Decatur Ridge Dr. Indpls, IN 46221
Subscribed and sworn to before me this 13 day of September, 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 Jenny, Middle Denae, Last Vandermark
Date of Birth: Month 1, Day 5, Year 81
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 3308 Prairie View Cir., 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 Charles D. Vandermark
   (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 Sandra J. Williams
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Missouri

ACKNOWLEDGEMENT

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

X Signature of Applicant [signature] Date 9-13-02

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.
X Signed [signature]
X New Address 5841 Decatur Ridge Dr. Indpls, IN 46221
Subscribed and sworn to before me this 13 day of September, 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 Sept. 30, 2002, authorizing the marriage of Ronald Allen Evans, Jr. and Jenny Denae Vandermark.
I further certify that the following marriage certificate was filed in my office: I, Christine Hursh (name), certify that on September 28, 2002 (date), at 5:00pm in Johnson County, Indiana, Ronald Evans, Jr. of Hendricks County, Indiana (state), and Jenny Vandermark of Hendricks County, Indiana (state) were 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, 2002. Signed by: Chrisitne R. Hursh, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on September 30, 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 66
Page 605
9-13-02
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 9-13-02
Name of Physician David Hadley MD

MALE APPLICANT

Name: First Robert Middle Catlin Last Huey
Date of Birth: Month 3 Day 8 Year 83
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 4920 W. CR 150 S. City Danville County Hend. State In. 46122
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. ____
6. (a) Full name of applicant's father Bob Lee Huey
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Chris 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 [signature] Date 9/13/02

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 [signature]
New Address 1216 S. Bloomington St. Lot 70 Greencastle IN 46135
Subscribed and sworn to before me this 13 day of September, 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 Dixie Middle Kay Last Crawford
Date of Birth: Month 11 Day 5 Year 83
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 13 1/2 S. Bloomington St. City Greencastle County Putnam State In. 46135
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Dixie Crawford Date 9-13-02

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 Dixie Crawford
New Address 216 S Bloomington St. Greencastle, IN 46135 Lot 70
Subscribed and sworn to before me this 13 day of September, 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 Sept. 13, 2002, authorizing the marriage of Robert Catlin Huey and Dixie Kay Crawford.
I further certify that the following marriage certificate was filed in my office: I, Roger L. Stroup (name), certify that on September 28, 2002 (date), at Danville in Hendricks County, Indiana, Robert Catlin Huey of Hendricks County, Indiana (state), and Dixie Kay Crawford 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 Sept. 13, 2002 Signed by: Roger L. Stroup, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 2, 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 66
Page 606
9-13-02
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 9-5-02
Name of Physician Dr. Gaddy

MALE APPLICANT

Name: First William Middle Bradley Last Coats
Date of Birth: Month 9 Day 13 Year 1978
Place of Birth (State or foreign country) Indiana 46122
Residence Address: Street or R.R. 2051 W CR 300 S. City Danville County Hend. State IN
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Driver's License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant William B. Coats Date 9-13-02

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 William B. Coats
New Address Same as above
Subscribed and sworn to before me this 13 day of Sept. 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 Heather Middle L. Last Berg
Date of Birth: Month 8 Day 11 Year 1978
Place of Birth (State or foreign country) Indiana 46122
Residence Address: Street or R.R. 2051 W CR 300 S. City Danville County Hend. State IN
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Driver's License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Heather L. Berg Date 9/13/02

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 Heather L. Berg
New Address Same as above
Subscribed and sworn to before me this 13 day of Sept. 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 Sept. 13, 2002, authorizing the marriage of William Bradley Coats and Heather Lynn Berg.
I further certify that the following marriage certificate was filed in my office: I, Fr. Kevin Morris (name), certify that on September 28, 2002 (date), at Plainfield in Hendricks County, Indiana, William Bradley Coats of Hendricks County, Indiana (state), and Heather Lynn Berg of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept. 13, 2002 Signed by: Fr. Kevin Morris, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 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 66
Page 607
9-16-02
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 8-12-02
Name of Physician Gary Ayers

MALE APPLICANT

Name: First Chris Middle Stephen Last Diasio
Date of Birth: Month 5 Day 9 Year 70
Place of Birth (State or foreign country) New Jersey
Residence Address: Street or R.R. 2275 Lakeside Lane City Indpls County Marion State IN 46268
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify)

Drivers License

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

ACKNOWLEDGEMENT

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

✗ Signature of Applicant [signature] Date 9/16/2002

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 [signature]
✗ New Address 2 Cottongrass Ct. Brownsburg, IN 46112
Subscribed and sworn to before me this 16 day of September, 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 Jo Last Jackson
Date of Birth: Month 1 Day 16 Year 67
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 2 Cottongrass 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 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. Matthew A. Jackson, Brian P. Jackson
6. (a) Full name of applicant's father Barry L. Carnahan
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Ohio
   (b) Full maiden name of applicant's mother Judith A. Rock
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

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

✗ Signature of Applicant [signature] Date 9/16/02

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 [signature]
✗ New Address 2 Cottongrass Ct, Brownsburg, IN 46112
Subscribed and sworn to before me this 16 day of September, 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 Sept. 16, 2002, authorizing the marriage of Christopher Stephen Diasio and Kelly Jo Jackson.
I further certify that the following marriage certificate was filed in my office: I, J. Richard Campbell (name), certify that on October 19, 2002 (date), at Indianapolis in Marion County, Indiana, Christopher Stephen Diasio of Marion County, Indiana (state), and Kelly Jo Jackson of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept. 16, 2002. Signed by: J. Richard Campbell, Judge Hamilton Co. (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 30, 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 66
Page 608
9-16-02
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 9-16-02
Name of Physician Dr. Hadley

MALE APPLICANT

Name First David Middle M Last Cooney
Date of Birth Month 9 Day 29 Year 1976
Place of Birth (State or foreign country) IN
Residence Address 10053 N Judson Dr Street or R.R. Mooresville City Hend. County 46158 State
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Michael Cooney
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Teresa J. Terrell
   (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 David M Cooney Date 9-16-02

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 M Cooney
New Address 250 N East St Apt 315 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 Amy Middle E Last Shrake
Date of Birth Month 9 Day 8 Year 1978
Place of Birth (State or foreign country) IN
Residence Address 250 N East St Apt 315 Street or R.R. Plainfield City Hendricks County 46168 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 Douglas Lee Shrake
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Rebecca Ellen Eby
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) IN
   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).
Signature of Applicant Amy E. Shrake Date 9-16-02

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 Amy E. Shrake
New Address Same
Subscribed and sworn to before me this _____ day of _____
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept. 16, 2002, authorizing the marriage of David Michael Cooney and Amy Elizabeth Shrake.
I further certify that the following marriage certificate was filed in my office: I, John L. Ross (name), certify that on October 12, 2002 (date), at Plainfield in Hendricks County, Indiana, David Michael Cooney of Morgan County, Indiana (state), and Amy Elizabeth Shrake of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept. 16, 2002 Signed by: John L. Ross, Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on October 23, 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 66
Page 609
Date of Application

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

Female Applicant > 50 No ☑ Yes ☐
If No, Medical Examination or Report Dated 6-11-02
Name of Physician Dr. Tuzzato

MALE APPLICANT

Name: First Jason Middle Jacob Last Cummings
Date of Birth: Month 7 Day 16 Year 81
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1139 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) 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 Richard Thomas Edward Cummings
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Irina Lee Schmidt
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Vermont

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 J. Cummings Date 9-26-02

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 Jason J. Cummings
New Address 1139 PINEWOOD DR APT. D
Subscribed and sworn to before me this _____ 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 _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

FEMALE APPLICANT

Name: First Deana Middle K Last Thompson
Date of Birth: Month November Day 21 Year 1980
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 911 Pinewood Drive City Plainfield County Hendricks State In.
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Drivers License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Deana K. Thompson Date 9-16-02

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 Deana K. Thompson
New Address 1139 D Pinewood Drive
Subscribed and sworn to before me this 16 day of September
_____ Clerk of the Hendricks Circuit Court
Sharon Dugan

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept. 26, 2002, authorizing the marriage of Jason Jacob Cummings and Deana Kae Thompson.
I further certify that the following marriage certificate was filed in my office: I, James A. Jones (name), certify that on November 2, 2002 (date), at Brownsburg in Hendricks County, Indiana, Jason Jacob Cummings of Hendricks County, Indiana (state), and Deana Kae 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 Sept. 26, 2002 Signed by: James A. Jones, Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on November 21, 2002 (date).

Signed Sharon Dugan 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 66
Page 610
9-26-02
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 9-26-02
Name of Physician Dr. David Gadley

MALE APPLICANT

Name: First Anthony Middle Foster Last Swinger
Date of Birth: Month 11 Day 22 Year 70
Place of Birth (State or foreign country) Missouri
Residence Address: Street or R.R. 1288 Constitution Dr. City Indpls. County Hendricks State IN
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. N/A
6. (a) Full name of applicant's father Terrence Michael Swinger
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Missouri
   Birthplace of father (State or foreign country) Missouri
   (b) Full maiden name of applicant's mother Erma Sue Clayton
   (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).
X Signature of Applicant Anthony F. Swinger Date 9-26-02

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 Anthony F. Swinger
New Address Same
Subscribed and sworn to before me this 26th day of September 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 Jamelin Last Caudill
Date of Birth: Month 8 Day 7 Year 69
Place of Birth (State or foreign country) Kentucky
Residence Address: Street or R.R. 1288 Constitution Dr. City Indpls. County Hendricks State IN
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Howard Caudill
   (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 Markes 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 M. Jamelin Caudill Date 9-26-02

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 M. Jamelin Caudill
New Address Same
Subscribed and sworn to before me this 26th day of September 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 Sept. 26, 2002, authorizing the marriage of Anthony Foster Swinger and Mary Jamelin Caudill.
I further certify that the following marriage certificate was filed in my office: I, David I. Shoulders (name), certify that on October 26, 2002 (date), at Indianapolis in Marion County, Indiana, Anthony Foster Swinger of Hendricks County, Indiana (state), and Mary Jamelin Caudill of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept. 26, 2002 Signed by: David I. Shoulders, Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on October 30, 2002 (date).

Signed Sharon Dugan 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 66
Page 611
9-16-02
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 9-9-02
Name of Physician Michelle Peterson

MALE APPLICANT

Name: First Brent Middle Anthony Last Boyd

Date of Birth: Month 7 Day 16 Year 71

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 234 N. Jefferson City Brownsburg County Hendricks State 46112

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

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 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. Evan Robert Boyd
6. (a) Full name of applicant's father Gordon Francis Boyd
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Susan Ann 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 Brent A Boyd Date 9/16/02

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.
X Signed Brent A Boyd
X New Address Same
Subscribed and sworn to before me this 16 day of September, 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 Maria Middle Ann Last Carroll

Date of Birth: Month 10 Day 23 Year 70

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 234 N. Jefferson City Brownsburg County Hendricks State 46112

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

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 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. Tyler Michael Williams, Jordan Elliott Williams
6. (a) Full name of applicant's father Jack DeWeese
   (If adopted, list adoptive parents only)
   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 Murphy
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

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

X Signature of Applicant Maria Carroll Date 9/16/02

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.
X Signed Maria Carroll
X New Address Same
Subscribed and sworn to before me this 16 day of September, 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 Sept. 16, 2002, authorizing the marriage of Brent Anthony Boyd and Maria Ann Carroll.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on October 25, 2002 (date), at Danville in Hendricks County, Indiana, Brent Anthony Boyd of Hendricks County, Indiana (state), and Maria Ann Carroll of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept. 16, 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 October 25, 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 66
Page 612
9-16-02
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 _____
Name of Physician David Wilmot

MALE APPLICANT

Name First: Cuauhtemoc Middle: Javerr Last: Garcia
Date of Birth Month: 6 Day: 24 Year: 77
Place of Birth (State or foreign country): Mexico
Residence Address: 214 W. North St. City: Plainfield County: Hend. State: IN. 46168
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date _____
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
5. List the full names of any dependent children. Natasha Nicole Garcia
6. (a) Full name of applicant's father Jesus 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 Hortencia Chavez
   (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).
X Signature of Applicant C Garcia Date 9/16/02

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.
X Signed C Garcia
X New Address Same
Subscribed and sworn to before me this 16 day of September 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: Penny Middle: Jean Last: Melton
Date of Birth Month: 7 Day: 25 Year: 71
Place of Birth (State or foreign country): Indiana
Residence Address: 214 W. North 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 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. Chelsea Renee Melton dependents Jeanne Melton, Natasha Nicole Garcia
6. (a) Full name of applicant's father Keith Kyle Settles
   (If adopted, list adoptive parents only) _____
   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 Jean Agle
   (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 Penny J Melton Date 9/16/02

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.
X Signed Penny J Melton
X New Address Same
Subscribed and sworn to before me this 16 day of September 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 September 16, 2002, authorizing the marriage of Cuauhtemoc Javerr Garcia and Penny Jean Melton.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on September 16, 2002 (date), at Danville in Hendricks County, Indiana, Cuauhtemoc Javerr Garcia of Hendricks County, Indiana (state), and Penny Jean Melton of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept. 16, 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 September 20, 2002 (date).

Signed Sharon Dugan 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 606
Page 613
9-17-02
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 9-3-02
Name of Physician Jason Cooper

MALE APPLICANT

Name: First John Middle Dixon Last Spencer
Date of Birth: Month 4 Day 25 Year 64
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 523 Saratoga Dr. City Brownsburg County Hend. State In. 46112
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
X Signature of Applicant John D. Spencer Date 9/17/02

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.
X Signed John D. Spencer
X New Address Same
Subscribed and sworn to before me this 17 day of September, 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 Cindy Middle Marie Last Klein
Date of Birth: Month 5 Day 13 Year 59
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 523 Saratoga 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 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. Eric Stephen Klein
6. (a) Full name of applicant's father Stephen A. Longsworth
   (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 Marjorie D. Wolfe
   (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 Cindy M. Klein Date 9/17/02

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.
X Signed Cindy M. Klein
X New Address Same
Subscribed and sworn to before me this 17 day of September, 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 Sept. 17, 2002, authorizing the marriage of John Dixon Spencer and Cindy Marie Klein.
I further certify that the following marriage certificate was filed in my office: I, Rev. Dennis L. Dodson (name), certify that on October 25, 2002 (date), at Brownsburg in Hendricks County, Indiana, John Dixon Spencer of Hendricks County, Indiana (state), and Cindy Marie Klein of Hendricks County, Indiana (state) were 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. 17, 2002. Signed by: Rev. Dennis L. Dodson, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 30, 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 606
Page 614
9-17-02
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 9-17-02
Name of Physician Dr. Deaton

MALE APPLICANT

Name First: William Middle: David Last: Derbes
Date of Birth Month: 4 Day: 19 Year: 76
Place of Birth (State or foreign country): Georgia
Residence Address: 727 Crystal Farms Dr. 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)
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 Donald Phillip Derbes
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Louisiana
   Birthplace of father (State or foreign country) Louisiana
   (b) Full maiden name of applicant's mother Julia Lipsa Warren
   (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: Tammy Middle: Marie Last: Rambo
Date of Birth Month: 8 Day: 18 Year: 71
Place of Birth (State or foreign country): Indiana
Residence Address: 727 Crystal Farms Dr. Street or R.R. Avon City Hendricks County In State
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 10/2000
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify)
Indiana Drivers license

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Dominique Joseph Santos, Devra Ray Rambo
6. (a) Full name of applicant's father Lewis Ison Cochran
   (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 Donna Sue Mahaney
   (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 9/17/2

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.
Signed [signature]
New Address 727 CRYSTAL FARMS DR.
Subscribed and sworn to before me this 17TH day of SEPTEMBER
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Tammy M. Rambo Date 9-17-02

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 Tammy M. Rambo
New Address 727 Crystal Farms Dr.
Subscribed and sworn to before me this 17th day of Sept.
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept. 17, 2002, authorizing the marriage of William David Derbes and Tammy Marie Rambo.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on September 17, 2002 (date), at Danville in Hendricks County, Indiana, William David Derbes of Hendricks County, Indiana (state), and Tammy Marie Rambo of Hendricks County, Indiana (state) were 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. 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 September 17, 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 66
Page 615
9-17-02
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 9-17-02
Name of Physician Susan Jacob MD

MALE APPLICANT

Name: First Joe Middle David Last Wilborn II
Date of Birth: Month 5 Day 2 Year 78
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 5755 Amber Rose City Indianapolis County Hend. St. 46234
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

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

ACKNOWLEDGEMENT

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

X Signature of Applicant Joe Wilborn Date 9-17-02

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.
X Signed Joe Wilborn
X New Address same
Subscribed and sworn to before me this 17 day of September 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 Alyssa Middle Rose Last Dimiceli
Date of Birth: Month 8 Day 28 Year 80
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 5755 Amber Rose City Indianapolis County Hend. St. 46234
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

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

ACKNOWLEDGEMENT

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

X Signature of Applicant Alyssa Dimiceli Date 9/17/02

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.
X Signed Alyssa Dimiceli
X New Address Same
Subscribed and sworn to before me this 17 day of September 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 Sept. 17, 2002, authorizing the marriage of Joe David Wilborn II and Alyssa Rose Dimiceli.
I further certify that the following marriage certificate was filed in my office: I, David Bourne (name), certify that on September 21, 2002 (date), at Whitestown in Boone County, Indiana, Joe David Wilborn II of Hendricks County, Indiana (state), and Alyssa Rose Dimiceli of Hendricks County, Indiana (state) were 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. 17, 2002. Signed by: David Bourne, Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on September 26, 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 616
Page 616
9-17-02
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 9-15-02
Name of Physician Erin Clark

MALE APPLICANT

Name: First Dale Middle Eugene Last Kingery
Date of Birth: Month 2 Day 13 Year 63
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 2150 Scarlet Oak 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 Phillip Tyrone Kingery
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Joyce Elaine Alexander
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
X Signature of Applicant Dale E Kingery Date 9-17-02

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.
X Signed Dale E Kingery
X New Address Same
Subscribed and sworn to before me this 17 day of September, 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 Lynn Last Eskridge
Date of Birth: Month 1 Day 12 Year 64
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 2150 Scarlet Oak 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 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 Ronald C. Patton
   (If adopted, list adoptive parents only) ____
   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 L. 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 Kimberly L Eskridge Date 9-17-02

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.
X Signed Kimberly L Eskridge
X New Address Same
Subscribed and sworn to before me this 17 day of September, 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 Sept. 17, 2002, authorizing the marriage of Dale Eugene Kingery and Kimberly Lynn Eskridge.
I further certify that the following marriage certificate was filed in my office: I, Jack P. Miller (name), certify that on October 5, 2002 (date), at Plainfield in Hendricks County, Indiana, Dale Eugene Kingery of Hendricks County, Indiana (state), and Kimberly Lynn Eskridge of Hendricks County, Indiana (state) were 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. 17, 2002. Signed by: Jack P. Miller, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 10, 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 66
Page 617
9-18-02
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 9-18-02
Name of Physician Avon Road Radiology

MALE APPLICANT

Name: First Perry Middle John Last Patzer
Date of Birth: Month 3 Day 17 Year 56
Place of Birth (State or foreign country) Illinois
Residence Address: Street or R.R. 10166 Foxfield Lane 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) Driver's License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Perry Patzer Date 9/18/02

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 Perry Patzer
New Address SAME
Subscribed and sworn to before me this 18 day of September, 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 Iryna Middle Vladimir Last Monakhova
Date of Birth: Month 8 Day 24 Year 65
Place of Birth (State or foreign country) Ukraine
Residence Address: Street or R.R. 10166 Foxfield Lane City Avon County Hend. St. IN 46123
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1988
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 Vladimir Kovalenko
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Ukraine
   Birthplace of father (State or foreign country) Belorussia
   (b) Full maiden name of applicant's mother Elena Piddubnaya
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Ukraine
   Birthplace of mother (State or foreign country) Ukraine

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant I. Monakhova Date 9/18/02

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 I. Monakhova
New Address same
Subscribed and sworn to before me this 18 day of September, 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 Sept. 18, 2002, authorizing the marriage of Perry John Patzer and Iryna Vladimir Monakhova.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on September 24, 2002 (date), at Danville in Hendricks County, Indiana, Perry John Patzer of Hendricks County, Indiana (state), and Iryna Vladimir Monakhova of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept. 18, 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 September 24, 2002 (date).

Signed Sharon Dugan 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 66
Page 618
9-18-02
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 9-17-02
Name of Physician Garnet Harris MD

MALE APPLICANT

Name First: Michael Middle: Lee Last: Clark
Date of Birth Month: 2 Day: 18 Year: 75
Place of Birth (State or foreign country): Indiana
Residence Address Street or R.R.: 1446 Pippin 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: 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: Barry D. 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: Sarah A. Copley
   (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 _____ Date 9-18-02

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 _____
✗ New Address SAME
Subscribed and sworn to before me this 18 day of September, 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: Louise Last: Hayworth
Date of Birth Month: 8 Day: 22 Year: 75
Place of Birth (State or foreign country): Indiana
Residence Address Street or R.R.: 1446 Pippin 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.
6. (a) Full name of applicant's father: Richard C. Hayworth
   (If adopted, list adoptive parents only)
   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 A. Lowe
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state): Indiana
   Birthplace of mother (State or foreign country): Indiana

ACKNOWLEDGEMENT

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

✗ Signature of Applicant _____ Date 9/18/02

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 _____
✗ New Address SAME
Subscribed and sworn to before me this 18 day of September, 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 Sept. 18, 2002, authorizing the marriage of Michael Lee Clark and Dawn Louise Hayworth.
I further certify that the following marriage certificate was filed in my office: I, Robert L. Cannon (name), certify that on September 21, 2002 (date), at Danville in Hendricks County, Indiana, Michael Lee Clark of Hendricks County, Indiana (state), and Dawn Louise Hayworth of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept. 18, 2002. Signed by: Robert L. Cannon, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on September 26, 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 66
Page 619
9-19-02
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 ☐ 6.17.02
If No, Medical Examination or Report Dated
Name of Physician Dr. Leedy

MALE APPLICANT

Name First Andrew Middle J Last Knapschaefer
Date of Birth Month 10 Day 01 Year 1976
Place of Birth (State or foreign country) OH
Residence Address 3626 Brookstone Dr Street or R.R. B City Cinn. County Hamilton State OH 45209

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

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

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

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Andrew J Knapschaefer Date 9/19/02

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 Andrew J Knapschaefer
New Address 7526 Montgomery Rd, Cincinnati OH 45236
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 Jill Middle E Last Huffman
Date of Birth Month 8 Day 29 Year 1978
Place of Birth (State or foreign country) IN
Residence Address 32 Racoon Ct Street or R.R. 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 Daniel Huffman
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) IN
   Birthplace of father (State or foreign country)
   (b) Full maiden name of applicant's mother Adele Lynn Jarrett
   (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 Jill E Huffman Date 9/19/02

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 Jill E Huffman
New Address 7526 Montgomery Rd Cincy, OH 45236
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. 19, 2002, authorizing the marriage of Andrew John Knapschaefer and Jill Elaine Huffman.
I further certify that the following marriage certificate was filed in my office: I, Rev. Ronald H. Wilker (name), certify that on September 21, 2002 (date), at Indianapolis in Marion County, Indiana, Andrew John Knapschaefer of Hamilton County, Ohio (state), and Jill Elaine 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 Sept. 19, 2002. Signed by: Rev. Ronald H. Wilker, Priest (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 11, 2002 (date).

Sharon Dugan
Signed _____ 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 66
Page 620
9-19-02
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 9-16-02
Name of Physician Dr. Black

MALE APPLICANT	FEMALE APPLICANT
Name First Jesse Middle L Last Napier	Name First Angela Middle R Last Buis
Date of Birth Month 3 Day 2 Year 1976	Date of Birth Month 3 Day 24 Year 1979
Place of Birth (State or foreign country) IN 46122	Place of Birth (State or foreign country) IN 46122
Residence Address Street or R.R. 451 Mackey Rd City Danville County Hendricks State IN	Residence Address Street or R.R. 140 Bosstick Ave City Danville County Hendricks State IN
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages	Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date	Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License	Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐	1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐	If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐	2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐	3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐	4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —	5. List the full names of any dependent children. Devon Alexander Buis
6. (a) Full name of applicant's father Jesse Napier	6. (a) Full name of applicant's father Richard Buis
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) IN	Residence of father (if deceased, so state) IN
Birthplace of father (State or foreign country) IN	Birthplace of father (State or foreign country) IN
(b) Full maiden name of applicant's mother Carol Glenda McKamey	(b) Full maiden name of applicant's mother Marcia Lynn West
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) IN	Residence of mother (if deceased, so state) IN
Birthplace of mother (State or foreign country) 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 Jesse L. Napier Date 9-19-02

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 Jesse L. Napier
New Address 140 Bosstick Ave. Danville IN 46122

Subscribed and sworn to before me this _____ day of _____

Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of Hendricks)

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Buis Date 9-19-02

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 9-19-02

State of Indiana)
County of Hendricks)

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

Signed Angela Buis
New Address 140 BOSSTICK AVE DANVILLE IN 46122

Subscribed and sworn to before me this _____ day of _____

Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of Hendricks)

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept. 19, 2002, authorizing the marriage of Jesse Lee Napier and Angela Ranae Buis.

I further certify that the following marriage certificate was filed in my office: I, Jesse Napier (name), certify that on September 20, 2002 (date), at Mooresville in Morgan County, Indiana, Jesse Lee Napier of Hendricks County, Indiana (state), and Angela Ranae Buis of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept. 19, 2002. Signed by: Jesse Napier, Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on September 26, 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 66
Page 6021
9-19-02
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 5-24-00
Name of Physician M. Lamb

MALE APPLICANT

Name: First Arthur Middle Anthony Last Sevier
Date of Birth: Month 5 Day 20 Year 62
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 3350 S. CR 475 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 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. Amanda Ann Sevier
6. (a) Full name of applicant's father Ray E. Sevier
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Oklahoma
   (b) Full maiden name of applicant's mother Melba Joyce Tarleton
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Oklahoma

FEMALE APPLICANT

Name: First Debbra Middle Ann Last Musgrove
Date of Birth: Month 1 Day 5 Year 65
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 3350 S. CR 475 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 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. Chastity Musgrove, Amanda Ann Sevier
6. (a) Full name of applicant's father Charles Hefley
   (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
   (If adopted, list adoptive parents only) Patricia A. Jass
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
✗ Signature of Applicant Arthur A Sevier Date 9-19-02

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 Arthur A Sevier
✗ New Address Same
Subscribed and sworn to before me this 19 day of September 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 Debbra A Musgrove Date 9-19-02

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 Debbra A Musgrove
✗ New Address Same
Subscribed and sworn to before me this 19 day of September 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 Sept. 19, 2002, authorizing the marriage of Arthur Anthony Sevier and Debbra Ann Musgrove.
I further certify that the following marriage certificate was filed in my office: I, James A. Lyon (name), certify that on October 12, 2002 (date), at Amo in Hendricks County, Indiana, Arthur Anthony Sevier of Hendricks County, Indiana (state), and Debbra Ann Musgrove of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept. 19, 2002. Signed by: James A. Lyon, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 17, 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 66
Page 622
9-19-02
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 7-9-02
Name of Physician Mark E. Beatty MD

MALE APPLICANT

Name: First Mark Middle Fredrick Last Glendy

Date of Birth: Month 7 Day 17 Year 59

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. RR3 Box 154 City Cloverdale County Morgan State In. 46120

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. Andrea Kay Glendy, Daphne Dawn Glendy
6. (a) Full name of applicant's father David Fredrick Glendy
   (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 Lewis Cornwell
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

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

✗ Signature of Applicant Mark Glendy Date 9-19-02

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 Mark Fredrick Glendy
✗ New Address ~~2525~~ 12525 SR 42 W Cloverdale

Subscribed and sworn to before me this 19 day of September 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 Paula Middle Jean Last Wassel

Date of Birth: Month 4 Day 27 Year 53

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 269 Harts Ford Way 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 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 S. Dressel
   (If adopted, list adoptive parents only)
   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 M. E. Osborne
   (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 Paula J Wassel Date 9-19-02

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 Paula J Wassel
✗ New Address 12525 ST. RD 42 W. Cloverdale In 46120

Subscribed and sworn to before me this 19 day of September, 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 Sept. 19, 2002, authorizing the marriage of Mark Fredrick Glendy and Paula Jean Wassel.

I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on September 19, 2002 (date), at Danville in Hendricks County, Indiana, Mark Fredrick Glendy of Morgan County, Indiana (state), and Paula Jean Wassel of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept. 19, 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 September 26, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

471

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 66
Page 623
9-20-02
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 9-20-02
Name of Physician Dr. Combs

MALE APPLICANT

Name: First Robert Middle R. Last Stringer
Date of Birth: Month 2 Day 25 Year 1975
Place of Birth (State or foreign country) Michigan 46123
Residence Address: Street or R.R. 242 Oxmoor Way G. 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 Robert B. Stringer
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Michigan
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Susan D. Lowe
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Michigan
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

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

Signature of Applicant [signature] Date 9/20/02

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 Sept. 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 Bowers
Date of Birth: Month 8 Day 19 Year 1974
Place of Birth (State or foreign country) Indiana 46123
Residence Address: Street or R.R. 242 Oxmoor Way G. 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 Gary Bowers
   (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 Janette Flook
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) England

ACKNOWLEDGEMENT

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

Signature of Applicant [signature] Date 9-20-02

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 Sept. 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 Sept. 20, 2002, authorizing the marriage of Robert Ryan Stringer and Lisa Janette Bowers.
I further certify that the following marriage certificate was filed in my office: I, Steven K. Cole (name), certify that on September 28, 2002 (date), at Russiaville in Howard County, Indiana, Robert Ryan Stringer of Hendricks County, Indiana (state), and Lisa Janette Bowers of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept. 20, 2002. Signed by: Steven K. Cole, Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on October 2, 2002 (date).

Signed Sharon Dugan 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 66
Page 624
9-20-02
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 10-16-01
Name of Physician Margaret Mison

MALE APPLICANT

Name First Brian Middle K Last Fowler
Date of Birth Month 8 Day 5 Year 1970
Place of Birth (State or foreign country) IN
Residence Address Street or R.R. 3683 Homestead Circle City East 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 5/99
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers Licinse

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Lloyd Kobey Fowler, Conner Ian Fowler
6. (a) Full name of applicant's father Richard Ray Fowler
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Linda Jean Robinson
   (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 X Brian Fowler Date 9-20-02

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 X Brian Fowler
New Address X3683 Homestead Cir. E. 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 Elizabeth Middle A Last Williams
Date of Birth Month 10 Day 28 Year 1970
Place of Birth (State or foreign country) IN
Residence Address Street or R.R. 822 W 71st St N Dr City Indpls. County Marion Co State In 46260
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 99
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Conner Ian Fowler, Shelby Elana Williams
6. (a) Full name of applicant's father Ken Hickman
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Mary Suzell Russen
   (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 X Elizabeth A. Williams Date 9-20-02

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 X Elizabeth A. Williams
New Address X 3683 Homestead Cir. 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. 20, 2002, authorizing the marriage of Brian Keith Fowler and Elizabeth A. Williams.
I further certify that the following marriage certificate was filed in my office: I, Kathryn M. Kuehn (name), certify that on October 12, 2002 (date), at Bellville in Hendricks County, Indiana, Brian K. Fowler of Hendricks County, Indiana (state), and Elizabeth A. Williams of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept. 20, 2002 Signed by: Kathryn M. Kuehn, Atty Judge Pro Tem (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on November 21, 2002 (date).

Sharon Dugan
Signed _____ 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 66
Page 625
9-20-02
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 _____
Name of Physician _____

MALE APPLICANT	FEMALE APPLICANT
Name: First Gerald, Middle Douglas, Last Gee	Name: First Ester, Middle Marie, Last Drury
Date of Birth: Month 1, Day 31, Year 51	Date of Birth: Month 3, Day 29, Year 51
Place of Birth (State or foreign country): Indiana	Place of Birth (State or foreign country): North Carolina
Residence Address: 676 Cobblestone Rd, City Avon, County Hend, State In. 46123	Residence Address: 676 Cobblestone Rd, 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 1995	Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1996
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License	Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐	1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐	If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐	2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐	3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐	4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Jessica Lee, Alyson Marie Lee	5. List the full names of any dependent children. _____
6. (a) Full name of applicant's father Robert Edward Gee	6. (a) Full name of applicant's father Herman Davis
(If adopted, list adoptive parents only) _____	(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Deceased	Residence of father (if deceased, so state) Deceased
Birthplace of father (State or foreign country) Indiana	Birthplace of father (State or foreign country) North Carolina
(b) Full maiden name of applicant's mother Evelyn Cley	(b) Full maiden name of applicant's mother Bertie Davis
(If adopted, list adoptive parents only) _____	(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana	Residence of mother (if deceased, so state) North Carolina
Birthplace of mother (State or foreign country) Indiana	Birthplace of mother (State or foreign country) North Carolina

ACKNOWLEDGEMENT

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

MALE APPLICANT	FEMALE APPLICANT
✗ Signature of Applicant Gerald D. Gee Date _____	✗ Signature of Applicant Ester M. Drury Date 9-20-02

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 _____

MALE APPLICANT	FEMALE APPLICANT
State of Indiana) County of Hendricks) I swear/affirm that the information given in this application is true and correct.	State of Indiana) County of Hendricks) I swear/affirm that the information given in this application is true and correct.
✗ Signed Gerald D. Gee	✗ Signed Ester M. Drury
✗ New Address SAME	✗ New Address SAME
Subscribed and sworn to before me this 20 day of September, 2002	Subscribed and sworn to before me this 20 day of September, 2002
Sharon Dugan Clerk of the Hendricks Circuit Court	Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept. 20 2002, authorizing the marriage of Gerald Douglas Gee and Ester Marie Drury.
I further certify that the following marriage certificate was filed in my office: I, Ron Bontrager (name), certify that on October 5, 2002 (date), at Indianapolis in Hendricks County, Indiana, Gerald Douglas Gee of Hendricks County, Indiana (state), and Ester Marie Drury of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept. 20, 2002. Signed by: Ron Bontrager, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 17, 2002 (date).

Signed Sharon Dugan 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 66
Page 624
9-20-02
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 _____
Name of Physician _____

MALE APPLICANT

Name: First Mark Middle Alan Last Blackburn

Date of Birth: Month 2 Day 4 Year 53

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 10062 Kewanna Dr. City Indpls County Hend State In. 46234

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

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 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. Bryon Blackburn, Brandon Blackburn
6. (a) Full name of applicant's father Harold Blackburn
   (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 Yvonne Childers
   (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 Mark Alan Blackburn Date 9-20-02

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 Mark Alan Blackburn
✗ New Address SAME
Subscribed and sworn to before me this 20 day of September, 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 Patsy Middle Jo Last Brown

Date of Birth: Month 5 Day 5 Year 52

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 10062 Kewanna 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 male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. _____
6. (a) Full name of applicant's father Ivan O. Brown
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Mary E. Dolth
   (If adopted, list adoptive parents only) _____
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

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

✗ Signature of Applicant Patsy Brown Date 9-20-02

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 Patsy Jo Brown
✗ New Address SAME
Subscribed and sworn to before me this 20 day of September, 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 Sept. 20, 2002, authorizing the marriage of Mark Alan Blackburn and Patsy Jo Brown.
I further certify that the following marriage certificate was filed in my office: I, Rev. J. D. Woodlee (name), certify that on October 5, 2002 (date), at Indianapolis in Marion County, Indiana, Mark Alan Blackburn of Hendricks County, Indiana (state), and Patsy Jo 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 Sept. 20, 2002. Signed by: Rev. J. D. Woodlee, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 11, 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 66
Page 627
9-20-02
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 9-20-02
Name of Physician Lynn Klaus

MALE APPLICANT

Name: First Charles Middle Christopher Last Hohne

Date of Birth: Month 5 Day 29 Year 81

Place of Birth (State or foreign country) Virginia

Residence Address: Street or R.R. 9904 Lakefield Lane City Avon County Hend. St. Indiana 46123

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

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

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

Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Hohne
   (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 Gloria Jane Quinn
   (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 9/20/02

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
Subscribed and sworn to before me this 20 day of September, 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 Margaret Middle Ann Last Griffin

Date of Birth: Month 1 Day 10 Year 82

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 9904 Lakefield Lane City Avon County Hend. St. Indiana 46123

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

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

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

Drivers License

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

ACKNOWLEDGEMENT

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

✗ Signature of Applicant [signature] Date 9-2002

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 [signature]
✗ New Address same
Subscribed and sworn to before me this 20 day of September, 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 Sept. 20, 2002, authorizing the marriage of Charles Christopher Hohne and Margaret Ann Griffin.
I further certify that the following marriage certificate was filed in my office: I, John L. Ross (name), certify that on September 28, 2002 (date), at Plainfield in Hendricks County, Indiana, Charles Christopher Hohne of Hendricks County, Indiana (state), and Margaret Ann Griffin of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept. 20, 2002. Signed by: John L. Ross, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 10, 2002 (date).

Signed Sharon Dugan 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 66
Page 628
9-23-02
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 9-18-02
Name of Physician . Deborah Williams

MALE APPLICANT

Name: First Brian Middle Richard Last Rentschler
Date of Birth: Month 3 Day 30 Year 77
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 752 Oak St. City Huntington County Huntington State IN 46750
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Rentschler Date 9/23/02

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 Brian Rentschler
New Address 8514 Killeen Run Ft. Wayne, IN 46835
Subscribed and sworn to before me this 23 day of September, 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 Regina Middle Lynn Last Murray
Date of Birth: Month 4 Day 28 Year 77
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 2089 Laurin Ct. City Indianapolis County Marion State IN 46234
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Regina Lynn Murray Date 9/23/02

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 Regina Lynn Murray
New Address 8514 Killeen Run Ft. Wayne, In 46835
Subscribed and sworn to before me this 23 day of September, 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 Sept. 23, 2002, authorizing the marriage of Brian Richard Rentschler and Regina Lynn Murray.
I further certify that the following marriage certificate was filed in my office: I, Craig Patterson (name), certify that on September 28, 2002 (date), at Fort Wayne in Allen County, Indiana, Brian Richard Rentschler of Huntington County, Indiana (state), and Regina Lynn Murray of Hendricks County, Indiana (state) were 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. 23, 2002. Signed by: Craig R. Patterson, Judge Pro Tempore (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 10, 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 66
Page 629
9-20-02
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 7-5-02
Name of Physician 1949 Hospital Dr. Martinsville, IN 46151

MALE APPLICANT

Name: First Bruce Middle Eric Last Hagen
Date of Birth: Month 5 Day 16 Year 55
Place of Birth (State or foreign country) Wisconsin
Residence Address: Street or R.R. 528 Elm Dr. City Plainfield County Hend. State IN 46168
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 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. NA
6. (a) Full name of applicant's father Calvin Edmund Hagen
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Wisconsin
   Birthplace of father (State or foreign country) Minnesota
   (b) Full maiden name of applicant's mother Myrna Rayette Nelson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Wisconsin
   Birthplace of mother (State or foreign country) Wisconsin

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant ✍ Bruce Hagen Date 9/20/02

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 ✍ Bruce Hagen
New Address same
Subscribed and sworn to before me this 20 day of Sept., 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 Elizabeth Last Copeland
Date of Birth: Month 8 Day 5 Year 67
Place of Birth (State or foreign country) Michigan
Residence Address: Street or R.R. 528 Elm Dr. City Plainfield County Hend. State IN 46168
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1996
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) drivers license

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant ✍ Dawn Copeland Date 9/20/02

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 ✍ Dawn Copeland
New Address same
Subscribed and sworn to before me this 20 day of Sept., 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 Sept. 20, 2002, authorizing the marriage of Bruce Eric Hagen and Dawn Elizabeth Copeland.
I further certify that the following marriage certificate was filed in my office: I, Laurie A. Miller (name), certify that on September 23, 2002 (date), at Plainfield in Hendricks County, Indiana, Bruce Eric Hagen of Hendricks County, Indiana (state), and Dawn Elizabeth 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 Sept. 20, 2002. Signed by: Laurie A. Miller, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 7, 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 66
Page 630
9-23-02
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 9-16-02
Name of Physician Karen Johns MD

MALE APPLICANT

Name: First Robert Middle Daniel Last Earl II
Date of Birth: Month 6 Day 12 Year 79
Place of Birth (State or foreign country) Virginia
Residence Address: Street or R.R. 1424 Sweet Gum 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 female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Daniel Earl
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Virginia
   Birthplace of father (State or foreign country) Mississippi
   (b) Full maiden name of applicant's mother Doris A. Dixon
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Mississippi

FEMALE APPLICANT

Name: First Sandi Middle Lynn Last Osborne
Date of Birth: Month 3 Day 14 Year 80
Place of Birth (State or foreign country) Kentucky
Residence Address: Street or R.R. 1375 Marine Way Apt 214 City Avon County Hend. State In 46214
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Daniel Earl II Date 23 Sept 02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Daniel Earl II
✗New Address SAME AS ABOVE
Subscribed and sworn to before me this 23 day of September, 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 Sandi L Osborne Date 9-25-02

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 Sandi L Osborne
✗New Address Same as above
Subscribed and sworn to before me this 25 day of September, 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 Sept. 23, 2002, authorizing the marriage of Robert Daniel Earl, II and Sandi Lynn Osborne.
I further certify that the following marriage certificate was filed in my office: I, Harold L. Leininger II (name), certify that on September 28, 2002 (date), at Brownsburg in Hendricks County, Indiana, Robert Daniel Earl, II of Hendricks County, Indiana (state), and Sandi Lynn Osborne 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. 23, 2002. Signed by: Harold L. Leininger II, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 1, 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 66
Page 631
9-23-02
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 9-16-02
Name of Physician Dr. Guest

MALE APPLICANT	FEMALE APPLICANT
Name: First Jeffrey Middle T Last Bonam	Name: First Linda Middle Kay Last England
Date of Birth: Month 1 Day 15 Year 1960	Date of Birth: Month 4 Day 25 Year 1955
Place of Birth (State or foreign country) IN	Place of Birth (State or foreign country) IA
Residence Address: Street or R.R. 3249 Macarthur Ct City Indpls. County Marion State In 46227	Residence Address: Street or R.R. 245 Hartsford Way City Brownsburg 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 2/95	Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 5/99
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License	Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License
1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐	1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐	If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐	2. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐	3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐	4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
5. List the full names of any dependent children. Nicholas Duane, Luke Anthony	5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Gary Bonam	6. (a) Full name of applicant's father Orlen H Anderson
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) ~~IN~~ deceased	Residence of father (if deceased, so state) deceased
Birthplace of father (State or foreign country) IN	Birthplace of father (State or foreign country) IA
(b) Full maiden name of applicant's mother Pat Werking	(b) Full maiden name of applicant's mother Dolores J Underland
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) IN	Residence of mother (if deceased, so state) MO
Birthplace of mother (State or foreign country) IN	Birthplace of mother (State or foreign country) IA

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Bonam Date 9/23/02

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 ☒ Jeffrey Bonam
New Address 245 HARTSFORD WAY 46112

Subscribed and sworn to before me this _____ day of _____

Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of Hendricks)

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

ACKNOWLEDGEMENT

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

Signature of Applicant ☒ Linda K England Date 9/23/02

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 ☒ Linda England
New Address 245 HARTSFORD WAY BBURG.

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. 23, 2002, authorizing the marriage of Jeffrey Todd Bonam and Linda Kay England.

I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on September 23, 2002 (date), at Danville in Hendricks County, Indiana, Jeffrey Todd Bonam of Marion County, Indiana (state), and Linda Kay England of Hendricks County, Indiana (state) were 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. 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 September 26, 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 66
Page 632
9-23-02
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 9-16-02
Name of Physician Charles A. Tripp MD

MALE APPLICANT

Name: First Brock Middle Daniel Last Pickett

Date of Birth: Month 12 Day 18 Year 79

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 5611 W. CR550 S. City Crawfordsville County Montgomery State IN 47933

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

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

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

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

ACKNOWLEDGEMENT

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

X Signature of Applicant Brock Pickett Date 9/23/02

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.
X Signed Brock Pickett
X New Address 10650 CAMDEN DR. APT 2G CAMBY, IN 46113
Subscribed and sworn to before me this 23 day of September, 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 Stella Middle Dawn Last Emberton

Date of Birth: Month 2 Day 9 Year 81

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 11842 N. CR 700 W. City Monrovia County Morgan State IN 46157

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

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

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

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

ACKNOWLEDGEMENT

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

X Signature of Applicant Stella D. Emberton Date 9/23/02

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.
X Signed Stella D. Emberton
X New Address 10650 Camden Dr. Apt. 2G Camby, IN 46113
Subscribed and sworn to before me this 23 day of September, 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 Sept. 23, 2002, authorizing the marriage of Brock Daniel Pickett and Stella Dawn Emberton.
I further certify that the following marriage certificate was filed in my office: I, Stevan W. Ranson (name), certify that on October 5, 2002 (date), at Clayton in Hendricks County, Indiana, Brock Daniel Pickett of Hendricks County, Indiana (state), and Stella Dawn Emberton 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 Sept. 23, 2002. Signed by: Stevan W. Ranson, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 30, 2002 (date).

Sharon Dugan
Signed ____ 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 66
Page 633
9-24-02
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 9-4-02
Name of Physician Dr. Michelle Cakers

MALE APPLICANT

Name: First Dustin Middle Christopher Last Wilson
Date of Birth: Month 12 Day 23 Year 75
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 511 S. Saratoga Dr. City Brownsburg County Hendricks State IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☒ Date 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. N/A
6. (a) Full name of applicant's father David Eugene Wilson
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Brenda Kay Starr
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Dustin C Wilson Date 9/24/02

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 Dustin C Wilson
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 Wendy Middle Leann Last Tibbett
Date of Birth: Month 4 Day 27 Year 79
Place of Birth (State or foreign country) Arkansas
Residence Address: Street or R.R. 511 S. Saratoga 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. N/A
6. (a) Full name of applicant's father William Newell Tibbett, Jr.
   (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 Carolyn Lucille Purdy
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Arkansas

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Wendy L Tibbett Date 9-24-02

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 Wendy L Tibbett
New Address Same
Subscribed and sworn to before me this _____ day of _____
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept. 24, 2002, authorizing the marriage of Dustin Christopher Wilson and Wendy Leann Tibbett.
I further certify that the following marriage certificate was filed in my office: I, Harold L. Leininger II (name), certify that on October 12, 2002 (date), at Brownsburg in Hendricks County, Indiana, Dustin Christopher Wilson of Hendricks County, Indiana (state), and Wendy Leann Tibbett of Hendricks County, Indiana (state) were 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. 24, 2002 Signed by: Harold L. Leininger II, Pastor (official designation) Filed and recorded in accordance with the laws of the State of Indiana on October 17, 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 66
Page 634
9-24-02
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 8-28-95
Name of Physician Angela Stevens M.D.

MALE APPLICANT	FEMALE APPLICANT
Name: First Donavon, Middle Mitchell, Last Lough	Name: First Erika, Middle Lynn, Last McAdams
Date of Birth: Month 5, Day 14, Year 80	Date of Birth: Month 10, Day 27, Year 71
Place of Birth (State or foreign country): Indiana	Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 9955 N. SR 75, City North Salem, County Hend, State In 46165	Residence Address: Street or R.R. 9955 N. SR 75, City North Salem, County Hend, State In 46165
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages	Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date	Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License	Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐	1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐	If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐	2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐	3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐	4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.	5. List the full names of any dependent children. Briana Lee McAdams
6. (a) Full name of applicant's father Dennis Adrian Lough	6. (a) Full name of applicant's father Mike Clark
(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 Delores Shands	(b) Full maiden name of applicant's mother Sharon Dale
(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

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 24 day of September, 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 Erika McAdams Date 9-24-02

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 Erika McAdams
New Address Same
Subscribed and sworn to before me this 24 day of September, 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 Sept. 24, 2002, authorizing the marriage of Donavon Mitchell Lough and Erika Lynn McAdams.
I further certify that the following marriage certificate was filed in my office: I, Rev. Leonard Maynard (name), certify that on October 5, 2002 (date), at Brownsburg in Hendricks County, Indiana, Donavon Mitchell Lough of Hendricks County, Indiana (state), and Erika Lynn McAdams of Hendricks County, Indiana (state) were 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. 24, 2002. Signed by: Rev. Leonard Maynard, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 10, 2002 (date).

Sharon Dugan
Signed _____ Clerk
Hendricks Circuit Court

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

483

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 66
Page 635
9-24-02
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 9-24-02
Name of Physician Michelle Dakeman

MALE APPLICANT

Name: First Christopher Middle Earl Last Frye
Date of Birth: Month 9 Day 24 Year 58
Place of Birth (State or foreign country) Illinois
Residence Address: Street or R.R. 3512 Wyannis Port Dr. City Indpls County Marion State IN 46214
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. Alisia Marie Frye
6. (a) Full name of applicant's father Collis Earl Frye
   (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 Carol Ann Cunningham
   (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 9/24/02

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 344 Harvest Way Apt F Plainfield 46168
Subscribed and sworn to before me this 24 day of September, 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 Susan Middle Elaine Last Londakos
Date of Birth: Month 4 Day 26 Year 67
Place of Birth (State or foreign country) Mississippi
Residence Address: Street or R.R. 344 Harvest Way Apt F City Plainfield County Hendricks State IN 46168
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐ Date 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. Patricia Ann Londakos, Michael Christopher Londakos
6. (a) Full name of applicant's father Herbert Glenn Foster
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Mississippi
   Birthplace of father (State or foreign country) North Carolina
   (b) Full maiden name of applicant's mother Jennie Lucille Luce
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Mississippi
   Birthplace of mother (State or foreign country) Mississippi

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Susan Londakos Date 9/24/02

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 Susan Londakos
New Address same
Subscribed and sworn to before me this 24 day of September 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 Sept. 24, 2002, authorizing the marriage of Christopher Earl Frye and Susan Elaine Londakos.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on September 24, 2002 (date), at Danvile in Hendricks County, Indiana, Christopher Earl Frye of Marion County, Indiana (state), and Susan Elaine Londakos of Hendricks County, Indiana (state) were 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. 24, 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 October 4, 2002 (date).

Sharon Dugan
Signed _____ 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 66
Page 636
9-25-07
Date of Application

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

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 9-19-02
Name of Physician Dr. C. Hawkes

MALE APPLICANT

Name: First Mark Middle Albert Last Shutt
Date of Birth: Month 10 Day 9 Year 68
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 2 Amanda Ct. 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 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 Charles Douglas Shutt
   (If adopted, list adoptive parents only)
   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 Lambert
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant MA Shutt Date 9-25-02

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 MA Shutt
New Address Same
Subscribed and sworn to before me this 25th day of September
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Dawn Middle Michaelle Last Plummer
Date of Birth: Month 12 Day 2 Year 68
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 2 Amanda Ct. 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 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. Alan Michael Plummer
6. (a) Full name of applicant's father Steven Louis Evan
   (If adopted, list adoptive parents only)
   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 Gray
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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. Plummer Date 9/25/02

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 Dawn M. Plummer
New Address same
Subscribed and sworn to before me this _____ day of _____
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept. 25, 2002, authorizing the marriage of Mark Albert Shutt and Dawn Michaelle Plummer.
I further certify that the following marriage certificate was filed in my office: I, Rev. Buddy Baird (name), certify that on October 12, 2002 (date), at Broad Ripple in Marion County, Indiana, Mark Albert Shutt of Hendricks County, Indiana (state), and Dawn Michaelle Plummer of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept. 25, 2002 Signed by: Rev. Buddy Baird, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 17, 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 66
Page 637
9-25-02
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 9-23-02
Name of Physician Barbara Ashley

MALE APPLICANT

Name: First Joshua Middle Adam Last Light
Date of Birth: Month 5 Day 27 Year 79
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 5845 N. CR 901 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 female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you now under the 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) Gary Wayne Light
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Kentucky
   (b) Full maiden name of applicant's mother Kristina Ann Bymaster
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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. Light Date 9/25/02

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 Joshua A. Light
New Address 7466 S St Rd 75, Coatesville, IN 46121
Subscribed and sworn to before me this 25 day of August, 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 Rae Last Brock
Date of Birth: Month 5 Day 25 Year 78
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 7466 S. State Rd 75 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 male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Brock
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Joyce Marlene Russell
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Jennifer Brock Date 9-25-02

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 Jennifer Brock
New Address 7466 S. St. Rd. 75 Coatesville, In. 46121
Subscribed and sworn to before me this 25 day of August, 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 Sept. 25, 2002, authorizing the marriage of Joshua Adam Light and Jennifer Rae Brock.
I further certify that the following marriage certificate was filed in my office: I, John P. Roof (name), certify that on October 26, 2002 (date), at Danville in Hendricks County, Indiana, Joshua Adam Light of Hendricks County, Indiana (state), and Jennifer Rae Brock of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept. 25, 2002. Signed by: John P. Roof, Priest (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 30, 2002 (date).

Sharon Dugan
Signed ____ 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 66
Page 638
9-25-02
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 9-25-02
Name of Physician David Hadley MD

MALE APPLICANT

Name: First Timothy Middle James Last Johnson
Date of Birth: Month 2 Day 4 Year 78
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 216 W. Lincoln St. City Plainfield County Hend. St 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) 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.
6. (a) Full name of applicant's father Tim Ebenezer Johnson
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Debbie Kay Harrell
   (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 Tim Johnson Date 9-25-02

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 Tim Johnson
New Address SAME
Subscribed and sworn to before me this 25 day of September, 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 Jamie Middle Leigh Last Cornelius
Date of Birth: Month 8 Day 8 Year 81
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 216 W. Lincoln St. City Plainfield County Hend. St IN 46168
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date _____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Jamie L. Cornelius Date 9-25-02

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 Jamie L. Cornelius
New Address SAME
Subscribed and sworn to before me this 25 day of September, 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 Sept. 25, 2002, authorizing the marriage of Timothy James Johnson and Jamie Leigh Cornelius.
I further certify that the following marriage certificate was filed in my office: I, Mark Wright (name), certify that on October 12, 2002 (date), at Mooresville in Morgan County, Indiana, Timothy James Johnson of Hendricks County, Indiana (state), and Jamie Leigh Cornelius of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept. 25, 2002. Signed by: Mark Wright, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 17, 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 66
Page 639
9-25-02
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 9-23-02
Name of Physician Dan Johnston

MALE APPLICANT

Name: First David Middle Paul Last Mason Jr.
Date of Birth: Month 10 Day 17 Year 72
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 5633 W. CoRd 350 S. City Coatesville County Hend. 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) Driver's License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Paul Mason Jr. Date 9-25-02

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 David Paul Mason Jr.
✗ New Address SAME
Subscribed and sworn to before me this 25 day of September, 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 Rosemary Middle Elnora Last Henderson
Date of Birth: Month 4 Day 21 Year 76
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 5633 W. CoRd 350 S. 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) Driver's License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
✗ Signature of Applicant Rosemary Elnora Henderson Date 9-25-02

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 Rosemary Elnora Henderson
✗ New Address same
Subscribed and sworn to before me this 25 day of September, 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 Sept. 25, 2002, authorizing the marriage of David Paul Mason, Jr. and Rosemary Elnora Henderson.
I further certify that the following marriage certificate was filed in my office: I, William Joseph Summers (name), certify that on September 28, 2002 (date), at Coatesville in Hendricks County, Indiana, David Paul Mason, Jr. of Hendricks County, Indiana (state), and Rosemary Elnora Henderson of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept. 25, 2002. Signed by: William Joseph Summers, Evangelist (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 10, 2002 (date).

Signed Sharon Dugan 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 66
Page 640
9-25-02
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 9-25-02
Name of Physician Daniel Hadley MD

MALE APPLICANT

Name: First Craig Middle Eugene Last Borcherding
Date of Birth: Month 6 Day 3 Year 59
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 5691 Hamsons Dr. City Brownsburg County Hendricks State In. 46112
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 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. Alisha Borcherding
   Amber Borcherding
6. (a) Full name of applicant's father Curtis Borcherding
   (If adopted, list adoptive parents only)
   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 Wray
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
X Signature of Applicant Craig E Borcherding Date 9-25-02

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 Craig E Borcherding
X New Address same
Subscribed and sworn to before me this 25 day of September, 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 Lynn Last Lionetti
Date of Birth: Month 7 Day 29 Year 61
Place of Birth (State or foreign country) Connecticut
Residence Address: Street or R.R. 5691 Hamsons Dr. City Brownsburg County Hendricks State In. 46112
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 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 Joseph P. Lionetti
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Connecticut
   (b) Full maiden name of applicant's mother Madelyn Sandra Dole
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Florida
   Birthplace of mother (State or foreign country) Connecticut

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
X Signature of Applicant Karen L. Lionetti Date 9-25-02

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 Karen L. Lionetti
X New Address SAME
Subscribed and sworn to before me this 25 day of September, 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 Sept. 25, 2002, authorizing the marriage of Craig Eugene Borcherding and Karen Lynn Lionetti.
I further certify that the following marriage certificate was filed in my office: I, David G. Buckner (name), certify that on October 5, 2002 (date), at Pittsboro in Hendricks County, Indiana, Craig Eugene Borcherding of Hendricks County, Indiana (state), and Karen Lynn Lionetti of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept. 25, 2002. Signed by: David G. Buckner, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on December 26, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

489

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 66
Page 641
9-26-02
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 9-25-02
Name of Physician Dr. Earle Robinson

MALE APPLICANT	FEMALE APPLICANT
Name: First Jake, Middle Emmett, Last Hancock	Name: First Tiffany, Middle Ann, Last Parker
Date of Birth: Month 7, Day 13, Year 79	Date of Birth: Month 4, Day 28, Year 82
Place of Birth (State or foreign country): Indiana	Place of Birth (State or foreign country): California
Residence Address: Street or R.R. 890 Ridgewood Dr. Bldg 203-c, City Plainfield, County Hendricks, State IN 46168	Residence Address: Street or R.R. 890 Ridgewood Dr. Bldg 203c, City Plainfield, County Hendricks, State IN 46168
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages	Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date	Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License	Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Texas Drivers License
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐	1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐	If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐	2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐	3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐	4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of applicant's father Robert Lee Hancock	6. (a) Full name of applicant's father
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only) Richard Curtis Parker
Residence of father (if deceased, so state) Indiana	Residence of father (if deceased, so state) Texas
Birthplace of father (State or foreign country) Indiana	Birthplace of father (State or foreign country) California
(b) Full maiden name of applicant's mother Glenna Sue Folck	(b) Full maiden name of applicant's mother Sheryl Ann Locke
(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) Texas
Birthplace of mother (State or foreign country) Indiana	Birthplace of mother (State or foreign country) California

ACKNOWLEDGEMENT

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

X Signature of Applicant [signature] Date 9/26/02

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 890 Ridgewood Dr.

Subscribed and sworn to before me this 26 day of September, 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 Tiffany A. Parker Date 9-26-02

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 Tiffany A. Parker
X New Address Same

Subscribed and sworn to before me this 26 day of September, 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 Sept. 26, 2002, authorizing the marriage of Jake Emmett Hancock and Tiffany Ann Parker.

I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on September 26, 2002 (date), at Danville in Hendricks County, Indiana, Jake Emmett Hancock of Hendricks County, Indiana (state), and Tiffany Ann 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 Sept. 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 September 26, 2002 (date).

Signed Sharon Dugan 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 66
Page 642
9-26-02
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 7-13-00
Name of Physician Dr. Roewler

MALE APPLICANT

Name: First Dustin Middle Eugene Last Snyder
Date of Birth: Month 1 Day 5 Year 79
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 2411 H Harvest Way City Plainfield County Hendricks State IN
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. MaKenzie Gene Snyder
6. (a) Full name of applicant's father Ronald Wayne Snyder
   (If adopted, list adoptive parents only)
   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 Kay 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 D. S. Date 9-26-02

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 D. S.
New Address SAME
Subscribed and sworn to before me this 26th day of Sept 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 Louise Last Stroud
Date of Birth: Month 11 Day 30 Year 80
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 2411 / H Harvest Way City Plainfield County Hendricks State IN
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. MaKenzie Gene Snyder
6. (a) Full name of applicant's father Timothy Wayne Stroud
   (If adopted, list adoptive parents only)
   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 Joan Penrod
   (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 L Stroud Date 9/26/02

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 Amanda L Stroud
New Address Same
Subscribed and sworn to before me this 26th day of Sept 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 Sept. 26, 2002, authorizing the marriage of Dustin Eugene Snyder and Amanda Louise Stroud.
I further certify that the following marriage certificate was filed in my office: I, Charles Elston (name), certify that on October 19, 2002 (date), at Plainfield in Hendricks County, Indiana, Dustin Eugene Snyder of Hendricks County, Indiana (state), and Amanda Louise Stroud of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept. 26, 2002. Signed by: Charles Elston, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 23, 2002 (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 666
Page 643
9-26-02
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 9-26-02
Name of Physician Holly Cooper, MD

MALE APPLICANT

Name: First Scott Middle Findlay Last Michael
Date of Birth: Month 8 Day 23 Year 71
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 181 Sycamore St. 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 Everett Harold Michael
   (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 Jean Calvin
   (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 Scott F. Michael Date 9/26/02

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 Scott F. Michael
X New Address SAME
Subscribed and sworn to before me this 26 day of September, 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 Julie Middle Ann Last Herndon
Date of Birth: Month 7 Day 30 Year 70
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 181 Sycamore St City Bronsburg 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. Kayla Marie Herndon
6. (a) Full name of applicant's father Roy Randall Herndon
   (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 Sue Chamberlain
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that 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 Ann Herndon Date 9-26-02

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 Julie Ann Herndon
X New Address Same
Subscribed and sworn to before me this 26 day of September, 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 Sept. 26, 2002, authorizing the marriage of Scott Findlay Michael and Julie Ann Herndon.
I further certify that the following marriage certificate was filed in my office: I, Guy K. Langston (name), certify that on October 5, 2002 (date), at Marshall in Parke County, Indiana, Scott Findlay Michael of Hendricks County, Indiana (state), and Julie Ann Herndon of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept. 26, 2002 Signed by: Guy K. Langston, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 10, 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 66
Page 644
9-27-02
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 9-13-02
Name of Physician Michelle Patterson

MALE APPLICANT

Name: First Larry Middle Dale Last Larkin II
Date of Birth: Month 8 Day 18 Year 81
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 53 E. Tilden Dr. City Brownsburg County Hend. State In 46112
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. ____
6. (a) Full name of applicant's father Larry Dale Larkin
   (If adopted, list adoptive parents only) ____
   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 Denise Glimpse
   (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 Larry D Larkin II Date 9-27-02

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.
X Signed Larry D. Larkin II
X New Address Same
Subscribed and sworn to before me this 27 day of Sept. 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 Lesa Middle Marie Last Danbom
Date of Birth: Month 3 Day 24 Year 81
Place of Birth (State or foreign country) Washington
Residence Address: Street or R.R. 53 E. Tilden 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 Charles Ellis Danbom
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Nebraska
   (b) Full maiden name of applicant's mother Joanne Tilton
   (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).
X Signature of Applicant Lesa Danbom Date 9-27-02

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.
X Signed Lesa Danbom
X New Address same
Subscribed and sworn to before me this 27 day of September, 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 Sept. 27, 2002, authorizing the marriage of Larry Dale Larkin, II and Lesa Marie Danbom.
I further certify that the following marriage certificate was filed in my office: I, Michelle L. Knight (name), certify that on September 28, 2002 (date), at Brownsburg in Hendricks County, Indiana, Larry Dale Larkin, II of Hendricks County, Indiana (state), and Lesa Marie Danbom of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept. 27, 2002. Signed by: Michelle L. Knight, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 4, 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 66
Page 645
9-27-02
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 ☒ 9-302
If No, Medical Examination or Report Dated
Name of Physician Dr. Stephen P Dewey, MD

MALE APPLICANT

Name: First Gary Middle Edward Last Pelkey
Date of Birth: Month 11 Day 10 Year 66
Place of Birth (State or foreign country) Connecticut
Residence Address: Street or R.R. 105 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 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. Samantha Rae Pelkey, Laura Lynn Pelkey
6. (a) Full name of applicant's father John Pepe
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) NA (deceased)
   Birthplace of father (State or foreign country)
   (b) Full maiden name of applicant's mother Peggy Joyce Buzzle
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) deceased
   Birthplace of mother (State or foreign country) Maine

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Gary Pelkey Date 9/27/02

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 Gary Pelkey
New Address same as above
Subscribed and sworn to before me this 27 day of Sept. 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 marae Last Stolz
Date of Birth: Month 8 Day 4 Year 75
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 105 E College Ave City Brownsburg County IN State 46112
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. NA
6. (a) Full name of applicant's father Rick Wood
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Linda Lee Broyles
   (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 Jennifer M Stolz Date 9/27/02

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 Jennifer M. Stolz
New Address same as above
Subscribed and sworn to before me this 27 day of Sept. 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 Sept. 27, 2002, authorizing the marriage of Gary Edward Pelkey and Jennifer Marae Stolz.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on September 27, 2002 (date), at Danville in Hendricks County, Indiana, Gary Edward Pelkey of Hendricks County, Indiana (state), and Jennifer Marae Stolz of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept. 27, 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 October 7, 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 66
Page 646
9-27-02
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 9-17-02
Name of Physician Dr. Hinds

MALE APPLICANT

Name: First Gerald Middle Taylor Last Kitchens II
Date of Birth: Month 12 Day 22 Year 1972
Place of Birth (State or foreign country) Kentucky
Residence Address: Street or R.R. 3166 E. Elgin St. City Gilbert County Maricopa State AZ 85296
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 10/01
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 Gerald T. Kitchens
   (If adopted, list adoptive parents only)
   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 L. Gidewmb
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Kentucky

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [signature] Date 9/27/02

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 [signature]
New Address Same as above
Subscribed and sworn to before me this 27 day of Sept. 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 Ann Last Kincaid
Date of Birth: Month 12 Day 7 Year 1968
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 3166 E Elgin St. City Gilbert County Maricopa State AZ 85296
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date _____
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Driver's License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [signature] Date 9/27/02

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 [signature]
New Address Same as above
Subscribed and sworn to before me this 27 day of Sept. 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 Sept. 27, 2002, authorizing the marriage of Gerald Taylor Kitchens II and Jennifer Ann Kincaid.
I further certify that the following marriage certificate was filed in my office: I, Jack P. Miller (name), certify that on November 16, 2002 (date), at Plainfield in Hendricks County, Indiana, Gerald Taylor Kitchens II of Maricopa County, Arizona (state), and Jennifer Ann Kincaid of Maricopa County, Arizona (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept. 27, 2002. Signed by: Jack P. Miller, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on November 21, 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 66
Page 647
9-27-02
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 ☐ 9-27-02
If No, Medical Examination or Report Dated
Name of Physician Dr. Howell

MALE APPLICANT

Name: First Todd Middle A Last Himes
Date of Birth: Month 6 Day 3 Year 1966
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. 4036 N St Rd 75 City N. Salem County Hendricks State IN 46165
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 3
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 3-99
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. Maggie, Bryant
6. (a) Full name of applicant's father L. Bruce Himes
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Marilyn Munro
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) IN
   Birthplace of mother (State or foreign country) IN

FEMALE APPLICANT

Name: First Michele Middle A Last Johnston
Date of Birth: Month 1 Day 29 Year 1959
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. 4036 N St Rd 75 City N. Salem County Hendricks State IN 46165
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐ Date 3-1998
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. Aubry, Rebecca
6. (a) Full name of applicant's father Joseph Bardash
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) deceased
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Margaret Whitlow
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) deceased
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant ☒ Todd Himes Date 9/27/02

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 ☒ Todd Himes
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 ☒ Michele Johnston Date 9-27-02

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 ☒ Michele Johnston
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 Sept. 27, 2002, authorizing the marriage of Todd Alan Himes and Michele Ann Johnston.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on September 27, 2002 (date), at Danville in Hendricks County, Indiana, Todd Alan Himes of Hendricks County, Indiana (state), and Michele Ann Johnston of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept. 27, 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 October 7, 2002 (date).

Signed Sharon Dugan 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 66
Page 648
9-27-02
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 9-16-02
Name of Physician Dorian S. Hojnicki, D.O.

MALE APPLICANT

Name: First Travis Middle Lamar Last Hodges
Date of Birth: Month 2 Day 12 Year 79
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1838 Stanton Ave. City Whiting County Lake State In 46394
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

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

FEMALE APPLICANT

Name: First Gina Middle Marie Last Kepley
Date of Birth: Month 5 Day 28 Year 79
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 4427 Stuart Dr. City Brownsburg 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 David Alan Kepley
   (If adopted, list adoptive parents only) ____
   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 Myers
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

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

X Signature of Applicant Travis Hodges Date 9/27/02

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.
X Signed Travis Hodges
X New Address 4427 Stuart Drive Brownsburg, IN 46112
Subscribed and sworn to before me this 27 day of Sept, 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 Gina M. Kepley Date 9/27/02

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.
X Signed Gina M. Kepley
X New Address Same as Above
Subscribed and sworn to before me this 27 day of Sept., 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 Sept. 27, 2002, authorizing the marriage of Travis Lamar Hodges and Gina Marie Kepley.
I further certify that the following marriage certificate was filed in my office: I, Wade Hodges (name), certify that on October 5, 2002 (date), at Clermont in Marion County, Indiana, Travis Lamar Hodges of Lake County, Indiana (state), and Gina Marie Kepley of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept. 27, 2002. Signed by: Wade Hodges, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 11, 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 66
Page 649
9-27-02
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 9-26-02
Name of Physician Dr. Johnson

MALE APPLICANT

Name: First Matthew Middle A Last Roth
Date of Birth: Month 6 Day 4 Year 1975
Place of Birth (State or foreign country) PA
Residence Address: Street or R.R. 6578 Captiva Pass City Plainfield County Hendricks State IN 46168
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X [signature] Date 9-27-02

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 X [signature]
New Address X 6578 Captiva Pass
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 Leslie Middle A Last Grossi
Date of Birth: Month 9 Day 28 Year 1972
Place of Birth (State or foreign country) IL
Residence Address: Street or R.R. 6578 Captiva Pass City Plainfield County State
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Grossi
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) IN
   Birthplace of father (State or foreign country) PA
   (b) Full maiden name of applicant's mother Gertrude Marie Hostert
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) IN
   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 X [signature] Date 9/27/02

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 X [signature]
New Address X 6578 CAPTIVA PASS
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. 27, 2002, authorizing the marriage of Matthew Allen Roth and Leslie Ann Grossi.
I further certify that the following marriage certificate was filed in my office: I, Fr. Kevin Morris (name), certify that on October 5, 2002 (date), at Plainfield in Hendricks County, Indiana, Matthew Allen Roth of Hendricks County, Indiana (state), and Leslie Ann Grossi of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept. 27, 2002. Signed by: Fr. Kevin Morris, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 11, 2002 (date).

Signed Sharon Dugan 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 66
Page 650
10-1-02
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 9-13-02
Name of Physician Jill Stanton

MALE APPLICANT

Name: First Stephen Middle Christopher Last Miller
Date of Birth: Month 8 Day 27 Year 78
Place of Birth (State or foreign country) Illinois
Residence Address: Street or R.R. 3215 Prairie View Circle APT H 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 Rev. Stephen D. Miller
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Pennsylvania
   Birthplace of father (State or foreign country) Michigan
   (b) Full maiden name of applicant's mother Pamela J. Rider
   (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).

✗Signature of Applicant Stephen C. Miller Date 10/1/02

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 Stephen C. Miller
✗New Address 3215 Prairie View Circle Apt H Danville, IN 46122
Subscribed and sworn to before me this 1 day of October, 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 Jill Middle Suzanne Last Renner
Date of Birth: Month 10 Day 16 Year 78
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 5190 N. CR 1000 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 William K. Renner
   (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 K. Beach
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

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

✗Signature of Applicant Jill S Renner Date 10-1-02

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 Jill S Renner
✗New Address 3215 Prairie View Circle Apt H Danville IN 46122
Subscribed and sworn to before me this 1 day of October, 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 October 1, 2002, authorizing the marriage of Stephen Christopher Miller and Jill Suzanne Renner.
I further certify that the following marriage certificate was filed in my office: I, Kerry B. Robinson (name), certify that on October 19, 2002 (date), at Anderson in Madison County, Indiana, Stephen Christopher Miller of Hendricks County, Indiana (state), and Jill Suzanne 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 October 1, 2002 signed by: Kerry B. Robinson, Pastor (official designation) Filed and recorded in accordance with the laws of the State of Indiana on October 23, 2002 (date).

Signed Sharon Dugan 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 66
Page 651
10-2-02
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 8-3-02
Name of Physician Ward E. Poulos, MD

MALE APPLICANT

Name: First Michael Middle Charles Last Hitch
Date of Birth: Month 11 Day 27 Year 76
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1416 Stafford Road City Plainfield County Hendricks State 46168
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

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

ACKNOWLEDGEMENT

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

X Signature of Applicant Michael C. Hitch Date 10-2-02

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 Michael C Hitch
X New Address Same
Subscribed and sworn to before me this 2 day of October, 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 Mandi Middle Nicole Last Goodlet
Date of Birth: Month 8 Day 26 Year 78
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1416 Stafford Road City Plainfield County Hendricks State 46168
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

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

ACKNOWLEDGEMENT

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

X Signature of Applicant Mandi N Goodlet Date 10-2-02

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 Mandi N Goodlet
X New Address Same
Subscribed and sworn to before me this 2 day of October, 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 October 2, 2002, authorizing the marriage of Michael Charles Hitch and Mandi Nicole Goodlet.
I further certify that the following marriage certificate was filed in my office: I, John R. Mantle (name), certify that on October 26, 2002 (date), at Avon in Hendricks County, Indiana, Michael Charles Hitch of Hendricks County, Indiana (state), and Mandi Nicole Goodlet of Hendricks County, Indiana (state) were 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, 2002 Signed by: John R. Mantle, Associate Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on November 12, 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 66
Page 652
10-2-02
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 10-1-02
Name of Physician Hend. Comm. Hospital

MALE APPLICANT

Name: First Bradley Middle Allen Last Thompson
Date of Birth: Month March Day 26 Year 1976
Place of Birth (State or foreign country) Kentucky
Residence Address: Street or R.R. 537 Woodfield Ct City Avon County Hendricks State IN
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date N/A
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) 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 Allen Dwayne Thompson
   (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 Martha Kay Turner
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Kentucky
   Birthplace of mother (State or foreign country) Kentucky

FEMALE APPLICANT

Name: First Jennifer Middle Marie Last Thomas
Date of Birth: Month May Day 3 Year 1976
Place of Birth (State or foreign country) New York
Residence Address: Street or R.R. 47 A Penn 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 N/A
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. N/A
6. (a) Full name of applicant's father James Henry 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 Linda Gale Eggleston
   (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 ☒ Bradley Allen Thompson Date ____

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

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed ☒ Bradley Allen Thompson
New Address 474 Penn 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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant ☒ Jennifer M. Thomas Date 10-2-02

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.
Signed ☒ Jennifer M. Thomas
New Address ____
Subscribed and sworn to before me this ____ day of ____
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated October 2, 2002, authorizing the marriage of Bradley Allen Thompson and Jennifer Marie Thomas.
I further certify that the following marriage certificate was filed in my office: I, Kevin R. Carr (name), certify that on November 2, 2002 (date), at Avon in Hendricks County, Indiana, Bradley Allen Thompson of Hendricks County, Indiana (state), and Jennifer Marie Thomas of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated October 2, 2002 Signed by: Kevin R. Carr, Involvement Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on November 12, 2002 (date).

Sharon Dugan
Signed ____ 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 66
Page 653
10-2-02
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 ☒ 9-1902
If No, Medical Examination or Report Dated
Name of Physician Women's Hospital

MALE APPLICANT

Name: First John Middle Robert Last Dresbach
Date of Birth: Month 6 Day 10 Year 70
Place of Birth (State or foreign country) Arizona
Residence Address: Street or R.R. 261 Glendale 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)
Drivers License

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

ACKNOWLEDGEMENT

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

Signature of Applicant John Dresbach Date 10/2/02

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.
Signed John Dresbach
New Address SAME
Subscribed and sworn to before me this 2 day of October, 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 Kathryn Middle Noel Last Peterson
Date of Birth: Month 1 Day 17 Year 78
Place of Birth (State or foreign country) Virginia
Residence Address: Street or R.R. 261 Glendale 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)
drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Michael Peterson
   (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 Pamela Ann Gentry
   (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 Kathryn Peterson Date 10-2-02

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.
Signed Kathryn Peterson
New Address same
Subscribed and sworn to before me this 2 day of October, 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 October 2, 2002, authorizing the marriage of John Robert Dresbach and Kathryn Noel Peterson.
I further certify that the following marriage certificate was filed in my office: I, Don Burch (name), certify that on November 2, 2002 (date), at Indianapolis in Marion County, Indiana, John Robert Dresbach of Hendricks County, Indiana (state), and Kathryn Noel Peterson of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated October 2, 2002 Signed by: Don Burch, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on November 13, 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 66
Page 654
10-2-02
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 10-2-02
Name of Physician IU Medical Group

MALE APPLICANT

Name: First Adam Middle Douglas Last McCarty
Date of Birth: Month 10 Day 14 Year 81
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 7042 S. 375 W. City Jamestown County Boone State In. 46147
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Adam McCarty Date 10/02/02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 McCarty
New Address P.O. Box 172 Lizton IN 46149
Subscribed and sworn to before me this 2 day of October, 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 Kathryn Middle Ann Last Kempf
Date of Birth: Month 9 Day 22 Year 84
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. P.O. Box 172 City Lizton County Hendricks State 46149
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Kathryn Kempf Date 10-2-02

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.
Signed Kathryn Kempf
New Address same
Subscribed and sworn to before me this 2 day of October 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 October 2, 2002, authorizing the marriage of Adam Douglas McCarty and Kathryn Ann Kempf.
I further certify that the following marriage certificate was filed in my office: I, Rev. Donald G. Lambert (name), certify that on October 19, 2002 (date), at Pittsboro in Hendricks County, Indiana, Adam Douglas McCarty of Boone County, Indiana (state), and Kathryn Ann Kempf of Hendricks County, Indiana (state) were 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, 2002 Signed by: Rev. Donald G. Lambert, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 30, 2002 (date).

Signed Sharon Dugan 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 66
Page 655
10-2-02
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 10-1-02
Name of Physician 748 E US Hwy 36 Avon

MALE APPLICANT	FEMALE APPLICANT
Name: First Justin, Middle Donald, Last Stichnoth	Name: First Corraine, Middle DeAnn, Last Washburn
Date of Birth: Month 9, Day 9, Year 77	Date of Birth: Month 2, Day 3, Year 78
Place of Birth (State or foreign country): Indiana	Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 373 F Great Lakes Circle, City Avon, County Hend., State IN 46123	Residence Address: Street or R.R. 373 F Great Lakes Cir E, 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. NA	5. List the full names of any dependent children. NA
6. (a) Full name of applicant's father Kerry Stichnoth	6. (a) Full name of applicant's father Donald Washburn
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Indiana	Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Illinois	Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother	(b) Full maiden name of applicant's mother Judith Merchant
(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).

Signature of Applicant (1) Justin Stichnoth Date 2-Oct-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 (1) Justin Stichnoth
New Address _____

Subscribed and sworn to before me this 2 day of Oct, 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 (2) Corraine D. Washburn Date 10-2-02

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.

Signed (2) Corraine D. Washburn
New Address _____

Subscribed and sworn to before me this 2 day of Oct. 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 October 2, 2002, authorizing the marriage of Justin Donald Stichnoth and Corraine Deann Washburn.

I further certify that the following marriage certificate was filed in my office: I, Rose M. Woodke (name), certify that on October 19, 2002 (date), at Brook in Newton County, Indiana, Justin Donald Stichnoth of Hendricks County, Indiana (state), and Corraine Deann Washburn of Hendricks County, Indiana (state) were 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, 2002 Signed by: Rose M. Woodke, Minister (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on October 23, 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 66
Page 656
10-3-02
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 9-20-02
Name of Physician CH Tripp MD

MALE APPLICANT

Name: First Jose Middle Martin Last Rapiman
Date of Birth: Month 1 Day 5 Year 65
Place of Birth (State or foreign country) Chile
Residence Address: Street or R.R. 119 Stephanie Lane City Indianapolis County Marion State In. 46227
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. Sebastian Felipe Rapiman
6. (a) Full name of applicant's father Martin Rapiman
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Chile
   (b) Full maiden name of applicant's mother Maria Farias
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Chile
   Birthplace of mother (State or foreign country) Chile

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Rapiman Date 10-3-02

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 Jose Rapiman
✗ New Address 11 Same
Subscribed and sworn to before me this 3 day of October, 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 Sharie Middle Lynn Last Cole
Date of Birth: Month 3 Day 10 Year 67
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 223 S. Center St. apt B 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 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. Caitlin Danielle Cole, Kassandra Dawn Cole
6. (a) Full name of applicant's father James Beauchamp
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Tennessee
   (b) Full maiden name of applicant's mother Helen A. Carson
   (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 Sharie L Cole Date 10-3-02

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 Sharie L Cole
✗ New Address 119 Stephanie Ln. Indpls IN 46227
Subscribed and sworn to before me this 3 day of October, 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 October 3, 2002, authorizing the marriage of Jose Martin Rapiman and Sharie Lynn Cole.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on October 3, 2002 (date), at Danville in Hendricks County, Indiana, Jose Martin Rapiman of Marion County, Indiana (state), and Sharie Lynn Cole of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated October 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 October 11, 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 66
Page 657
10-3-02
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 10-3-02
Name of Physician Indiana Adult & Ped, St Cmty

MALE APPLICANT

Name: First Jeremiah Middle James Last Smith
Date of Birth: Month 5 Day 31 Year 79
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 1838 Super Trail City Greenfield County Hancock 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) Indiana ID Card

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. ____
6. (a) Full name of applicant's father Dennis James Smith
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Christine Carol Mertes
   (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 Jeremiah Smith Date 10-3-02

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 Jeremiah Smith
New Address Same as Bride
Subscribed and sworn to before me this 3 day of October, 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 Jeannette Middle Charmion Last Mertes
Date of Birth: Month 12 Day 4 Year 73
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 10609 Northern Dancer Dr. City Hendricks County State Indiana
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) Geneva Convention ID Card

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

ACKNOWLEDGEMENT

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

Signature of Applicant [signature] Date 10/3/02

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 [signature]
New Address Same as above
Subscribed and sworn to before me this 3 day of September, 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 October 3, 2002, authorizing the marriage of Jeremiah James Smith and Jeannette Charmion Mertes.
I further certify that the following marriage certificate was filed in my office: I, Don Burch (name), certify that on October 13, 2002 (date), at Indianapolis in Marion County, Indiana, Jeremiah James Smith of Hancock County, Indiana (state), and Jeannette Charmion Mertes of Hendricks County, Indiana (state) were 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, 2002 Signed by: Don Burch, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 17, 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 66
Page 658
10-3-02
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 10-2-02
Name of Physician Thomas Cunningham

MALE APPLICANT

Name: First Harold Middle Karriem Last Abdullah
Date of Birth: Month 4 Day 22 Year 33
Place of Birth (State or foreign country) Missouri
Residence Address: Street or R.R. 961 Valley View Dr. City Plainfield County Hend. State In 46168
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 3
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 2002
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 Levi Madison
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Arkansas
   (b) Full maiden name of applicant's mother Odessa Tucker
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Arkansas

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant H. Karriem Abdullah Date 10.03.02

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

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed H. Karriem Abdullah
New Address P.O. Box 293, Plfld, IN 46168
Subscribed and sworn to before me this 3 day of October, 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 Janet Middle Marie Last Gant-Graham
Date of Birth: Month 10 Day 9 Year 56
Place of Birth (State or foreign country) Michigan
Residence Address: Street or R.R. 961 Valley View Dr. Apt A 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 1989
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Indiana ID Card

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Janet M. Graham Date 10-03-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 M. Graham
New Address PO Box 293 Plainfield IN 46168
Subscribed and sworn to before me this 3 day of October, 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 October 3, 2002, authorizing the marriage of Harold Karriem Abdullah and Janet Marie Gant-Graham.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on October 3, 2002 (date), at Danville in Hendricks County, Indiana, Harold Karriem Abdullah of Hendricks County, Indiana (state), and Janet Marie Gant-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 October 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 October 3, 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 66
Page 659
10-3-02
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 7-29-02
Name of Physician Holly Cooper

MALE APPLICANT

Name: First Brian Middle Anthony Last Wilson
Date of Birth: Month 4 Day 2 Year 73
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 5668 Henderson 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 female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Allen Wilson
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Mary Alice Cross
   (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 Brian A. Wilson Date 3-Oct-02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 A. Wilson
✗ New Address 10436 Kings Gap Way, Indianapolis, IN 46239
Subscribed and sworn to before me this 3 day of October, 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 Nicole Middle Maria Last Efthimiou
Date of Birth: Month 3 Day 8 Year 77
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 10436 Kings Gap Way City Indianapolis County Hend. State In. 46234
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 M. Efthimiou Date 10/03/02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 M. Efthimiou
✗ New Address Same
Subscribed and sworn to before me this 3 day of October, 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 October 3, 2002, authorizing the marriage of Brian Anthony Wilson and Nicole Maria Efthimiou.
I further certify that the following marriage certificate was filed in my office: I, Fr. George D. Konstantopoulos (name), certify that on October 26, 2002 (date), at South Bend in St. Joseph County, Indiana, Brian Anthony Wilson of Hendricks County, Indiana (state), and Nicole Maria Efthimiou of Hendricks County, Indiana (state) were 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, 2002 Signed by: Fr. George D. Konstantopoulos Priest (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on November 13, 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 66
Page 660
10-4-02
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 _____
Name of Physician _____

MALE APPLICANT

Name: First Douglas Middle Wayne Last Polley
Date of Birth: Month 7 Day 8 Year 51
Place of Birth (State or foreign country) South Dakota
Residence Address: Street or R.R. 754 Polley Dr. City Danville County Hend State In 46122
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1995
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

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

ACKNOWLEDGEMENT

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

Signature of Applicant Douglas W. Polley Date 10-4-02

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 Douglas W. Polley
New Address Same
Subscribed and sworn to before me this 4 day of October 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 Hazel Middle Hilda Last Osborn
Date of Birth: Month 6 Day 16 Year 32
Place of Birth (State or foreign country) Kentucky
Residence Address: Street or R.R. 754 Polley Dr. City Danville County Hend State In 46122
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 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. _____
6. (a) Full name of applicant's father Alfonsus Wethington
   (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 Nannie Cartwell
   (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 Hazel H. Osborn Date 10-4-02

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 Hazel H. Osborn
New Address Same
Subscribed and sworn to before me this 4 day of October 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 October 4, 2002, authorizing the marriage of Douglas Wayne Polley and Hazel Hilda Osborn.
I further certify that the following marriage certificate was filed in my office: I, Jeffrey V. Boles (name), certify that on November 9, 2002 (date), at Danville in Hendricks County, Indiana, Douglas Wayne Polley of Hendricks County, Indiana (state), and Hazel Hilda Osborn of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Oct. 4, 2002. Signed by: Jeffrey V. Boles, Hend Circuit Ct Judge (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on November 21, 2002 (date).

Sharon Dugan
Signed _____ 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 66
Page 661
10-4-02
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 9-10-02
Name of Physician Karen Johns MD.

MALE APPLICANT

Name: First Robert Middle Gerald Last Plummer
Date of Birth: Month 6 Day 1 Year 76
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 551 N. Meridian City Pittsboro County Hend. State In. 46167
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 G. Plummer
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Deborah L. 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 Robert L. Plummer Date 10/4/02

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 L. Plummer
✗ New Address Same
Subscribed and sworn to before me this 4th day of October, 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 Lynn Last Stroup
Date of Birth: Month 3 Day 31 Year 79
Place of Birth (State or foreign country) Colorado
Residence Address: Street or R.R. 551 N. Meridian City Pittsboro County Hend. State In 46167
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
✗ Signature of Applicant Jennifer L. Stroup Date 10/4/02

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 Jennifer L. Stroup
✗ New Address Same
Subscribed and sworn to before me this 4 day of October, 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 October 4, 2002, authorizing the marriage of Robert Gerald Plummer and Jennifer Lynn Stroup.
I further certify that the following marriage certificate was filed in my office: I, Jim Miller (name), certify that on November 2, 2002 (date), at Indianapolis in Marion County, Indiana, Robert Gerald Plummer of Hendricks County, Indiana (state), and Jennifer Lynn Stroup of Hendricks County, Indiana (state) were 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, 2002 Signed by: Jim Miller, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on November 13, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

510

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 66
Page 662
10-4-02
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 9-24-02
Name of Physician Harold Backes

MALE APPLICANT

Name: First Kevin Middle Michael Last Lampe
Date of Birth: Month 7 Day 6 Year 73
Place of Birth (State or foreign country) Kentucky
Residence Address: Street or R.R. 624 Brookside Lane City Plainfield County Hend. State In. 46168
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Kevin Lampe Date 10-4-02

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 Kevin Lampe
New Address ____
Subscribed and sworn to before me this 4 day of October, 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 Jana Middle Marie Last Davies
Date of Birth: Month 9 Day 3 Year 72
Place of Birth (State or foreign country) Ohio
Residence Address: Street or R.R. 624 Brookside Lane City Plainfield County Hend. State In. 46168
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. ____
6. (a) Full name of applicant's father Thomas John Davies
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Florida
   Birthplace of father (State or foreign country) Ohio
   (b) Full maiden name of applicant's mother Bonita Ann Thullen
   (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 Jana M. Davies Date 10-4-02

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 Jana M. Davies
New Address Same
Subscribed and sworn to before me this 4 day of October, 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 October 4, 2002, authorizing the marriage of Kevin Michael Lampe and Jana Marie Davies.
I further certify that the following marriage certificate was filed in my office: I, Fr. Kevin Morris (name), certify that on November 2, 2002 (date), at Indianapolis in Marion County, Indiana, Kevin Michael Lampe of Hendricks County, Indiana (state), and Jana Marie Davies of Hendricks County, Indiana (state) were 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, 2002 Signed by: Fr. Kevin Morris, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on November 13, 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 66
Page 663
10-4-02
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 ☐ 9-26-02
If No, Medical Examination or Report Dated
Name of Physician Dr. Kelley

MALE APPLICANT

Name: First Edward Middle Austin Last Mendenhall
Date of Birth: Month 6 Day 14 Year 69
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 540 W Co Rd 400 South City Clayton County Hendricks State IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1991
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Mendenhall Date 10-04-02

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.
Signed Edward Mendenhall
New Address SAME
Subscribed and sworn to before me this 4 day of Oct.
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Marsha Middle Lynn Last Kelley
Date of Birth: Month 9 Day 12 Year 55
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 540 W Co Rd 400 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 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 Augustus George Kelley J.
   (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 Mildred Ilene McCollem
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Marsha L. Kelley Date 10-4-02

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 Marsha L. Kelley
New Address _____
Subscribed and sworn to before me this _____ day of _____
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated October 4, 2002, authorizing the marriage of Edward Austin Mendenhall and Marsha Lynn Kelley.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on October 4, 2002 (date), at Danville in Hendricks County, Indiana, Edward Austin Mendenhall of Hendricks County, Indiana (state), and Marsha Lynn Kelley of Hendricks County, Indiana (state) were 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, 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 October 11, 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 66
Page 664
10-4-02
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 ☒ 9-27-02
If No, Medical Examination or Report Dated
Name of Physician 1375 N Gree. St #100 B'burg

MALE APPLICANT

Name: First Anthony Middle Joseph Last LaFata
Date of Birth: Month 12 Day 14 Year 73
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 28 Mulberry Ct. City B-burg County Hend State IN 46112
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) drivers license

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Anthony J LaFata Date 10-4-02

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 Anthony J LaFata
New Address Same
Subscribed and sworn to before me this 4 day of Oct. 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 Joni Middle Lyn Last Fleck
Date of Birth: Month 4 Day 29 Year 74
Place of Birth (State or foreign country) Pennsylvania
Residence Address: Street or R.R. 28 Mulberry 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. NA
6. (a) Full name of applicant's father Jack Leroy Fleck
   (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 Joan Elaine Stoner
   (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 Joni L. Fleck Date 10-4-02

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 Joni L. Fleck
New Address
Subscribed and sworn to before me this 4 day of Oct. 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 October 4, 2002, authorizing the marriage of Anthony Joseph LaFata and Joni Lyn Fleck.
I further certify that the following marriage certificate was filed in my office: I, Jim Miller (name), certify that on November 2, 2002 (date), at Indianapolis in Marion County, Indiana, Anthony Joseph LaFata of Hendricks County, Indiana (state), and Joni Lyn Fleck of Hendricks County, Indiana (state) were 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, 2002. Signed by: Jim Miller, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on November 13, 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 66
Page 665
10-7-02
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 9-19-02
Name of Physician Patrick Foley

MALE APPLICANT

Name: First Todd Middle V. Last Eads
Date of Birth: Month 4 Day 29 Year 1971
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 208 Cedar Glen 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 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. Kendra Georgia Eads, Cory Thomas Charles Eads
6. (a) Full name of applicant's father Charles V. Eads
   (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 Linda L. O'Banion
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
X Signature of Applicant Todd Eads Date 10-7-02

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 Todd Eads
New Address same as above
Subscribed and sworn to before me this 7 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 Carol Middle Lynn Last Arauco
Date of Birth: Month 7 Day 28 Year 71
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 208 Cedar Glen 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. Jacob Vincent Eads
6. (a) Full name of applicant's father Edmundo J Arauco
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) South America
   (b) Full maiden name of applicant's mother Kathy Jan Wiesehy
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
X Signature of Applicant Carol L Arauco Date 10/7/02

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 Carol L Arauco
New Address same
Subscribed and sworn to before me this 7 day of October, 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 October 7, 2002, authorizing the marriage of Todd Vincent Eads and Carol Lynn Arauco.
I further certify that the following marriage certificate was filed in my office: I, Harry E. 'Woody' Adair Jr. (name), certify that on November 2, 2002 (date), at Clayton in Hendricks County, Indiana, Todd Vincent Eads of Hendricks County, Indiana (state), and Carol Lynn Arauco of Hendricks County, Indiana (state) were 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 7, 2002. Signed by: Harry E. 'Woody' Adair Jr., Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on November 13, 2002 (date).

Sharon Dugan
Signed _____ 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 66
Page 666
10-7-02
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 10-7-02
Name of Physician Dr. Almitra Thomas

MALE APPLICANT

Name: First Andrew Middle V. Last Whitmoyer
Date of Birth: Month 4 Day 8 Year 1980
Place of Birth (State or foreign country) Indiana 46168
Residence Address: Street or R.R. 908 Buchanan St. City Plainfield County Hend. State IN
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Driver's License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [signature] Date 10/7/02

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 102 N. Vine St. Plnfld. IN 46168
Subscribed and sworn to before me this 7 day of October 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 Valerie Middle Diane Last Norton
Date of Birth: Month 8 Day 4 Year 1981
Place of Birth (State or foreign country) Kentucky 94309
Residence Address: Street or R.R. PO Box 17478 City Stanford County Santa Claire State CA
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Driver's License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [signature] Date 10/7/02

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 102 N. Vine St. Plnfld. IN 46168
Subscribed and sworn to before me this 7 day of October 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 October 7, 2002, authorizing the marriage of Andrew Vint Whitmoyer and Valerie Diane Norton.
I further certify that the following marriage certificate was filed in my office: I, Donald E. Riggs & Richard R. Sorenson (name), certify that on October 18, 2002 (date), at Indianapolis in Marion County, Indiana, Andrew Vint Whitmoyer of Hendricks County, Indiana, (state), and Valerie Diane Norton of Santa Clara County, California (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated October 7, 2002 Signed by: Donald E. Riggs & Richard R. Sorenson, Clergymen (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 23, 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 66
Page 667
10-18-02
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 10-18-02
Name of Physician Larry Lyon MD

MALE APPLICANT

Name: First Patrick Middle M Last Whitehead
Date of Birth: Month 3 Day 20 Year 1980
Place of Birth (State or foreign country) MA
Residence Address: Street or R.R. 318 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 female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Nicole Walker
6. (a) Full name of applicant's father Joseph Whitehead
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Jacqueline Rhynd
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) IN
   Birthplace of mother (State or foreign country) MA

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Whitehead Date 10/7/02

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 ✗ Patrick Whitehead
New Address ✗ 1802 Cold Springs 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

FEMALE APPLICANT

Name: First Heather Middle Renee Last Walker
Date of Birth: Month 8 Day 20 Year 80
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1802 Coldspring 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. Alexia Nicole Walker
6. (a) Full name of applicant's father 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 Pamela Stores
   (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 Heather R. Walker Date 10/18/02

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 Heather Walker
✗ New Address same as above
Subscribed and sworn to before me this 18 day of October, 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 October 18, 2002, authorizing the marriage of Patrick Michael Whitehead and Heather Renee Walker.
I further certify that the following marriage certificate was filed in my office: I, Steven T. Reeves (name), certify that on October 19, 2002 (date), at Brownsburg in Hendricks County, Indiana, Patrick Michael Whitehead of Hendricks County, Indiana (state), and Heather Renee 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 October 18, 2002. Signed by: Steven T. Reeves, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 23, 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 64
Page 668
10-8-02
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 10-3-02
Name of Physician Kathleen B. Spurlin M.D.

MALE APPLICANT

Name: First Scot Middle Allan Last McFarland
Date of Birth: Month 6 Day 10 Year 79
Place of Birth (State or foreign country) Illinois
Residence Address: Street or R.R. 1974 S. CR 1050 E. City Indianapolis 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) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. ____
6. (a) Full name of applicant's father Stephen Ray McFarland
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Dena Grace Dodge
   (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 [signature] Date 10-08-02

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

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed [signature]
New Address Same
Subscribed and sworn to before me this 8 day of October, 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 Rebecca Middle Lee Last Nysewander
Date of Birth: Month 11 Day 6 Year 78
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1974 S. Co. Rd. 1050 E. City Indianapolis 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) Driver's License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 J Nysew Date 10/8/02

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 Rebecca J Nysewander
New Address Same
Subscribed and sworn to before me this 8 day of October, 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 October 8, 2002, authorizing the marriage of Scot Allan McFarland and Rebecca Lee Nysewander.
I further certify that the following marriage certificate was filed in my office: I, Shane Mullins (name), certify that on October 26, 2002 (date), at Indianapolis in Hendricks County, Indiana, Scot Allan McFarland of Hendricks County, Indiana (state), and Rebecca Lee Nysewander of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated October 8, 2002. Signed by: Shane Mullins, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on November 13, 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 66
Page 669
10-7-02
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 10-7-02
Name of Physician David Hadley MD

MALE APPLICANT

Name: First Richard Middle Lee Last Roberts
Date of Birth: Month 12 Day 29 Year 65
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 7254 East Co Rd 300 S. City Plainfield County Hendricks State Ind. 46168
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Indiana ID Card

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

FEMALE APPLICANT

Name: First Connie Middle Sue Last Gibson
Date of Birth: Month 11 Day 3 Year 54
Place of Birth (State or foreign country) Illinois
Residence Address: Street or R.R. 7254 East Co Rd 300 S. City Plainfield County Hendricks State Ind. 46168
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1981
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Allen Gibson, Nicole Renee Gibson
6. (a) Full name of applicant's father Lee Scott Lindsay, Sr.
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Illinois
   (b) Full maiden name of applicant's mother Loma Lee Rinehart
   (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 Richard Roberts Date 10-7-02

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 Richard Roberts
New Address Same
Subscribed and sworn to before me this 7 day of October 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 Connie S Gibson Date 10-7-02

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 Connie S Gibson
New Address Same
Subscribed and sworn to before me this 7 day of October 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 October 7, 2002, authorizing the marriage of Richard Lee Roberts and Connie Sue Gibson.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on October 7, 2002 (date), at Danville in Hendricks County, Indiana, Richard Lee Roberts of Hendricks County, Indiana (state), and Connie Sue Gibson of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated October 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 October 11, 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 66
Page 670
10-8-02
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 10-7-02
Name of Physician Erica Dugan MD.

MALE APPLICANT

Name First: Adam Middle: Scott Last: Wells
Date of Birth Month: 1 Day: 6 Year: 79
Place of Birth (State or foreign country): Indiana
Residence Address: 6618 Largo Lane Street or R.R. Plainfield City Hend. 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 female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Kenny Wells
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Roxanne Dodrill
   (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: Shannon Middle: Marie Last: Patterson
Date of Birth Month: 8 Day: 14 Year: 75
Place of Birth (State or foreign country): Indiana
Residence Address: 6618 Largo Lane Street or R.R. Plainfield City Hend. 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 Ben L. Patterson
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Deborah Jan Chaffin
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Wells Date 10/8/02

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 Adam Wells
✗New Address Same
Subscribed and sworn to before me this 8 day of October 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 Shannon M Patterson Date Oct 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 Shannon M Patterson
✗New Address Same
Subscribed and sworn to before me this 8 day of October 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 October 8, 2002, authorizing the marriage of Adam Scott Wells and Shannon Marie Patterson.
I further certify that the following marriage certificate was filed in my office: I, Charles Caudill (name), certify that on October 12, 2002 (date), at Batesville in Ripley County, Indiana, Adam Scott Wells of Hendricks County, Indiana (state), and Shannon Marie Patterson of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated October 8, 2002 Signed by: Charles Caudill, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 30, 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 66
Page 671
10-7-02
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 10-3-02
Name of Physician Dr. Donald Johnson

MALE APPLICANT	FEMALE APPLICANT
Name: First Stanley Middle Ray Last Thompson Jr.	Name: First Michelle Middle Leigh Last Topp
Date of Birth: Month 12 Day 10 Year 65	Date of Birth: Month 10 Day 1 Year 78
Place of Birth (State or foreign country): Indiana	Place of Birth (State or foreign country): Florida
Residence Address: Street or R.R. 504 Harding St. City Plainfield County Hendricks State IN	Residence Address: Street or R.R. 504 Harding St. City Plainfield County Hendrick State IN
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages	Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date	Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 2001
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. Andrea Thompson	5. List the full names of any dependent children. Andrea Thompson
6. (a) Full name of applicant's father Stanley Ray Thompson	6. (a) Full name of applicant's father David Wayne Wiley
(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) Florida
Birthplace of father (State or foreign country) Kentucky	Birthplace of father (State or foreign country) Georgia
(b) Full maiden name of applicant's mother Ethel Kay Finley	(b) Full maiden name of applicant's mother Pamela Sue Finch
(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 Stanley R Thompson Jr Date 10-7-02

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 Stanley R Thompson Jr
New Address 504 Harding St 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

ACKNOWLEDGEMENT

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

Signature of Applicant Michelle L. Topp Date 10-7-02

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 Michelle L. Topp
New Address 504 Harding St 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 October 7, 2002, authorizing the marriage of Stanley Ray Thompson, Jr. and Michelle Leigh Topp.

I further certify that the following marriage certificate was filed in my office: I, Jerry A. Thomas (name), certify that on October 19, 2002 (date), at Plainfield in Hendricks County, Indiana, Stanley Ray Thompson, Jr of Hendricks County, Indiana (state), and Michelle Leigh Topp of Hendricks County, Indiana (state) were 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 7, 2002. Signed by: Jerry A. Thomas, Pastor (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on November 13, 2002 (date).

Signed Sharon Dugan 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 66
Page 672
10-8-02
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 10-8-02
Name of Physician Dr. Trommell

MALE APPLICANT

Name First: Jason Middle: Lee Last: Smith
Date of Birth Month: 11 Day: 24 Year: 1980
Place of Birth (State or foreign country): Indiana
Residence Address Street or R.R.: 10283 Hodge Road City: Clayton County: Hendricks State: IN 46118
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify)
Driver's License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
X Signature of Applicant Jason Smith Date 10-8-02

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 Jason Smith
New Address 10283 Hodge Rd 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: Carrie Middle: Ann Last: Reitzel
Date of Birth Month: 11 Day: 24 Year: 1982
Place of Birth (State or foreign country): Indiana
Residence Address Street or R.R.: 2214 W. Co Rd 1000 S. City: Clayton County: Hendricks State: IN 46118
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify)
Driver's License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that 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 Reitzel Date 10-8-02

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

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated October 8, 2002, authorizing the marriage of Jason Lee Smith and Carrie Ann Reitzel.
I further certify that the following marriage certificate was filed in my office: I, Stevan W. Ranson (name), certify that on October 12, 2002 (date), at Clayton in Hendricks County, Indiana, Jason Lee Smith of Hendricks County, Indiana (state), and Carrie Ann Reitzel of Hendricks County, Indiana (state) were 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, 2002 Signed by: Stevan W. Ranson, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 17, 2002 (date).

Sharon Dugan
Signed ____ 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 66
Page 673
10-9-02
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 8-13-02
Name of Physician Dr. Ellison

MALE APPLICANT

Name First Brad Middle Alan Last Kimmell
Date of Birth Month 10 Day 12 Year 77
Place of Birth (State or foreign country) Indiana
Residence Address Street or R.R. 1126 C Windhaven Circle City Brownsburg County Hendricks State IN
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) 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.
6. (a) Full name of applicant's father James Frederic Kimmell
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Alice Rosemary Olsen
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Mississippi

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Brad A. Kimmell Date 10-9-02

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

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Brad A. Kimmell
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 Amy Middle R. Last Dilger
Date of Birth Month 10 Day 2 Year 78
Place of Birth (State or foreign country) Indiana
Residence Address Street or R.R. 1126 C Windhaven Circle City Brownsburg County Hendricks State IN
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) 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 Nicholas Richard Dilger
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Vera Jean Ratterhenry
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 10/9/02

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

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

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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, 2002, authorizing the marriage of Brad Alan Kimmell and Amy R. Dilger.
I further certify that the following marriage certificate was filed in my office: I, Rev. William Wargel (name), certify that on November 29, 2002 (date), at Ferdinand in Dubois County, Indiana, Brad Alan Kimmell of Hendricks County, Indiana (state), and Amy R. Dilger of Hendricks County, Indiana (state) were 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, 2002. Signed by: Rev. William J Wargel, Priest (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on December 17, 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 66
Page 674
10-10-02
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 10-11-02
Name of Physician James Cassidy MD

MALE APPLICANT

Name: First Joseph Middle Michael Last Zaccaria
Date of Birth: Month 11 Day 29 Year 60
Place of Birth (State or foreign country) Pennsylvania
Residence Address: Street or R.R. 764 Abbington Station 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) Texas Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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. Zaccaria
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Texas
   Birthplace of father (State or foreign country) Pa
   (b) Full maiden name of applicant's mother Elena Margaret Mascioni
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Texas
   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 [signature] Date 10-10-02

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.
X Signed [signature]
Y New Address SAME
Subscribed and sworn to before me this 10 day of October, 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 Julia Middle Lee Last Crile
Date of Birth: Month 1 Day 15 Year 70
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 10512 Daystar 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) 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 James W. Crile
   (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 Sandra L. Stoiber
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Wisconsin

ACKNOWLEDGEMENT

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

X Signature of Applicant [signature] Date 10/21/02

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.
X Signed [signature]
Y New Address 764 Abbington Station, Danville 46122
Subscribed and sworn to before me this 21 day of October, 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 Oct. 10, 2002, authorizing the marriage of Joseph Michael Zaccaria and Julia Lee Crile.
I further certify that the following marriage certificate was filed in my office: I, Howard E. Boles (name), certify that on November 23, 2002 (date), at Indianapolis in Marion County, Indiana, Joseph Michael Zaccaria of Hendricks County, Indiana (state), and Julia Lee Crile 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. 10, 2002. Signed by: Howard E. Boles, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on December 5, 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 66
Page 675
10-7-02
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 10-7-02
Name of Physician Dr. King

MALE APPLICANT

Name: First Christopher Middle A. Last Martin
Date of Birth: Month 5 Day 11 Year 1978
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 19 Corkwood 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 Don Martin
   (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 Kathy DeWitt
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Christopher A. Martin Date 10-7-02

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 Christopher A. Martin
New Address 3530 Beluga Ln. 1B Indpls. 46214
Subscribed and sworn to before me this 7 day of October 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 Mindy Middle R. Last Phelps
Date of Birth: Month 11 Day 21 Year 1979
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 3530 Beluga Ln. 1B City Indpls. County Marion State IN 46214
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Randy Phelps
   (If adopted, list adoptive parents only)
   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 Rene 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 Mindy Phelps Date 10-7-02

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 Mindy Phelps
New Address Same as above
Subscribed and sworn to before me this 7 day of October 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 October 7, 2002, authorizing the marriage of Christopher Allan Martin and Mindy Rose Phelps.
I further certify that the following marriage certificate was filed in my office: I, Harold L. Leininger II (name), certify that on October 26, 2002 (date), at Brownsburg in Hendricks County, Indiana, Christopher Allan Martin of Hendricks County, Indiana (state), and Mindy Rose Phelps 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 7, 2002 Signed by: Harold L. Leininger II, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 30, 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 66
Page 476
10-8-02
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 10-8-02
Name of Physician David Dailey MD

MALE APPLICANT	FEMALE APPLICANT
Name: First Erik, Middle Alan, Last Junker	Name: First Sarah, Middle Melissa, Last Kasmer
Date of Birth: Month 9, Day 7, Year 67	Date of Birth: Month 7, Day 18, Year 76
Place of Birth (State or foreign country): Indiana	Place of Birth (State or foreign country): New York
Residence Address: Street or R.R. 30 Martin Dr., City Danville, County Hend., State In. 46122	Residence Address: Street or R.R. 6094 Yellow Birch St., City Avon, County Hend., State In. 46123
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2	Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 2001	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. Denver Christopher Kasmer
6. (a) Full name of applicant's father Philip E. Junker	6. (a) Full name of applicant's father Louis J. Kasmer
(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) Michigan
Birthplace of father (State or foreign country) Florida	Birthplace of father (State or foreign country) New York
(b) Full maiden name of applicant's mother Phyllis Teschmacher	(b) Full maiden name of applicant's mother Donna Lee Bald
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Indiana	Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Missouri	Birthplace of mother (State or foreign country) 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 Erik A Junker Date 10/08/02

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

Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)

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

X Signed Erik A. Junker
X New Address Same as above

Subscribed and sworn to before me this 8 day of October, 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 10/8/02

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 [signature]
X New Address 30 Martin Dr. Danville IN 46122

Subscribed and sworn to before me this 8 day of October, 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 October 8, 2002, authorizing the marriage of Erik Alan Junker and Sarah Melissa Kasmer.

I further certify that the following marriage certificate was filed in my office: I, Stephen White (name), certify that on October 12, 2002 (date), at Plainfield in Hendricks County, Indiana, Erik Alan Junker of Hendricks County, Indiana (state), and Sarah Melissa Kasmer of Hendricks County, Indiana (state) were 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, 2002 Signed by: Stephen White, Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on October 17, 2002 (date).

Sharon Dugan
Signed _____ 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 66
Page 677
10-10-02
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 8-28-02
Name of Physician Clarence Howes

MALE APPLICANT

Name: First Ryan Middle Rexford Last Bond
Date of Birth: Month 10 Day 29 Year 75
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 2215 Crown Plaza 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 Dennis W. Bond
   (If adopted, list adoptive parents only)
   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 A. Hobbs
   (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 Ryan Bond Date

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

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Ryan Bond
New Address Same
Subscribed and sworn to before me this 10 day of October, 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 Joanna Middle Lee Last Agriesti
Date of Birth: Month 9 Day 13 Year 75
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 944 Christina Ct. City Plainfield County Hend. State In 46168
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 J. Agriesti
   (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 Terry L. Staley
   (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 Joanna L. Agriesti Date 10/10/02

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 Joanna L. Agriesti Plainfield
New Address 2215 Crown Plaza Blvd, IN 46168
Subscribed and sworn to before me this 10 day of October, 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 October 10, 2002, authorizing the marriage of Ryan Rexford Bond and Joanna Lee Agriesti.
I further certify that the following marriage certificate was filed in my office: I, Rev. James A. Taylor, Jr. (name), certify that on November 2, 2002 (date), at Camby in Hendricks County, Indiana, Ryan Rexford Bond of Hendricks County, Indiana (state), and Joanna Lee Agriesti of Hendricks County, Indiana (state) were 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, 2002. Signed by: Rev. James A. Taylor, Jr., Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on November 15, 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 66
Page 678
10-10-02
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 10-4-02
Name of Physician Dr. Gaddy

MALE APPLICANT

Name First John Middle Robert Last Bufalari
Date of Birth Month 10 Day 28 Year 77
Place of Birth (State or foreign country) Indiana
Residence Address Street or R.R. 10135 Owasco Dr. City Indpls. County Hendricks State IN
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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. Bufalari
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Virginia
   (b) Full maiden name of applicant's mother Linda Kay White
   (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 John Bufalari Date 10-10-02

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 John Bufalari
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 Jami Middle Rachele Last Cobb
Date of Birth Month 3 Day 14 Year 79
Place of Birth (State or foreign country) Indiana
Residence Address Street or R.R. 10135 Owasco Dr. City Indpls. County Hendricks State IN
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Jami Cobb Date 10/10/02

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 Jami Cobb
New Address SAME
Subscribed and sworn to before me this _____ day of _____
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated October 10, 2002, authorizing the marriage of John Robert Bufalari and Jami Rachele Cobb.
I further certify that the following marriage certificate was filed in my office: I, David L. Powell (name), certify that on October 19, 2002 (date), at Indianapolis in Marion County, Indiana, John Robert Bufalari of Hendricks County, Indiana (state), and Jami Rachele Cobb of Hendricks County, Indiana (state) were 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, 2002. Signed by: David L. Powell, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 23, 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 66
Page 679
10-11-02
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 9-23-02
Name of Physician Brownsburg Medical Center

MALE APPLICANT

Name: First Benjamin Middle Patrick Last Smith
Date of Birth: Month 1 Day 26 Year 79
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 322 Canal Walk Apt 274 City Indpls County Marion State IN 46202
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

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

ACKNOWLEDGEMENT

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

X Signature of Applicant Benjamin P. Smith Date 10/11/02

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 Benjamin P. Smith
X New Address SAME
Subscribed and sworn to before me this 11 day of October, 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 Chantel Middle Celine Last Docktor
Date of Birth: Month 9 Day 12 Year 79
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 354 Ryan Trail 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 Thomas Docktor
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Linetta Blackburn
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Canada

ACKNOWLEDGEMENT

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

X Signature of Applicant Chantel C Docktor Date 10/11/02

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 Chantel C Docktor
X New Address 322 Canal Walk Indpls, IN 46202
Subscribed and sworn to before me this 11 day of October, 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 October 11, 2002, authorizing the marriage of Benjamin Patrick Smith and Chantel Celine Docktor.
I further certify that the following marriage certificate was filed in my office: I, Rev. Daniel J. Staublin (name), certify that on October 12, 2002 (date), at Brownsburg in Hendricks County, Indiana, Benjamin Patrick Smith of Marion County, Indiana (state), and Chantel Celine Docktor of Hendricks County, Indiana (state) were 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, 2002. Signed by: Rev. Daniel J. Staublin, Priest (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 23, 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 66
Page 680
10-11-02
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 8-15-02
Name of Physician Dr. Wu

MALE APPLICANT	FEMALE APPLICANT
Name: First Michael Middle Francis Last McLochlin	Name: First Kami Middle Brook Last Wills
Date of Birth: Month 12 Day 2 Year 75	Date of Birth: Month 11 Day 9 Year 76
Place of Birth (State or foreign country): Indiana	Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 3812 N Kenmore City Chicago County Cook State IL	Residence Address: Street or R.R. 2104 E CoRd 100 N City Danville County Hendricks State IN
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____	Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____	Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's Licens	Date of Birth Verified By: ☐ 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. N/A
6. (a) Full name of applicant's father William Francis McLochlin	6. (a) Full name of applicant's father Kenneth Glen Wills
(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 Judy Ann Horvath	(b) Full maiden name of applicant's mother Cheryl Diane Brooks
(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 10/11/02

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 3812 N. Kenmore

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 Kami B. Wills Date 10/11/02

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 Kami B. Wills
New Address 3812 N. Kenmore 3rd, Chicago, IL 60613

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, 2002, authorizing the marriage of Michael Francis McLochlin and Kami Brook Wills.

I further certify that the following marriage certificate was filed in my office: I, James W. Riley (name), certify that on October 12, 2002 (date), at Indianapolis in Marion County, Indiana, Michael Francis McLochlin of Cook County, Illinois (state), and Kami Brook Wills of Hendricks County, Indiana (state) were 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, 2002. Signed by: James W. Riley, Minister (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on October 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 66
Page 681
10-11-02
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 9-9-02
Name of Physician Mary Schmoll, N.P.

MALE APPLICANT	FEMALE APPLICANT
Name: First Bret, Middle Alan, Last Teany	Name: First Karie, Middle Beth, Last Gooding
Date of Birth: Month 5, Day 6, Year 74	Date of Birth: Month 2, Day 16, Year 77
Place of Birth (State or foreign country): Indiana	Place of Birth (State or foreign country): Minnesota
Residence Address: Street or R.R. 10407 Mohawk Trail, City Indpls, County Hend, State In 46234	Residence Address: Street or R.R. 10407 Mohawk Trail, City Indpls, County Hend, State In. 46234
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____	Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____	Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License	Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License
1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐	1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐	If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐	2. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐	3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐	4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
5. List the full names of any dependent children. ____	5. List the full names of any dependent children. ____
6. (a) Full name of applicant's father David Alan Teany	6. (a) Full name of applicant's father David Gooding
(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) Illinois
Birthplace of father (State or foreign country) Indiana	Birthplace of father (State or foreign country) Illinois
(b) Full maiden name of applicant's mother Linda Sue Dentzy	(b) Full maiden name of applicant's mother Roberta Wiesse
(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) Georgia
Birthplace of mother (State or foreign country) Indiana	Birthplace of mother (State or foreign country) Washington DC

ACKNOWLEDGEMENT

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

✗ Signature of Applicant (Bret Teany) Date 10/11/02

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 (Bret Teany)
✗ New Address SAME

Subscribed and sworn to before me this 11 day of October, 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 Karie Gooding Date 10/11/02

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 Karie Gooding
✗ New Address same.

Subscribed and sworn to before me this 11 day of October, 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 October 11, 2002, authorizing the marriage of Bret Alan Teany and Karie Beth Gooding.

I further certify that the following marriage certificate was filed in my office: I, Rev. Robert W. Myers (name), certify that on October 26, 2002 (date), at Indianapolis in Marion County, Indiana, Bret Alan Teany of Hendricks County, Indiana (state), and Karie Beth Gooding of Hendricks County, Indiana (state) were 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, 2002 signed by: Rev. Robert W. Myers, Priest (official designation) Filed and recorded in accordance with the laws of the State of Indiana on October 30, 2002 (date).

Signed Sharon Dugan 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 66
Page 682
10-11-02
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 7-16-01
Name of Physician Barbara Koelsch MD

MALE APPLICANT

Name: First Steven Middle Ross Last Collier
Date of Birth: Month 9 Day 25 Year 81
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 7335 Mariner Way Apt 109 City Indpls County Marion State In 46214
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

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

ACKNOWLEDGEMENT

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

✗ Signature of Applicant Steven Collier Date 10-11-02

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 Steven Collier
✗ New Address Same
Subscribed and sworn to before me this 11 day of October, 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 Jessica Middle Michelle Last Judd
Date of Birth: Month 6 Day 2 Year 84
Place of Birth (State or foreign country) Kentucky
Residence Address: Street or R.R. 3201 Bridlewood Tr. 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. Colton Ramsey Collier
6. (a) Full name of applicant's father Roger L. Judd
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Joyce E. Gardner
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

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

✗ Signature of Applicant Jessica M. Judd Date 10-11-02

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 Jessica M. Judd
✗ New Address 7335 Mariner Way Apt 109 Indpls. IN 46214
Subscribed and sworn to before me this 11 day of October, 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 October 11, 2002, authorizing the marriage of Steven Ross Collier and Jessica Michelle Judd.
I further certify that the following marriage certificate was filed in my office: I, Stephen A. Yeaton (name), certify that on October 25, 2002 (date), at Brownsburg in Hendricks County, Indiana, Steven Ross Collier of Marion County, Indiana (state), and Jessica Michelle Judd of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated October 11, 2002. Signed by: Stephen A. Yeaton, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on November 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 66
Page 683

Date of Application

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

Female Applicant > 50 No ☐ Yes ☐
If No, Medical Examination or Report Dated 10-11-02
Name of Physician Dr. Daddy

MALE APPLICANT

Name First Middle Last: Bradley W. Holland

Date of Birth Month Day Year: February 9 1980

Place of Birth (State or foreign country): Indiana

Residence Address Street or R.R. City County State: 2112 Crown Plaza Blvd. Plainfield Hendricks In.

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

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

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

Driver's License

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

FEMALE APPLICANT

Name First Middle Last: Stefania Donata Paleari

Date of Birth Month Day Year: February 24 1983

Place of Birth (State or foreign country): Italy

Residence Address Street or R.R. City County State: 2112 Crown Plaza Blvd. Plainfield Hendricks In.

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

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

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

Driver's License (Italy)

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

ACKNOWLEDGEMENT

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

Signature of Applicant Brad Holland Date 10-11-02

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 Brad Holland
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

ACKNOWLEDGEMENT

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

Signature of Applicant Stefania D Paleari Date 10-11-02

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 Stefania Donata Paleari
New Address ____

Subscribed and sworn to before me this ____ day of ____

Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of Hendricks)

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated October 11, 2002, authorizing the marriage of Bradley W. Holland and Stefania Donata Paleari.

I further certify that the following marriage certificate was filed in my office: I, Debbie Hoskins (name), certify that on October 11, 2002 (date), at Danville in Hendricks County, Indiana, Bradley W. Holland of Hendricks County, Indiana (state), and Stefania Donata Paleari of Hendricks County, Indiana (state) were 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, 2002. Signed by: Debbie Hoskins, First Deputy Clerk (official designation) Filed and recorded in accordance with the laws of the State of Indiana on October 14, 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 66
Page 684
10-15-02
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 10/15/02
Name of Physician Dr. at Planned Parenthood

MALE APPLICANT

Name First: Daniel Middle: L. Last: Snodgrass
Date of Birth Month: 2 Day: 23 Year: 1970
Place of Birth (State or foreign country): Indiana
Residence Address Street or R.R.: 2598 Oak Dr. 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) Driver's License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 L Snodgrass Date 10-15-02

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 Daniel L Snodgrass
New Address 2598 Oak Drive Clayton IN 46118
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

FEMALE APPLICANT

Name First: Barbara Middle: J Last: Westrick
Date of Birth Month: 6 Day: 13 Year: 1961
Place of Birth (State or foreign country): Indiana
Residence Address Street or R.R.: 610 Gibbs Ct City: Plainfield County: Hendricks State: IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 8-87
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) D

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Barbara J. Westrick Date 10-15-02

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 Barbara J. Westrick
New Address 2598 Oak DR Clayton, In 46118
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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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, 2002, authorizing the marriage of Daniel Lee Snodgrass and Barbara Jean Westrick.
I further certify that the following marriage certificate was filed in my office: I, Stephen White (name), certify that on November 2, 2002 (date), at Plainfield in Hendricks County, Indiana, Daniel Lee Snodgrass of Hendricks County, Indiana (state), and Barbara Jean Westrick of Hendricks County, Indiana (state) were 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 15, 2002 signed by: Stephen White, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on November 13, 2002 (date).

Sharon Dugan
Signed _____ 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 66
Page 685
10-11-02
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 _____
Name of Physician _____

MALE APPLICANT

Name: First Howard Middle D Last Johnston
Date of Birth: Month 2 Day 22 Year 1937
Place of Birth (State or foreign country) WI
Residence Address: Street or R.R. 10822 Cedar Ridge Ln City Indpls County Hendricks State IN 46278
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐ Date 12-11-00
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant ☒ Howard D Johnston Date 10-11-02

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 ☒ Howard D Johnston
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 Christine Middle Fox Last
Date of Birth: Month 3 Day 23 Year 1965
Place of Birth (State or foreign country) OH
Residence Address: Street or R.R. 10822 Cedar Ridge Ln City Indpls County Hendricks State IN 46278
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐ Date 9-23-96
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant ☒ Christine M Fox Date 1 OCT 02

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

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

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated October 11, 2002, authorizing the marriage of Howard Darrell Johnston and Christine Mallett Fox.
I further certify that the following marriage certificate was filed in my office: I, Patrick L. Fulbright (name), certify that on October 19, 2002 (date), at Carmel in Hamilton County, Indiana, Howard Darrell Johnston of Hendricks County, Indiana (state), and Christine Mallett 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 Oct. 11, 2002. Signed by: Patrick L. Fulbright, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on December 5, 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 66
Page 686
10-14-02
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 10-4-02
Name of Physician Daniel Overcash

MALE APPLICANT

Name: First David Middle Michael Last White
Date of Birth: Month 10 Day 18 Year 74
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 434 Cedar Glen City Avon County Hend. St. Ind. 46123
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
✗ Signature of Applicant David M White Date 10/14-02

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 David M White
✗ New Address SAME
Subscribed and sworn to before me this 14 day of October, 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 Chrystal Middle Joann Last Doss
Date of Birth: Month 3 Day 22 Year 79
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 434 Cedar Glen City Avon County Hend. St. Ind. 46123
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
✗ Signature of Applicant Chrystal Doss Date 10/14/02

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 Chrystal Doss
✗ New Address SAME
Subscribed and sworn to before me this 14 day of October, 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 October 14, 2002, authorizing the marriage of David Michael White and Chrystal Joann Doss.
I further certify that the following marriage certificate was filed in my office: I, Rev. Jerry C. Fox (name), certify that on October 19, 2002 (date), at Brownsburg in Hendricks County, Indiana, David Michael White of Hendricks County, Indiana (state), and Chrystal Joann Doss of Hendricks County, Indiana (state) were 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 14, 2002. Signed by: Rev. Jerry C. Fox, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 23, 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 606
Page 687
10-14-02
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 10-14-02
Name of Physician David Hadley

MALE APPLICANT	FEMALE APPLICANT
Name: First Jason Middle Michael Last Sherven	Name: First Shawna Middle Lee Last Henry
Date of Birth: Month 11 Day 3 Year 82	Date of Birth: Month 4 Day 1 Year 82
Place of Birth (State or foreign country): Indiana	Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 727 Greenridge Pkwy Apt F City Brownsburg County Hendricks State Ind 46112	Residence Address: Street or R.R. 727 Greenridge Pkwy Apt F City Brownsburg County Hendricks State Ind 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 Allen Lee Sherven	6. (a) Full name of applicant's father Michael Wayne Henry
(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) Utah	Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Katherine Collins	(b) Full maiden name of applicant's mother Cynthia Lee Lightsloe
(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 10-14-02

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 October, 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 Shawna Henry Date 10/14/02

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 Shawna Henry
✗ New Address same

Subscribed and sworn to before me this 14 day of October, 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 October 14, 2002, authorizing the marriage of Jason Michael Sherven and Shawna Lee Henry.

I further certify that the following marriage certificate was filed in my office: I, Charles E. Hostetter (name), certify that on October 26, 2002 (date), at Brownsburg in Hendricks County, Indiana, Jason Michael Sherven of Hendricks County, Indiana (state), and Shawna Lee Henry of Hendricks County, Indiana (state) were 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. 14, 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 October 30, 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 66
Page 688
10-15-02
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 10-15-02
Name of Physician Dr. Daddy

MALE APPLICANT

Name: First Dustin; Middle Nicklaus; Last Johnson
Date of Birth: Month April; Day 13; Year 1981
Place of Birth (State or foreign country): Connecticut
Residence Address: Street or R.R. 396 Norwich Ave.; City Lebanon; County New London; State Connecticut
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify)
Drivers License

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

FEMALE APPLICANT

Name: First Kristina; Middle Marie; Last Twitty
Date of Birth: Month August; Day 3; Year 1982
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 7302 Woodside Drive; 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. NONE
6. (a) Full name of applicant's father Rick Twitty
   (If adopted, list adoptive parents only)
   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 Pendergrass
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Michigan

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
X Signature of Applicant Dustin Johnson Date 10/15/02

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 Dustin Johnson
X New Address 7391 Tassel 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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
X Signature of Applicant Kristina M. Twitty Date 10/15/02

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 Kristina M. Twitty
X New Address 7391 Tassel Ct 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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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, 2002, authorizing the marriage of Dustin Nicklaus Johnson and Kristina Marie Twitty.
I further certify that the following marriage certificate was filed in my office: I, Rev. Buddy Baird (name), certify that on October 26, 2002 (date), at Broad Ripple in Marion County, Indiana, Dustin Nicklaus Johnson of Hendricks County, Indiana (state), and Kristina Marie Twitty of Hendricks County, Indiana (state) were 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, 2002. Signed by: Rev. Buddy Baird, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on November 13, 2002 (date).

Sharon Dugan
Signed _____ 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 66
Page 689
10-15-02
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 10-11-02
Name of Physician Dr. James Peters

MALE APPLICANT

Name: First Andrew Middle D. Last Strehle
Date of Birth: Month 4 Day 5 Year 78
Place of Birth (State or foreign country) California 46168
Residence Address: Street or R.R. 5303 Cody Ln. 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 Michael Theodore Strehle
   (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 Freda Honey
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [signature] Date 11/15/02

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 4927 Sunscape Cir. Apt 1926 Indpls.
Subscribed and sworn to before me this 15 day of October 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 Andrea Middle N. Last Fischer
Date of Birth: Month 9 Day 18 Year 79
Place of Birth (State or foreign country) Indiana 46237
Residence Address: Street or R.R. 4927 Sunscape Cir. Apt. 1926 City Indpls. County Marion State IN
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Fischer Date 10/15/02

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 Andrea Fischer
New Address 4927 Sunscape Cir. Apt. 1926 Indpls.
Subscribed and sworn to before me this 15 day of October 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 October 15, 2002, authorizing the marriage of Andrew Donald Strehle and Andrea Nicole Fischer.
I further certify that the following marriage certificate was filed in my office: I, Rev. Paul Landwerlen (name), certify that on October 19, 2002 (date), at Shelbyville in Shelby County, Indiana, Andrew Donald Strehle of Hendricks County, Indiana (state), and Andrea Nicole Fischer 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 15, 2002. Signed by: Rev. Paul Landwerlen, Priest (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 23, 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 66
Page 690
10-16-02
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 10-8-02
Name of Physician Linda Wahrum

MALE APPLICANT

Name: First Michael Middle LeRoy Last Jeffers
Date of Birth: Month 1 Day 25 Year 60
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 126 Bent Stream Lane City Brownsburg County Hend. State Ind. 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. Kasi, Kori, Jeffers
6. (a) Full name of applicant's father Raymond H. Jeffers
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Kentucky
   (b) Full maiden name of applicant's mother Mary M. Knight
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that 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 10/16/02

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.
X Signed [signature]
X New Address SAME.
Subscribed and sworn to before me this 16 day of October, 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 Sheryll Middle Ann Last Weidman
Date of Birth: Month 3 Day 25 Year 63
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 7717 Eaker Court City Brownsburg County Hend. State In. 46112
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 2000
Date of Birth Verified By: ☐ Birth Certificate ☐ Other (Specify) Drivers License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that 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 10/16/02

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.
X Signed [signature]
X New Address 126 Bent Stream, Brownsburg IN
Subscribed and sworn to before me this 16 day of October, 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 October 16, 2002, authorizing the marriage of Michael LeRoy Jeffers and Sheryll Ann Weidman.
I further certify that the following marriage certificate was filed in my office: I, Harold L. Leininger II (name), certify that on October 25, 2002 (date), at Brownsburg in Hendricks County, Indiana, Michael LeRoy Jeffers of Hendricks County, Indiana (state), and Sheryll Ann Weidman of Hendricks County, Indiana (state) were 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, 2002. Signed by: Harold L. Leininger II, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 30, 2002 (date).

Signed Sharon Dugan 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 66
Page 691
10-17-02
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 10-15-02
Name of Physician Ronald Stegemoller

MALE APPLICANT

Name: First Jeffrey Middle Scott Last Cunningham
Date of Birth: Month 7 Day 22 Year 1953
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 110 E Church St 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 4/2000
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 James Cunningham
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Vinona Anderson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

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

Signature of Applicant Jeffrey Cunningham Date 10-17-02

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 Jeffrey Cunningham
New Address Same as here
Subscribed and sworn to before me this 17 day of October 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 Janet Middle Ruth Last Spurling
Date of Birth: Month 10 Day 10 Year 1954
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 404 South Wayne 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 10/96
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Eric Spurling
6. (a) Full name of applicant's father Marvin Rutledge
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Lorena Pemberton
   (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 Janet Spurling Date 10/17/02

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 Janet Spurling
New Address 404 S. Wayne Danville IN 46122
Subscribed and sworn to before me this 17 day of October 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 October 17, 2002, authorizing the marriage of Jeffrey Scott Cunningham and Janet Ruth Spurling.
I further certify that the following marriage certificate was filed in my office: I, P. Michael Thornburg (name), certify that on October 20, 2002 (date), at Paragon in Morgan County, Indiana, Jeffrey Scott Cunningham of Morgan County, Indiana (state), and Janet Ruth 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 Oct. 17, 2002. Signed by: P. Michael Thornburg, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 30, 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 66
Page 692
10-18-02
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 10-18-02
Name of Physician David Shelley MD

MALE APPLICANT

Name: First Robert Middle Martin Last Compton
Date of Birth: Month 10 Day 16 Year 61
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 184 Brixton Woods W Dr. City Pittsboro County Hend. St. IN 46167
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. Janelle Lea Compton
6. (a) Full name of applicant's father Marvin B. Compton
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Tennessee
   Birthplace of father (State or foreign country) Virginia
   (b) Full maiden name of applicant's mother Betty Jo Kasnic
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Tennessee
   Birthplace of mother (State or foreign country) Virginia

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Robert M. Compton Date 10/18/02

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 Robert M. Compton
New Address 1955 Abbey Dr, Danville IN 46122
Subscribed and sworn to before me this 18 day of October, 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 Laura Middle Lynn Last Wyant
Date of Birth: Month 8 Day 19 Year 68
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 184 Brixton Woods W Dr City Pittsboro County Hend. St. IN 46167
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. Joshua Charles Wyant, Jordan Michael Wyant, Amethyst Margaret Wyant
6. (a) Full name of applicant's father Edward J. Spejewski
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Marilyn C. Repay
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Arkansas
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Laura L. Wyant Date 10-18-02

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 Laura L. Wyant
New Address 1955 Abbey Dr, Danville, IN 46122
Subscribed and sworn to before me this 18 day of October, 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 October 18, 2002, authorizing the marriage of Robert Martin Compton and Laura Lynn Wyant.
I further certify that the following marriage certificate was filed in my office: I, Marilyn York (name), certify that on October 19, 2002 (date), at Danville in Hendricks County, Indiana, Robert Martin Compton of Hendricks County, Indiana (state), and Laura Lynn Wyant of Hendricks County, Indiana (state) were 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, 2002. Signed by: Marilyn York, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 30, 2002 (date).

Sharon Dugan
Signed _____ Clerk
Hendricks Circuit Court

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

541

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 66
Page 693
10-18-02
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 10-18-02
Name of Physician David Hadley MD

MALE APPLICANT

Name: First Robert Middle Lowell Last Pierce
Date of Birth: Month 4 Day 18 Year 64
Place of Birth (State or foreign country) Michigan
Residence Address: Street or R.R. 10468 Mohawk Trail 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) Colorado Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Courtney Jo Day, Tyson Kazina Elizabeth Pierce, Garrett Hunter Pierce
6. (a) Full name of applicant's father Kennedt Woodward Pierce
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Florida
   Birthplace of father (State or foreign country) Michigan
   (b) Full maiden name of applicant's mother Betty Carolyn Hunter
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Florida
   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).
X Signature of Applicant Robert Pierce Date 10-18-02

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 Robert Pierce
X New Address 10468 Mohawk Trail Indianapolis IN 46234
Subscribed and sworn to before me this 18 day of October 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 Julia Middle Christine Last Tiffany
Date of Birth: Month 12 Day 19 Year 68
Place of Birth (State or foreign country) Colorado
Residence Address: Street or R.R. 10468 Mohawk Trail 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) Colorado Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Lawrence Paul Tiffany
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) New Mexico
   Birthplace of father (State or foreign country) Missouri
   (b) Full maiden name of applicant's mother Mary Eileen Ryan
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) New Mexico
   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 _____ Date 10/18/02

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 _____
X New Address SAME
Subscribed and sworn to before me this 18 day of October 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 October 18, 2002, authorizing the marriage of Robert Lowell Pierce and Julia Christine Tiffany.
I further certify that the following marriage certificate was filed in my office: I, Don Burch (name), certify that on October 19, 2002 (date), at Indianapolis in Marion County, Indiana, Robert Lowell Pierce of Hendricks County, Indiana (state), and Julia Christine Tiffany of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated October 18, 2002. Signed by: Don Burch, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 23, 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 66
Page 694
10-18-02
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 9-24-02
Name of Physician Alan Gillespie

MALE APPLICANT

Name: First Alex Middle Eugene Last Brand
Date of Birth: Month 10 Day 20 Year 69
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 104 Davis Court City Avon County Hend. St. Ind. 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) Driver's License

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

ACKNOWLEDGEMENT

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

✗ Signature of Applicant Alex Brand Date 10/18/02

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 Alex Brand
✗ New Address 104 Davis Ct.
Subscribed and sworn to before me this 18 day of October, 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 Kristie Middle Anne Last Dulworth
Date of Birth: Month 11 Day 27 Year 70
Place of Birth (State or foreign country) New York
Residence Address: Street or R.R. 104 Davis Court City Avon County Hend. St. Ind. 46123
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 2000
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Karlie M. Dulworth, Kassidy R. Dulworth,
6. (a) Full name of applicant's father Richard Klebonis
   (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 Nancy J. Peterson
   (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 Kristie Dulworth Date 10-18-02

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 Kristie Dulworth
✗ New Address Same
Subscribed and sworn to before me this 18 day of October, 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 October 18, 2002, authorizing the marriage of Alex Eugene Brand and Kristie Anne Dulworth.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on October 18, 2002 (date), at Danville in Hendricks County, Indiana, Alex Eugene Brand of Hendricks County, Indiana (state), and Kristie Anne Dulworth of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated October 18, 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 October 23, 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 66
Page 695
10-18-02
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 ☐ 6-27-02
If No, Medical Examination or Report Dated
Name of Physician Cynthia Sanders

MALE APPLICANT

Name First Johnny Middle Paul Last Matthews
Date of Birth Month May Day 1 Year 1961
Place of Birth (State or foreign country) Indiana
Residence Address Street or R.R. 740 Sycamore 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 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. Kimberly Matthews
6. (a) Full name of applicant's father Fred Milton Matthews
   (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 Dorothy Curtis
   (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 Johnny P Matthews Date 10-18-02

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 Johnny P Matthews
✗ New Address SAME
Subscribed and sworn to before me this 18 day of October, 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 Vickey Middle Lynnell Last Wray
Date of Birth Month September Day 21 Year 1962
Place of Birth (State or foreign country) Alabama
Residence Address Street or R.R. 3511 163rd St. City Hammond County Lake State IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1/95
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
✗ Signature of Applicant Vickey Wray Date 10-18-02

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 Vickey Wray
✗ New Address 740 Sycamore, Brownsburg, IN 46112
Subscribed and sworn to before me this 18 day of October, 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 October 18, 2002, authorizing the marriage of Johnny Paul Matthews and Vickey Lynnell Wray.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on October 18, 2002 (date), at Danville in Hendricks County, Indiana, Johnny Paul Matthews of Hendricks County, Indiana (state), and Vickey Lynnell Wray of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated October 18, 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 October 23, 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 66
Page 696
10-18-02
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 10-18-02
Name of Physician Dr. Daddy

MALE APPLICANT

Name: First Rick Middle Lee Last Cartwright Jr
Date of Birth: Month 9 Day 26 Year 1968
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 7495 W. Co. Rd 550 S 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 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 female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Clint Cartwright, Daniel Simmons
6. (a) Full name of applicant's father Rick Cartwright 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 Sharon Stetler
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Rick Cartwright Date 10-25-02

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 Rick Cartwright
New Address SAME
Subscribed and sworn to before me this 25 day of October 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 Barnes
Date of Birth: Month 8 Day 21 Year 76
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 7495 W Co Rd 550 S City Coatesville County Hendricks State IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 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. Daniel & Tyler Barnes
6. (a) Full name of applicant's father Ray Earl Sevier
   (If adopted, list adoptive parents only)
   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 Hall
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Jennifer Barnes Date 10-18-02

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 Jennifer Barnes
New Address Same
Subscribed and sworn to before me this 18 day of _____
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated October 18, 2002, authorizing the marriage of Rick Lee Cartwright and Jennifer Marie Barnes.
I further certify that the following marriage certificate was filed in my office: I, Harlan Kincade (name), certify that on October 26, 2002 (date), at Coatesville in Hendricks County, Indiana, Rick Lee Cartwright of Hendricks County, Indiana (state), and Jennifer Marie 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 Oct. 18, 2002. Signed by: Harlan Kincade, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on November 1, 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 66
Page 697
10-23-02
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 10-4-02
Name of Physician Jill Stanton MD

MALE APPLICANT

Name: First Craig Middle Alan Last Hanneman
Date of Birth: Month 5 Day 26 Year 78
Place of Birth (State or foreign country) Wisconsin
Residence Address: Street or R.R. 300 Beaumont Apt K 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 Charles Martin Hanneman
   (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 Ann Dickman
   (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 Clare Last Snyder
Date of Birth: Month 3 Day 12 Year 78
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 300 Beaumont Apt K 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 Ronald Edward Snyder
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) South Carolina
   (b) Full maiden name of applicant's mother Imelda Bertille Roberge
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [signature] Date 10-23-02

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 October, 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 Jennifer Snyder Date 10-23-02

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 Jennifer Snyder
New Address same
Subscribed and sworn to before me this 23 day of October, 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 October 23, 2002, authorizing the marriage of Craig Alan Hanneman and Jennifer Clare Snyder.
I further certify that the following marriage certificate was filed in my office: I, Rev. John H. Luerman (name), certify that on November 2, 2002 (date), at Jasper in Dubois County, Indiana, Craig Alan Hanneman of Hendricks County, Indiana (state), and Jennifer Clare Snyder of Hendricks County, Indiana (state) were 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, 2002. Signed by: Rev. John H. Luerman. Priest (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on November 21, 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 46
Page 698
10-23-02
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 10-18-02
Name of Physician Mark Schropper

MALE APPLICANT

Name First: Jay Middle: Allen Last: Roark
Date of Birth Month: 7 Day: 26 Year: 75
Place of Birth (State or foreign country): Indiana
Residence Address: 1801 Melaleuca Dr. Street or R.R. Ft Pierce City St Lucie County Florida State 34949
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Florida Driver's License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
X Signature of Applicant Jay Roark Date 10/23/02

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.
X Signed Jay Roark
X New Address Same
Subscribed and sworn to before me this 23 day of October, 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: Anne Last: Schopper
Date of Birth Month: 1 Day: 20 Year: 76
Place of Birth (State or foreign country): Indiana
Residence Address: 1801 Melaleuca Dr. Street or R.R. Ft Pierce City St Lucie County Florida State 34949
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Florida Driver's License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
X Signature of Applicant Jen Schp Date 10-23-2002

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 Jen Schp
X New Address Same
Subscribed and sworn to before me this 23 day of October, 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 October 23, 2002, authorizing the marriage of Jay Allen Roark and Jennifer Anne Schopper.
I further certify that the following marriage certificate was filed in my office: I, Robert J. Gilday (name), certify that on October 26, 2002 (date), at Brownsburg in Hendricks County, Indiana, Jay Allen Roark of St. Lucie County, Florida (state), and Jennifer Anne Schopper of St. Lucie County, Florida (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Oct. 23, 2002. Signed by: Robert J. Gilday, Priest (official designation) Filed and recorded in accordance with the laws of the State of Indiana on November 1, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

547

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 66
Page 699
10-23-02
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 10-22-02
Name of Physician Rausch - Imm. Care

MALE APPLICANT

Name First: Michael Middle: Lee Last: Eldridge
Date of Birth Month: January Day: 3 Year: 1953
Place of Birth (State or foreign country): Indiana
Residence Address Street or R.R.: 3603 Clarks Creek Rd lot 98 City: Plainfield County: Hend State: IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages: 5
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date: 3/93
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify): Driver's License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: Michael L. Eldridge Date: 23 Oct 02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Eldridge
New Address _____
Subscribed and sworn to before me this 23rd day of October 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: Rebecca Middle: Lynn Last: Powers
Date of Birth Month: June Day: 10 Year: 1961
Place of Birth (State or foreign country): Indiana
Residence Address Street or R.R.: 3603 Clarks Creek Rd. lot 98 City: Plainfield County: Hend. State: IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages: 3
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date: 5/95
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. Margery Rose Carter, Kelli Lynn Carter
6. (a) Full name of applicant's father: James Lamar Powers
   (If adopted, list adoptive parents only)
   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 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: Rebecca L Powers Date: 10/23/02

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: Rebecca L Powers
New Address _____
Subscribed and sworn to before me this 23RD day of October 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 October 23, 2002, authorizing the marriage of Michael Lee Eldridge and Rebecca Lynn Powers.
I further certify that the following marriage certificate was filed in my office: I, Rev. Michael E. Landon (name), certify that on November 2, 2002 (date), at Plainfield in Hendricks County, Indiana, Michael Lee Eldridge of Hendricks County, Indiana (state), and Rebecca Lynn Powers of Hendricks County, Indiana (state) were 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, 2002. Signed by: Rev. Michael E. Landon, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on November 13, 2002 (date).

Signed Sharon Dugan 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 66
Page 700
10-24-02
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 10-24-02
Name of Physician David Hadley MD

MALE APPLICANT

Name: First James Middle Stanley Last Graham
Date of Birth: Month 1 Day 22 Year 67
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 6581 Dunsdin Drive City Plainfield County Hendricks State IN 46168
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 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. Collin James Graham
6. (a) Full name of applicant's father Curston Stanley Graham
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Virginia Joy Campbell
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) New York

ACKNOWLEDGEMENT

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

X Signature of Applicant [signature] Date 24 Oct 02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 24 day of October 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 Cari Middle Anne Last Cox
Date of Birth: Month 1 Day 25 Year 71
Place of Birth (State or foreign country) Michigan
Residence Address: Street or R.R. 6581 Dunsdin Dr. City Plainfield County Hendricks State IN 46168
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 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. Jeremy Andrew Cox, Lyndsey Nicole Cox, Libby Morgan Cox
6. (a) Full name of applicant's father Ken Fredenburg
   (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 Goldie Skyles
   (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 Cari a Cox Date 10-24-02

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.
X Signed Cari a Cox
X New Address Same
Subscribed and sworn to before me this 24 day of October, 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 October 24, 2002, authorizing the marriage of James Stanley Graham and Cari Anne Cox.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on October 24, 2002 (date), at Danville in Hendricks County, Indiana, James Stanley Graham of Hendricks County, Indiana (state), and Cari Anne Cox of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated October 24, 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 October 24, 2002 (date).

Sharon Dugan
Signed _____ 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 66
Page 701
10-24-02
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 10-24-02
Name of Physician Cindy Willis MD

MALE APPLICANT

Name: First James Middle Christopher Last Cafouras
Date of Birth: Month 3 Day 21 Year 83
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 5845 E. 300 St City Stilesville County Hendricks State 46180
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. ____
6. (a) Full name of applicant's father James Allen Wynkoop
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Cynthia Harman
   (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 10/24/02

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 PO Box 171 Stilesville In 46180
Subscribed and sworn to before me this 24 day of October, 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 Natasha Middle Lynn Last Toney
Date of Birth: Month 7 Day 26 Year 83
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 5845 E. 300 St. City Stilesville County Hendricks State 46180
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Drivers License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
✗ Signature of Applicant Natasha Toney Date 10/24/02

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 Natasha Toney
✗ New Address P.O. Box 121 Stilesville IN 46180
Subscribed and sworn to before me this 24 day of October, 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 October 24, 2002, authorizing the marriage of James Christopher Cafouras and Natasha Lynn Toney.
I further certify that the following marriage certificate was filed in my office: I, Robert L. McDowell (name), certify that on November 1, 2002 (date), at Danville in Hendricks County, Indiana, James Christopher Cafouras of Hendricks County, Indiana (state), and Natasha Lynn Toney of Hendricks County, Indiana (state) were 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, 2002. Signed by: Robert L. McDowell, Judge Pro Tem (official designation) Filed and recorded in accordance with the laws of the State of Indiana on November 21, 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 66
Page 102
10-25-02
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 8-22-02
Name of Physician James Power

MALE APPLICANT

Name: First Ronald Middle Allen Last Morgan
Date of Birth: Month 10 Day 8 Year 59
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 10962 Freeman Court City Indpls County Hend State In 46234
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 3
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1999
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that 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. Morgan Date 10/25/02

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 Ronald A. Morgan
X New Address SAME
Subscribed and sworn to before me this 25 day of October, 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 Diane Last Cangany-Jones
Date of Birth: Month 9 Day 23 Year 64
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 10962 Freeman Court 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 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. Nathaniel Joseph Cangany, Brandon David Cangany
6. (a) Full name of applicant's father Garnett Dale 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 Lillian Joyce Setser
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that 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 Cangany-Jones Date 10/25/02

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 Lisa Cangany-Jones
X New Address Same
Subscribed and sworn to before me this 25 day of October, 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 October 25, 2002, authorizing the marriage of Ronald Allen Morgan and Lisa Diane Cangany-Jones. I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on October 25, 2002 (date), at Danville in Hendricks County, Indiana, Ronald Allen Morgan of Hendricks County, Indiana (state), and Lisa Diane Cangany-Jones of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Oct. 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 November 1, 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 66
Page 103
10-25-02
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 10-18-02
Name of Physician Immediate Care Center

MALE APPLICANT

Name: First Kent Middle Alan Last Berg
Date of Birth: Month 5 Day 3 Year 77
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 9406 N. CoRd 75W City Lizton County Hend. State Ind 46149
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

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

ACKNOWLEDGEMENT

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

Signature of Applicant [signature] Date 10-25-02

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 [signature]
New Address same as above
Subscribed and sworn to before me this 25 day of October, 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 Michele Middle Lea Last Threlkel
Date of Birth: Month 7 Day 8 Year 80
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 9406 N. CoRd 75W City Lizton County Hend. State Ind 46149
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

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

ACKNOWLEDGEMENT

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

Signature of Applicant [signature] Date 10/25/02

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 [signature]
New Address same as above
Subscribed and sworn to before me this 25 day of October, 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 October 25, 2002, authorizing the marriage of Kent Alan Berg and Michele Lea Threlkel.
I further certify that the following marriage certificate was filed in my office: I, Jimmy Johnson (name), certify that on October 26, 2002 (date), at Clayton in Hendricks County, Indiana, Kent Alan Berg of Hendricks County, Indiana (state), and Michele Lea Threlkel of Hendricks County, Indiana (state) were 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. 25, 2002. Signed by: Jimmy Johnson, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on November 1, 2002 (date).

Sharon Dugan
Signed ____ 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 606
Page 704
10-25-02
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 9-30-02
Name of Physician Greg Laffoon

MALE APPLICANT

Name: First Michael Middle David Last Synesael
Date of Birth: Month 2 Day 20 Year 76
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 433 Harding St. City Plainfield County Hend St IN 46168
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

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

ACKNOWLEDGEMENT

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

X Signature of Applicant Michael D Synesael Date 10/25/02

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 Michael D Synesael
X New Address Same
Subscribed and sworn to before me this 25 day of October, 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 Lynn Last Balton
Date of Birth: Month 10 Day 6 Year 74
Place of Birth (State or foreign country) Mississippi
Residence Address: Street or R.R. 433 Harding St. City Plainfield County Hend St IN 46168
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1996
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Balton, Sean Gabriel Synesael
6. (a) Full name of applicant's father L Thomas Franklin McNary
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Mississippi
   Birthplace of father (State or foreign country) Mississippi
   (b) Full maiden name of applicant's mother Beverly Jane Ratliff
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Mississippi
   Birthplace of mother (State or foreign country) Mississippi

ACKNOWLEDGEMENT

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

X Signature of Applicant Brandi Balton Date 10/25/02

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 Brandi Balton
X New Address Same
Subscribed and sworn to before me this 25 day of October, 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 October 25, 2002, authorizing the marriage of Michael David Synesael and Brandi Lynn Balton.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on October 25, 2002 (date), at Danville in Hendricks County, Indiana, Michael Daivd Synesael of Hendricks County, Indiana (state), and Brandi Lynn Balton of Hendricks County, Indiana (state) were 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. 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 November 1, 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 66
Page 705
10-25-02
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 10-25-02
Name of Physician Bruce Dursell

MALE APPLICANT

Name: First Myron Middle Ashley Last Wallace
Date of Birth: Month 10 Day 22 Year 80
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 2310 Crown Pt Blvd City Plainfield 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. Madison Lynne Wallace
6. (a) Full name of applicant's father Donald E. Wallace
   (If adopted, list adoptive parents only)
   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 Kissah
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

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

X Signature of Applicant Myron Wallace Date 10/25/02

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 Myron Wallace
New Address 418 Pennington Pt Greenwood IN 46143
Subscribed and sworn to before me this 24 day of October, 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 Alysha Middle Lynne Last Lawson
Date of Birth: Month 3 Day 11 Year 83
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 2310 Crown Plaza Blvd City Plainfield County Hendricks State Ind 46168
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

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

ACKNOWLEDGEMENT

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

X Signature of Applicant Alysha Lawson Date 10/25/02

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 Alysha Lawson
New Address 418 Pennington Pt. #705 Greenwood IN 46143
Subscribed and sworn to before me this 24 day of October, 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 October 25, 2002, authorizing the marriage of Myron Ashley Wallace and Alysha Lynne Lawson.
I further certify that the following marriage certificate was filed in my office: I, David R. McClean (name), certify that on October 26, 2002 (date), at Greenwood in Johnson County, Indiana, Myron Ashley Wallace of Hendricks County, Indiana (state), and Alysha Lynne 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 Oct. 25, 2002. Signed by: David R. McClean, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on November 21, 2002 (date).

Sharon Dugan
Signed _____ 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 66
Page 706
10-29-02
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 8-6-02
Name of Physician St Vincent Health Care Center

MALE APPLICANT	FEMALE APPLICANT
Name: First Brent Middle Michael Last Uberta	Name: First Anne Middle Elizabeth Last Conner
Date of Birth: Month 8 Day 24 Year 72	Date of Birth: Month 1 Day 22 Year 67
Place of Birth (State or foreign country): Indiana	Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 7767 Dutchmen Dr. City Avon County Hend State In 46123	Residence Address: Street or R.R. 7767 Dutchmen Dr. 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 Michael a Uberta	6. (a) Full name of applicant's father William J. Conner
(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 Martha J. Stiner	(b) Full maiden name of applicant's mother Carol Ann Parker
(If adopted, list adoptive parents only) ____	(If adopted, list adoptive parents only) ____
Residence of mother (if deceased, so state) Indiana	Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana	Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

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

X Signature of Applicant Brent M. Uberta Date 10-29-02

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

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
X Signed Brent M. Uberta
X New Address Same
Subscribed and sworn to before me this 29 day of October, 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 Anne E. Conner Date 10-31-02

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 Anne E. Conner
X New Address Same
Subscribed and sworn to before me this 31 day of October, 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 October 29, 2002, authorizing the marriage of Brent Michael Uberta and Anne Elizabeth Conner.
I further certify that the following marriage certificate was filed in my office: I, Dennis Flaugher (name), certify that on November 2, 2002 (date), at Indianapolis in Marion County, Indiana, Brent Michael Uberta of Hendricks County, Indiana (state), and Anne Elizabeth Conner of Hendricks County, Indiana (state) were 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, 2002. Signed by: Dennis Flaugher, Clergy (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on November 21, 2002 (date).

Sharon Dugan

Signed ____ 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 66
Page 707
10-30-02
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 10-21-02
Name of Physician Michael Bode

MALE APPLICANT

Name First: Normunds Middle: _____ Last: Uscins
Date of Birth Month: 3 Day: 2 Year: 79
Place of Birth (State or foreign country): Latvia
Residence Address: 1937 Tawney Lane Street or R.R. Avon City Hend County IN State 46123
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date _____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify)

Drivers License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
X Signature of Applicant NORMUNDS USCINS Date 10/30/02

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 NORMUNDS USCINS
X New Address SAME
Subscribed and sworn to before me this 30 day of October, 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: Sabrina Middle: Anne Last: Keefer
Date of Birth Month: 1 Day: 2 Year: 77
Place of Birth (State or foreign country): Colorado
Residence Address: 1937 Tawney Lane Street or R.R. Avon City Hend County IN State 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 male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Kacy Ashton Keefer, McKayla Paige Keller
6. (a) Full name of applicant's father Robert David Keefer Jr.
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Texas
   (b) Full maiden name of applicant's mother Teri J. Fiebig
   (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 Sabrina A. Keefer Date 10/30/02

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 Sabrina A. Keefer
X New Address same
Subscribed and sworn to before me this 30 day of October 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 October 30, 2002, authorizing the marriage of Normunds Uscins and Sabrina Anne Keefer.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on October 30, 2002 (date), at Danville in Hendricks County, Indiana, Normunds Uscins of Hendricks County, Indiana (state), and Sabrina Anne Keefer of Hendricks County, Indiana (state) were 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, 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 November 1, 2002 (date).

Sharon Dugan
Signed _____ 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 66
Page 708
11-1-02
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 12-20-01
Name of Physician Linda Martin MD

MALE APPLICANT

Name: First Patrick Middle Wesley Last Eads
Date of Birth: Month 1 Day 22 Year 63
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 138 Eastern Ave City Plainfield 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 Benton Wesley Eads
   (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 Ann Cox
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Oregon
   Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name: First Lisa Middle Ann Last Knoll
Date of Birth: Month 12 Day 27 Year 53
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 138 Eastern Ave. City Plainfield County Hend State Ind 46168
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 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 Dean Knoll
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Gloria June Starkey
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 W. Eads Date 11-1-02

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 W. Eads
✗ New Address SAME
Subscribed and sworn to before me this 1 day of November 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 Lisa A Knoll Date 11-1-02

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 Lisa A Knoll
✗ New Address SAME
Subscribed and sworn to before me this 1 day of November 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 Nov. 1, 2002, authorizing the marriage of Patrick Wesley Eads and Lisa Ann Knoll.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on November 1, 2002 (date), at Danville in Hendricks County, Indiana, Patrick Wesley Eads of Hendricks County, Indiana (state), and Lisa Ann Knoll of Hendricks County, Indiana (state) were 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, 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 November 13, 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 66
Page 709
10-30-02
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 9-30-02
Name of Physician John L Rice MD

MALE APPLICANT

Name: First Clay Middle Matthew Last Klepper
Date of Birth: Month 4 Day 29 Year 75
Place of Birth (State or foreign country) California
Residence Address: Street or R.R. 1126 Windhaven Cir Apt F City B'Burg 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) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Bee Klepper
   (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 Judy Marie Bonato
   (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 [signature] Date 10-30-02

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 [signature]
✗ New Address SAME
Subscribed and sworn to before me this 30 day of October 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 Jamie Middle Michelle Last Newman
Date of Birth: Month 4 Day 2 Year 80
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 26425 Darden Rd City Bonds Mill County St. Joseph State IN 46628
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

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

ACKNOWLEDGEMENT

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

✗ Signature of Applicant Jamie Newman Date 10/30/02

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 Jamie Newman
✗ New Address 1126 Windhaven Cir. Apt #F Brownsburg, IN 46112
Subscribed and sworn to before me this 30 day of October, 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 Oct. 30, 2002, authorizing the marriage of Clay Matthew Klepper and Jamie Michelle Newman.
I further certify that the following marriage certificate was filed in my office: I, Rev. Lourdino Fernandes (name), certify that on November 23, 2002 (date), at South Bend in St. Joseph County, Indiana, Clay Matthew Klepper of Hendricks County, Indiana (state), and Jamie Michelle Newman of St. Joseph County, Indiana (state) were 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, 2002. Signed by: Rev. Lourdino Fernandes, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on December 5, 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 66
Page 710
10-31-02
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 10-30-02
Name of Physician Victoria Ballard MD

MALE APPLICANT

Name: First Timothy Middle Dwayne Last Robinson
Date of Birth: Month 2 Day 13 Year 71
Place of Birth (State or foreign country) West Virginia
Residence Address: Street or R.R. 10335 Splendor Way City Indpls County Hend State In 46234
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 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. Xandra Robinson, Demarcus Robinson
6. (a) Full name of applicant's father (If adopted, list adoptive parents only) Sammy Wade Robinson
   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 Carolyn Sue Smith
   (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).

X Signature of Applicant Timothy D. Robinson Date 10-31-02

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 Timothy D. Robinson
X New Address same
Subscribed and sworn to before me this 31 day of October, 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 Lynne Last Robinson
Date of Birth: Month 10 Day 20 Year 64
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 10335 Splendor Way City Indpls County Hend State In 46234
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date _____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify)

Driver's License

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

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

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
X Signed Michelle L Robinson
X New Address same
Subscribed and sworn to before me this 31 day of October, 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 Oct. 31, 2002, authorizing the marriage of Timothy Dwayne Robinson and Michelle Lynne Robinson. I further certify that the following marriage certificate was filed in my office: I, Annette Bell Barnes (name), certify that on November 9, 2002 (date), at Indianapolis in Marion County, Indiana, Timothy Dwayne Robinson of Hendricks County, Indiana (state), and Michelle Lynne 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 Oct. 31, 2002. Signed by: Annette Bell Barnes, Ordained Clergy (official designation) Filed and recorded in accordance with the laws of the State of Indiana on December 5, 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 66
Page 711
10-31-02
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 10/30/02
Name of Physician Dr. Robert Deaton

MALE APPLICANT

Name First: David Middle: Anthony Last: McGuire
Date of Birth Month: 4 Day: 3 Year: 1952
Place of Birth (State or foreign country): Indiana
Residence Address Street or R.R.: 6453 Romeo Drive City: Avon County: Hendricks State: IN 46123
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages: 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date: 9/82
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify): Driver's License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 McGuire Date: 10/31/02

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: David McGuire
New Address: 6453 ROMEO DR. AVON, IN 46123
Subscribed and sworn to before me this 31 day of October 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: Silvana Middle: P. Last: Celestino
Date of Birth Month: 3 Day: 11 Year: 1965
Place of Birth (State or foreign country): Brazil
Residence Address Street or R.R.: 6453 Romeo Drive City: Avon County: Hendricks State: IN 46123
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages: _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date: _____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify): Driver's License

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

6. (a) Full name of applicant's father: Arlindo Celestino
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state): Deceased
   Birthplace of father (State or foreign country): Brazil
   (b) Full maiden name of applicant's mother: Celia Picolo
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state): Brazil
   Birthplace of mother (State or foreign country): Brazil

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: Celestino Date: 10/31/02

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: Celestino
New Address: 6453 ROMEO DR AVON, IN 46123
Subscribed and sworn to before me this 31 day of October 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 Oct. 31, 2002, authorizing the marriage of David Anthony McGuire and Silvana Picolo Celestino.
I further certify that the following marriage certificate was filed in my office: I, Kathy Karlander (name), certify that on December 22, 2002 (date), at Carmel in Hamilton County, Indiana, David Anthony McGuire of Hendricks County, Indiana (state), and Silvana Picolo Celestino of Hendricks County, Indiana (state) were 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, 2002. Signed by: Kathy Karlander, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on December 30, 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 66
Page 712
10/31/02
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 _____
Name of Physician _____

MALE APPLICANT

Name: First Christopher Middle Scott Last Hayden
Date of Birth: Month 8 Day 25 Year 77
Place of Birth (State or foreign country) California
Residence Address: Street or R.R. 423 S. Carr Rd City Plainfield County Hendricks State In
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date _____
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) 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. Logan Clear Best
6. (a) Full name of applicant's father: Jimmy Ray Hayden
   (If adopted, list adoptive parents only) —
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Barbara Ellen Clear
   (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).
Y Signature of Applicant [signature] Date 10/30/02

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.
Y Signed [signature]
New Address 423 S. CARR 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 Alison Middle Kay Last Best
Date of Birth: Month 12 Day 17 Year 76
Place of Birth (State or foreign country) Florida
Residence Address: Street or R.R. 423 S. Carr Rd 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 9-2001
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. Kristopher Andrew Best, Aaron Matthew Best, Logan Clear Best
6. (a) Full name of applicant's father Timothy Joseph Shuey
   (If adopted, list adoptive parents only) —
   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 Vorhees
   (If adopted, list adoptive parents only) —
   Residence of mother (if deceased, so state) Virginia
   Birthplace of mother (State or foreign country) New Hampshire

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding 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 [signature] Date 10-31-02

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.
Y 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 October 31, 2002, authorizing the marriage of Christopher Scott Hayden and Alison Kay Best.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on October 31, 2002 (date), at Danville in Hendricks County, Indiana, Christopher Scott Hayden of Hendricks County, Indiana (state), and Alison Kay Best of Hendricks County, Indiana (state) were 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, 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 November 13, 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 666
Page 713
November 1, 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 of Report Dated 10-14-02
Name of Physician Dr. Gentry

MALE APPLICANT

Name First Middle Last: Justin David Goedeker
Date of Birth Month Day Year: 6 11 1979
Place of Birth (State or foreign country): Indiana
Residence Address Street or R.R. City County State: 7465 Glendale Drive Avon Hendricks IN 46123
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 F Goedeker
   (If adopted, list adoptive parents only)
   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 S Friar
   (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 Justin D. Goedeker Date 11/1/02

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 Justin D Goedeker
New Address 7465 Glendale Dr. Avon, IN 46123
Subscribed and sworn to before me this 1 day of November 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 Middle Last: Jennifer Lynn Arroyo
Date of Birth Month Day Year: 10 02 1981
Place of Birth (State or foreign country): Indiana
Residence Address Street or R.R. City County State: 7465 Glendale Drive Avon Hendricks IN 46123
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 S. Arroyo
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country)
   (b) Full maiden name of applicant's mother Patsy M Hobbs (Killey)
   (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 Jennifer Arroyo Date 11/1/02

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 Arroyo
New Address Same as above.
Subscribed and sworn to before me this 1 day of November 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 Nov. 1, 2002, authorizing the marriage of Justin David Goedeker and Jennifer Lynn Arroyo.
I further certify that the following marriage certificate was filed in my office: I, Robert D. Kolodner (name), certify that on November 9, 2002 (date), at Indianapolis in Marion County, Indiana, Justin David Goedeker of Hendricks County, Indiana (state), and Jennifer Lynn Arroyo of Hendricks County, Indiana (state) were 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, 2002. Signed by: Robert D. Kolodner, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on November 21, 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 66
Page 714
11-4-02
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 10-31-02
Name of Physician Ludmila Dammell MD

MALE APPLICANT				FEMALE APPLICANT			
Name	First	Middle	Last	First	Middle	Last	
	Charles	Wayne	Curtis	Erin	Beth	Keller	
Date of Birth	Month	Day	Year	Month	Day	Year	
	4	10	76	10	29	85	
Place of Birth (State or foreign country)	Indiana			Washington			
Residence Address	Street or R.R.	City	County	State			
	3516 Hyannis Port Dr	Avon	Marion	IN 46123	9185 Huntleigh Circle	Plainfield	Hendricks	IN 46168
Previous Marital Status:	Never Married ☐	OR No. of Previous Marriages	1		Never Married ☒	OR No. of Previous Marriages	
Last Marriage Ended By:	Death ☐ Divorce ☒ Annulment ☐ Date 2002				Death ☐ Divorce ☐ Annulment ☐ Date		
Date of Birth Verified By:	☐ Birth Certificate ☒ Other (Specify)				☐ Birth Certificate ☒ Other (Specify)		
	Drivers License				Indiana ID Card		
1. Are you now or have you ever been adjudged to be of unsound mind?	No ☒ Yes ☐				No ☒ Yes ☐		
If answer is "yes", has the adjudication been removed?	No ☐ Yes ☐				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 ☐				No ☒ Yes ☐		
4. Are you now under the influence of a narcotic drug?	No ☒ Yes ☐				No ☒ Yes ☐		
5. List the full names of any dependent children.	Hunter Blake Curtis						
6. (a) Full name of applicant's father	Robert E. Curtis				Carle Don Keller		
(If adopted, list adoptive parents only)							
Residence of father (if deceased, so state)	Indiana				Deceased		
Birthplace of father (State or foreign country)	Indiana				California		
(b) Full maiden name of applicant's mother	Kimberly Sue DeHelen				Jill Ann Van Severen		
(If adopted, list adoptive parents only)							
Residence of mother (if deceased, so state)	Indiana				Indiana		
Birthplace of mother (State or foreign country)	Indiana				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 Charles W Curtis Date 11-4-02

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 Charles W. Curtis
New Address same
Subscribed and sworn to before me this 4 day of November 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 Erin Keller Date 11/4/02

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 Erin Keller
New Address 3516 Hyannis Port Dr.
Subscribed and sworn to before me this 4 day of November, 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 X Father deceased since 1987

State of Indiana)
County of Hendricks)
Father _____ ID # _____
X Mother [redacted] ID # 552-17-6028
Subscribed and sworn to before me this 4th day of November, 2002
Sharon Dugan Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Nov. 4, 2002, authorizing the marriage of Charles Wayne Curtis and Erin Beth Keller.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on November 4, 2002 (date), at Danville in Hendricks County, Indiana, Charles Wayne Curtis of Marion County, Indiana (state), and Erin Beth Keller of Hendricks County, Indiana (state) were 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. 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 November 13, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

562

Form Presc
Indiana Stat
Health unde
of IC 31-11-

IC 31-11-
A person
circuit c
IC 31-11

Name

Date of Birth

Place of Birt

Residence A
3516

Previous Mar

Last Marriag

Date of Birth

1. Are you
If answe
2. Are you
3. Are you
4. Are you
5. List the
6. (a) Full
(If a
Resi
Birth
(b) Full
(If a
Resi
Birth

I acknowledge
are sexually t
immune defici
Signature of A

The above app
acknowledgme
Clerk of Court

State of Indian
County of Hen
Sig
New Address Same
Subscribed and sworn to before me this 4 day of November 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

905942

MEDICAL EXAMINER

CERTIFICATE OF DEATH

STATE OF OKLAHOMA – DEPARTMENT OF HEALTH

AMENDED

LOCAL REGISTRAR'S FILE NO. AUG 27 1987

STATE FILE NO. 13027

1. DECEASED – NAME: First Earle; Middle Don; Last Keller, Jr.				2. DATE OF DEATH (Month, Day, Year): 2Jun87	3. SEX: Male
4. RACE – White, Negro, American Indian, Etc. (Specify): Caucasian	5a. AGE – Last Birthday (Years): 34	UNDER 1 YEAR: 5b. Mos. 4 Days 6	UNDER 1 DAY: 5c. Hours Min.	6. DATE OF BIRTH (Month, Day, Year): 1-26-1953	7a. COUNTY OF DEATH: Oklahoma
7b. CITY, TOWN, OR LOCATION OF DEATH: Oklahoma City	7c. INSIDE CITY LIMITS: Yes [X] No [ ]			7d. HOSPITAL OR OTHER INSTITUTION – NAME (If not in either, give Street and Number): Veterans Adminsitration Hospital	
8. STATE OF BIRTH (If not in U.S.A., Name Country): Texas	9. CITIZEN OF WHAT COUNTRY: USA			10. Married [ ] Never Married [ ] Widowed [ ] Divorced [X]	11. SURVIVING SPOUSE (If Wife, Give Maiden Name):
12. SOCIAL SECURITY NUMBER: 548-92-8570	13a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Military			13b. KIND OF BUSINESS OR INDUSTRY: U. S. Army	
14a. RESIDENCE – STATE: Oklahoma	14b. COUNTY: Logan	14c. CITY, TOWN, OR LOCATION: Guthrie	14d. INSIDE CITY LIMITS: Yes [X] No [ ]	14e. STREET AND NUMBER: 1220 W. Cleveland	ZIP CODE 73044
15. FATHER – NAME: First Earle; Middle Don; Last Keller, Sr.				16. MOTHER – MAIDEN NAME: First Leita; Middle May; Last Pritchett	
17a. INFORMANT – NAME OR SOURCE OF INFORMATION: Earle Don Keller, Sr.		17b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip): 1220 West Cleveland, Guthrie, Okla. 73044			

MEDICAL CERTIFICATION

PART I. DEATH WAS CAUSED BY: (Enter only one cause per line for (a), (b), and (c).)

		Approximate Interval Between onset and Death
18. CAUSE OF DEATH – IMMEDIATE CAUSE	(a) HEMORRHAGE	*
Condition, if any, which gave rise to immediate cause(s), stating the underlying cause last	DUE TO OR AS A CONSEQUENCE OF: (b) COMPLICATIONS OF ESOPHAGECTOMY	*
	DUE TO OR AS A CONSEQUENCE OF: (c) INGESTION OF Caustic SUBSTANCE	*

870176

PART II. OTHER SIGNIFICANT CONDITIONS: (Conditions contributing to death but not related to cause given in part I (a)) — AUTOPSY 19a. Yes [ ] No [X] — AUTOPSY AUTHORIZED BY: 19b.

20a. Manner: Natural [ ] Pending [ ] PENDING Accident [ ] Homicide [ ] Unknown [ ]	20b. DATE OF INJURY (Month, Day, Year): 23 JAN 87	20c. HOUR OF INJURY: UNDER INVEST.	20d. HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II, Item 18): SELF INGESTION OF CAUSTIC SUBSTANCE
20e. INJURY AT WORK: Yes [ ] No [ ]	20f. PLACE OF INJURY: At Home, Farm, Street, Factory, Office Bldg., Etc. (Specify): UNDER INVESTIGATION	20g. LOCATION OF INJURY (Street or R.F.D. No., City or Town, State):	

21a. CERTIFICATION – MEDICAL EXAMINER: On the basis of the examination of the body and/or the investigation, in my opinion, death occurred on the date and due to the cause(s) stated as certified by my signature in item 22b.

21b. I did/did not view body after death

21c. DEATH OCCURRED at 1424 hrs. at the place, on the date, and to the best of my knowledge, due to the cause(s) stated.

22a. CERTIFIER – NAME (Type or Print): Larry E. Balding, M.D.	22b. SIGNATURE OF MEDICAL EXAMINER: Larry E Balding MD		22c. DATE SIGNED (Month, Day, Year): 3Jun87
22d. MAILING ADDRESS – CERTIFIER: Street or R.F.D. No. 901 N. Stonewall	City or Town Oklahoma City,	State Oklahoma	Zip 73117

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: Month 6 Day 6 Year 1987	23c. CEMETERY OR CREMATORY – NAME: Summit View Cemetery	
24a. LOCATION (Cemetery or Crematory – City or Town, State): Guthrie, Okla.	24b. FUNERAL HOME – NAME AND ADDRESS (Street or R.F.D. No., City or Town, State, Zip): DavisF.H.,Box309,Guthrie,Okla. 73044	24c. FUNERAL DIRECTOR: J.W. Altebaumer	
25a. LOCAL REGISTRAR SIGNATURE: [signature]	25b. DATE RECD. BY LOCAL REG.: JUN 12 1987	DATE RECEIVED BY STATE REGISTRAR: JUN 12 1987	

GREAT SEAL OF THE STATE OF OKLAHOMA 1907

State Department of Health
State of Oklahoma
OKLAHOMA CITY, OKLAHOMA 73152

ROGER C. PIRRONG
STATE REGISTRAR OF VITAL STATISTICS

CERTIFIED COPY MUST HAVE EMBOSSED SEAL

I hereby certify the foregoing to be a true and correct copy, original of which is on file in this office. In testimony whereof, I have hereunto subscribed my name and caused the official seal to be affixed, at Oklahoma City, Oklahoma, this date.

SEP 22 1987

STATE REGISTRAR

Signed [signature]
New Address 3516 Hyannis Port Dr.
Subscribed and sworn to before me this 4 day of November, 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 X Father deceased since 1987

State of Indiana)
County of Hendricks)
Father ID #
X Mother [signature] ID # 552-17-6028
Subscribed and sworn to before me this 4th day of November, 2002
Sharon Dugan Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Nov. 4, 2002, authorizing the marriage of Charles Wayne Curts and Erin Beth Keller.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on November 4, 2002 (date), at Danville in Hendricks County, Indiana, Charles Wayne Curts of Marion County, Indiana (state), and Erin Beth Keller of Hendricks County, Indiana (state) were 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. 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 November 13, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

Form Presc
Indiana Stat
Health unde
of IC 31-11-

IC 31-11-
A person
circuit co
IC 31-11-

Name

Date of Birth

Place of Birth (

Residence Addr
3516 K

Previous Marita

Last Marriage E

Date of Birth Ve

1. Are you nov
If answer is
2. Are you rela
3. Are you now
4. Are you now
5. List the full r
Curtis

6. (a) Full name
(If adopte
Residence
Birthplace
(b) Full maide
(If adoptec
Residence
Birthplace

I acknowledge that I h
are sexually transmitt
immune deficiency sy
X Signature of Applican

The above applicant h
acknowledgment becau
Clerk of Court

State of Indiana)
County of Hendricks)
X Signed
X New Address same
Subscribed and sworn to before me this 4 day of November 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

County of Hendricks)
in this application is true and correct.
X Signed Erin Keller
X New Address 3516 Hyannis Port Dr.
Subscribed and sworn to before me this 4 day of November, 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 X Father deceased since 1987

State of Indiana)
County of Hendricks)
Father ID #
X Mother ID # 552-17-6028
Subscribed and sworn to before me this 4th day of November, 2002
Sharon Dugan Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Nov. 4, 2002, authorizing the marriage of Charles Wayne Curts and Erin Beth Keller.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on November 4, 2002 (date), at Danville in Hendricks County, Indiana, Charles Wayne Curts of Marion County, Indiana (state), and Erin Beth Keller of Hendricks County, Indiana (state) were 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. 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 November 13, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

SEP 22 1987

State Department of Health
State of Oklahoma
OKLAHOMA CITY, OKLAHOMA 73152

ROGER C. PIRRONG
STATE REGISTRAR OF VITAL STATISTICS

I hereby certify the foregoing to be a true and correct copy, original of which is on file in this office. In testimony whereof, I have hereunto subscribed my name and caused the official seal to be affixed, at Oklahoma City, Oklahoma, this date.

CERTIFIED COPY MUST HAVE EMBOSSED SEAL

STATE OF OKLAHOMA - DEPARTMENT OF HEALTH
AMENDMENT TO CERTIFICATE OF DEATH

Certificate of Death of Earle Don Keller, Jr.
Date of Death June 2, 1987
Place of Death Okla City, Okla.
State File No. 87-13027

ITEMS TO BE AMENDED

Item	Entry before amendment	Entry after amendment
Items #20a,20c,20e,20f, 20R	See Original Certificate	See below

PART I. DEATH WAS CAUSED BY: (Enter only one cause per line for (a), (b), and (c).)
18. CAUSE OF DEATH
IMMEDIATE CAUSE (a)
Condition, if any, which gave rise to immediate Cause(a), stating the underlying cause last
DUE TO OR AS A CONSEQUENCE OF: (b)
DUE TO OR AS A CONSEQUENCE OF: (c)
8701876
Approximate Interval Between Onset and Death

PART II. OTHER SIGNIFICANT CONDITIONS: (Conditions contributing to death but not related to cause given in part I (a))
19a. AUTOPSY Yes ☐ No ☒
19b. AUTOPSY AUTHORIZED BY:

MEDICAL CERTIFICATION
Manner: Natural ☐ Pending ☐ SUICIDE Accident ☐ Homicide ☐ Unknown ☐
20a. DATE OF INJURY (Month, Day, Year) 20c. HOUR OF INJURY UNK. 20d. HOW INJURY OCCURRED (Enter narrative of injury in Part I or Part II, Item 18)
20b. LOCATION OF INJURY (Street or R.F.D. No., City or Town, State) 3020 N. 87th, PHOENIX, ARIZONA
20e. PLACE OF INJURY: At Home, Farm, Street, Factory, Office Bldg., Etc. (Specify) DWELLING
20f. INJURY AT WORK Yes ☐ No ☒
21. CERTIFICATION - MEDICAL EXAMINER On the basis of the examination of the body and/or investigation, in my opinion, death occurred on the date and due to the cause(s) stated.
21a. I did/did not view body. 21b. DTD
DEATH OCCURRED at the place, on the date stated, and to the best 21c. of my knowledge, due to the cause(s) stated.
M. D.
CERTIFIER - NAME (Type or Print) LARRY E. BALDING, M.D.
SIGNATURE OF MEDICAL EXAMINER
DATE SIGNED (Month, Day, Year) 28-13-1987
22a. MAILING ADDRESS - CERTIFIER 901 N. STONEWALL, OKLAHOMA CITY, OK 73117
Street or R.F.D. No. City or Town State Zip
22d.

Amendment Requested by Larry E. Balding, M.D. Registrant as State Medical Examiner
Related to

CERTIFICATION BY STATE REGISTRAR: I hereby certify that I have examined the documents referred to above, that the abstract is true and correct, that the documents show no changes or erasures, and appear to be authentic.

State Registrar AUG 27 1987
File Date

(V.S. 127 3-70)

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 66
Page 715
11-4-02
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 ☒ 11-2-02
If No, Medical Examination or Report Dated
Name of Physician Health Tracks - Avon

MALE APPLICANT

Name: First Kevin Middle Wayne Last Adams
Date of Birth: Month 11 Day 17 Year 75
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 5880 Marco Ct City Plainfield County Hend State IN 46168
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☒ Birth Certificate ☐ Other (Specify)
& photo 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. NA
6. (a) Full name of applicant's father James Richard Adams
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Bobbie Jean Thompson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [signature] Date 11-4-02

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 [signature]
New Address same
Subscribed and sworn to before me this 4 day of Nov, 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 Ginger Middle Leanne Last Dostin
Date of Birth: Month 9 Day 14 Year 82
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 5880 Marco Ct City Plainfield County Hend State IN 46168
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify)
learners permit

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [signature] Date 11-4-02

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 [signature]
New Address [illegible]
Subscribed and sworn to before me this 4 day of Nov, 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 Nov. 4, 2002, authorizing the marriage of Kevin Wayne Adams and Ginger Leeanne Dostin.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on November 4, 2002 (date), at Danville in Hendricks County, Indiana, Kevin Wayne Adams of Hendricks County, Indiana (state), and Ginger Leeanne Dostin of Hendricks County, Indiana (state) were 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. 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 November 13, 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 66
Page 714
11-4-02
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 _____
Name of Physician _____

MALE APPLICANT

Name: First Frank Middle William Last Parkhurst Jr.
Date of Birth: Month 6 Day 5 Year 21
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 444 Arden Dr. City Indianapolis County Marion State In 46220
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 Frank William Parkhurst
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Lillian Opal Arnold
   (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 Frank W Parkhurst Date Nov 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 Frank W. Parkhurst
✗ New Address 1060 Woodridge
Subscribed and sworn to before me this 4 day of November 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 Lou Last Bratcher
Date of Birth: Month 1 Day 12 Year 26
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1060 Woodridge Dr. 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 1973
Date of Birth Verified By: ☐ Birth Certificate ☐ Other (Specify) Drivers License

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

ACKNOWLEDGEMENT

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

✗ Signature of Applicant Betty Bratcher Date Nov 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.
✗ Signed Betty Bratcher
✗ New Address Same
Subscribed and sworn to before me this 4 day of November 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 Nov. 4, 2002, authorizing the marriage of Frank William Parkhurst and Betty Lou Bratcher.
I further certify that the following marriage certificate was filed in my office: I, Rev. Leonard Maynard (name), certify that on November 16, 2002 (date), at Brownsburg in Hendricks County, Indiana, Frank William Parkhurst of Marion County, Indiana (state), and Betty Lou Bratcher of Hendricks County, Indiana (state) were 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. 4, 2002. Signed by: Rev. Leonard Maynard, Asst Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on November 21, 2002 (date).

Sharon Dugan
Signed _____ 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 66
Page 717
11-6-02
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 11-4-02
Name of Physician Dulcia B. Calla MD

MALE APPLICANT

Name First: Cesar Middle: Antelmo Cosme Last: Gomez
Date of Birth Month: 6 Day: 26 Year: 62
Place of Birth (State or foreign country): Mexico
Residence Address Street or R.R.: 2331 Amberleigh Dr. City: Plainfield County: Hendricks State: IN 46168
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Marta Gomez
6. (a) Full name of applicant's father Isidro Gomez
   (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 Delfina Cosme
   (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).
X Signature of Applicant Cesar Gomez Date 11-6-02

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.
X Signed Cesar Gomez
X New Address SAME
Subscribed and sworn to before me this 6 day of November 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: Yolanda Middle: Castaneda Last: Soliven
Date of Birth Month: 4 Day: 28 Year: 54
Place of Birth (State or foreign country): Phil.
Residence Address Street or R.R.: 2331 Amberleigh Dr. City: Plainfield County: Hendricks State: IN 46168
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 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 Gregorio Castaneda
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Phil.
   (b) Full maiden name of applicant's mother Aurea Adlis
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Phil.

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
X Signature of Applicant Yolanda C. Soliven Date 11-6-02

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.
X Signed Yolanda C. Soliven
X New Address 2331 AMBERLEIGH DR
Subscribed and sworn to before me this 6 day of November 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 Nov. 6, 2002, authorizing the marriage of Cesar Antelmo Cosme Gomez and Yolanda Castaneda Soliven.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on November 6, 2002 (date), at Danville in Hendricks County, Indiana, Cesar Antelmo Cosme Gomez of Hendricks County, Indiana (state), and Yolanda Castaneda Soliven of Hendricks County, Indiana (state) were 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, 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 November 13, 2002 (date).

Sharon Dugan
Signed ____ 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 606
Page 718
11-4-02
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 10-7-02
Name of Physician Robin Eldib

MALE APPLICANT

Name: First Wesley Middle Bryan Last Gerbig
Date of Birth: Month July Day 9 Year 1979
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 3504 Tremont City Bloomington County Monroe State IN
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date N/A
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) 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 David Paul Gerbig
   (If adopted, list adoptive parents only)
   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 Deane 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 [signature] Date Nov 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 [signature]
New Address 16 Fairlane Dr. Brownsburg, IN 46112
Subscribed and sworn to before me this 4th day of November 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 Ann Last Litsey
Date of Birth: Month December Day 31 Year 1979
Place of Birth (State or foreign country) Missouri
Residence Address: Street or R.R. 16 Fairlane Dr. City Brownsburg County Hend. State IN
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date N/A
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. n/a
6. (a) Full name of applicant's father Douglas Allen Litsey
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Idaho
   (b) Full maiden name of applicant's mother Judith Ann Urwiller
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Nebraska

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [signature] Date 11-4-02

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 [signature]
New Address 16 Fairlane Dr. Brownsburg, IN 46112
Subscribed and sworn to before me this 4th day of November 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 Nov. 4, 2002, authorizing the marriage of Wesley Bryan Gerbig and Jennifer Ann Litsey.
I further certify that the following marriage certificate was filed in my office: I, Douglas A. Litsey (name), certify that on December 14, 2002 (date), at Avon in Hendricks County, Indiana, Wesley Bryan Gerbig of Monroe County, Indiana (state), and Jennifer Ann Litsey of Hendricks County, Indiana (state) were 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, 4, 2002. Signed by: Douglas A. Litsey, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on December 26, 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 66
Page 719
11-8-02
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 9-12-02
Name of Physician Kennerly Clough

MALE APPLICANT

Name: First Peter Middle Robb Last York
Date of Birth: Month 11 Day 15 Year 61
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 151 N. Tennessee 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 Don Ralph York
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Anna Jean Robb
   (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 Katherine Middle Fern Last Ross
Date of Birth: Month 3 Day 18 Year 61
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 151 N. Tennessee 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 1984
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

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

ACKNOWLEDGEMENT

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

✗ Signature of Applicant Peter R. York Date 11-8-02

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 Peter R York
✗ New Address Same
Subscribed and sworn to before me this 8 day of November 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 Katherine F. Ross Date 11-8-02

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 Katherine F. Ross
✗ New Address Same
Subscribed and sworn to before me this 8 day of November, 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 Nov. 8, 2002, authorizing the marriage of Peter Robb York and Katherine Fern Ross.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on January 3, 2003 (date), at Danville in Hendricks County, Indiana, Peter Robb York of Hendricks County, Indiana (state), and Katherine Fern Ross of Hendricks County, Indiana (state) were 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, 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, 2003 (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 66
Page 720
11-8-02
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 11-7-02
Name of Physician Bousak MD

MALE APPLICANT

Name: First Brian Middle Todd Last Dowd
Date of Birth: Month 1 Day 31 Year 74
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 108 W. Main 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 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. Nicholas Dowd
6. (a) Full name of applicant's father Roger Dale Dowd
   (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 Carolyn Rose Fiddis
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 T. Dowd Date 11/8/02

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 Brian T. Dowd
✗ New Address P.O. BOX 263 PITTSBORO IN 46167
Subscribed and sworn to before me this 8 day of November, 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 Jacqueline Middle Kay Last Thompson
Date of Birth: Month 12 Day 11 Year 77
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 108 W. Main City Pittsboro County Hend State In 46167
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date _____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. _____
6. (a) Full name of applicant's father Jay Emory 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 Katherine Belinda Owens
   (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 Jacqueline K Thompson Date 11/8/02

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 Jacqueline K Thompson
✗ New Address P.O. Box 263 Pittsboro, IN 46167
Subscribed and sworn to before me this 8 day of November, 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 Nov. 8, 2002, authorizing the marriage of Brian Todd Dowd and Jacqueline Kay Thompson.
I further certify that the following marriage certificate was filed in my office: I, Roger D. Dowd (name), certify that on November 11, 2002 (date), at Indianapolis in Marion County, Indiana, Brian Todd Dowd of Marion County, Indiana (state), and Jacqueline Kay 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 Nov. 8, 2002. Signed by: Roger D. Dowd, Reverend (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on November 21, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

569

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 66
Page 721
11-8-02
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 8-16-99
Name of Physician John A. Lease MD

MALE APPLICANT

Name: First John Middle William Last Storm Jr.
Date of Birth: Month 8 Day 12 Year 81
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 13509 N. CR d 50 W. City Roachdale County Putnam State In 46172
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

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

FEMALE APPLICANT

Name: First Amanda Middle Lynn Last Berlier
Date of Birth: Month 10 Day 22 Year 79
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 143 D. Penn 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 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. Kaleigh Alisa Berlier
6. (a) Full name of applicant's father Wayne A. Rigdon
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Vickie L. Lesberg
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that 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 Storm Jr Date 11/8/02

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 John Storm Jr
X New Address 143 D Penn Drive Avon Indiana 46123
Subscribed and sworn to before me this 8 day of November, 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 Amanda L Berlier Date 11-8-02

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 Amanda L Berlier
X New Address same
Subscribed and sworn to before me this 8 day of November, 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 Nov. 8, 2002, authorizing the marriage of John William Storm, Jr. and Amanda Lynn Berlier.
I further certify that the following marriage certificate was filed in my office: I, John M. Nolan (name), certify that on November 16, 2002 (date), at Roachdale in Putnam County, Indiana, John William Storm, Jr. of Putnam County, Indiana (state), and Amanda Lynn Berlier of Hendricks County, Indiana (state) were 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, 2002. Signed by: John M. Nolan, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on December 2, 2002 (date).

Sharon Dugan
Signed ____ 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 66
Page 722
11-8-02
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 11-6-02
Name of Physician Linda Lahmidi MD

MALE APPLICANT	FEMALE APPLICANT
Name First: Bobby Middle: Lee Last: King	Name First: Sherry Middle: Marie Last: Ping
Date of Birth Month: 10 Day: 4 Year: 75	Date of Birth Month: 5 Day: 1 Year: 67
Place of Birth (State or foreign country): Indiana	Place of Birth (State or foreign country): Indiana
Residence Address Street or R.R.: 88 Avon Parkway City: Avon County: Hend State: In 46123	Residence Address Street or R.R.: 88 Avon Parkway 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: 1995	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. Tia Marie King, Skyler Marcus King	5. List the full names of any dependent children. Kira Nicole Everman, Kayla Marie Everman, Tia Marie King
6. (a) Full name of applicant's father Bobby King Sr.	6. (a) Full name of applicant's father Clinton Ping
(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) Tennessee	Birthplace of father (State or foreign country) Kentucky
(b) Full maiden name of applicant's mother Victoria M Sweat	(b) Full maiden name of applicant's mother Carolyn Sue Edwards
(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 Bobby King Date 11/8/02

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 Bobby King
X New Address Same

Subscribed and sworn to before me this 8 day of November 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 Sherry Ping Date 11/8/02

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 Sherry Ping
X New Address Same

Subscribed and sworn to before me this 8 day of November 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 Nov. 8, 2002, authorizing the marriage of Bobby Lee King and Sherry Marie Ping.

I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on November 8, 2002 (date), at Danville in Hendricks County, Indiana, Bobby Lee King of Hendricks County, Indiana (state), and Sherry Marie Ping of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Nov. 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 November 13, 2002 (date).

Sharon Dugan
Signed _____ 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 66
Page 723
11-8-02
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 8-23-02
Name of Physician Dr. Hoyt

MALE APPLICANT

Name: First Dongweon Middle Last Song
Date of Birth: Month 1 Day 20 Year 1969
Place of Birth (State or foreign country) South Korea
Residence Address: Street or R.R. 260 Campus Dr. A3 City Snyder County Erie State NY 14226
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Chun Kevn Song
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Korea
   Birthplace of father (State or foreign country) South Korea
   (b) Full maiden name of applicant's mother Jung Sook Lee
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Korea
   Birthplace of mother (State or foreign country) South 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 Dongweon Song Date 11/08/02

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

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Dongweon Song
New Address Same as BRIDE
Subscribed and sworn to before me this 8 day of November 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 Peiyi Middle Last Fan
Date of Birth: Month 10 Day 8 Year 1965
Place of Birth (State or foreign country) P.R. China
Residence Address: Street or R.R. 10355 Carrington Way City Indpls. County Hend. State IN 46234
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Drivers License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Peiyi Fan Date Nov. 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 Peiyi Fan
New Address Same as above
Subscribed and sworn to before me this 8 day of November 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 Nov. 8, 2002, authorizing the marriage of Dongweon Song and Peiyi Fan.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on November 8, 2002 (date), at Danville in Hendricks County, Indiana, Dongweon Song of Erie County, New York (state), and Peiyi Fan of Hendricks County, Indiana (state) were 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, 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 November 13, 2002 (date).

Sharon Dugan
Signed _____ 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 66
Page 724
11-8-02
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 11-8-02
Name of Physician David Hadley MD

MALE APPLICANT

Name: First Brent Middle Dale Last Buis
Date of Birth: Month 3 Day 23 Year 66
Place of Birth (State or foreign country) Hendricks
Residence Address: Street or R.R. 3413 Smith Rd City Plainfield County Hend State In 46168
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Donald Buis, Noah James Buis
6. (a) Full name of applicant's father Donald Dale Buis
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Mary Elizabeth Willis
   (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 Kelly Middle Lorraine Last Emberson
Date of Birth: Month 11 Day 7 Year 65
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 3413 Smith Rd 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 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. Emily Nicole Emberson
6. (a) Full name of applicant's father William Kelly Downton
   (If adopted, list adoptive parents only) ____
   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 Doris 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).

X Signature of Applicant Brent D. Buis Date 11-8-2

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 Brent D. Buis
X New Address 3413 Smith Rd Plainfield
Subscribed and sworn to before me this 8 day of November, 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 Kelly R Emb Date 11-8-02

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 Kelly R Emb
X New Address 3413 Smith Rd
Subscribed and sworn to before me this 8 day of November, 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 Nov. 8, 2002, authorizing the marriage of Brent Dale Buis and Kelly Lorraine Emberson.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on November 8, 2002 (date), at Danville in Hendricks County, Indiana, Brent Dale Buis of Hendricks County, Indiana (state), and Kelly Lorraine Emberson of Hendricks County, Indiana (state) were 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, 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 November 13, 2002 (date).

Signed Sharon Dugan 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 66
Page 725
11-8-02
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 11-7-02
Name of Physician Dr Marshall Kletzer

MALE APPLICANT

Name: First Kenneth Middle Lee Last Duggins Jr.
Date of Birth: Month 6 Day 11 Year 81
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1107 Pinewood Dr. City Plainfield County Hend State IN 46168
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Indiana ID Card

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Devin Lee Duggins
6. (a) Full name of applicant's father Kenneth Lee Duggins 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 Catherine Sue Bower
   (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 Kenn Duggs Date 11-8-02

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 Kenn Duggs
X New Address Same
Subscribed and sworn to before me this 8 day of November 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 Cassandra Middle Michelle Last Commuso
Date of Birth: Month 8 Day 4 Year 80
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1107 Pinewood Dr. City Plainfield County Hend State IN 46168
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Indiana ID Card

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Devin Lee Duggins, William Alan Pete, Felicia Jo White
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 Janet E. Commuso
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

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

X Signature of Applicant Cassandra Commuso Date 11-8-02

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 Cassandra Commuso
X New Address Same
Subscribed and sworn to before me this 8 day of November 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 Nov. 8, 2002, authorizing the marriage of Kenneth Lee Duggins, Jr. and Cassandra Michelle Commuso. I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on November 8, 2002 (date), at Danville in Hendricks County, Indiana, Kenneth Lee Duggins Jr. of Hendricks County, Indiana (state), and Cassandra Michelle Commuso, of Hendricks County, Indiana (state) were 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, 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 November 13, 2002 (date).

Sharon Dugan
Signed _____ 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 66
Page 726
11-13-02
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 11-13-02
Name of Physician David Hadley

MALE APPLICANT

Name: First Devin Middle J Last Tudor
Date of Birth: Month 7 Day 9 Year 71
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 8752 Jaggart Dr. City Camby County Hendricks State In 46113
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Joe Tudor
   (If adopted, list adoptive parents only) ____
   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 Diana Simmons
   (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 Devin Tudor Date 11-13-02

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 Devin Tudor
✗ New Address same
Subscribed and sworn to before me this 13 day of November 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 Susan Middle Elizabeth Last Brinson
Date of Birth: Month 2 Day 12 Year 77
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 8752 Jaggart Dr. City Camby County Hendricks State In 46113
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 Danny Ray Brinson
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Carolyn Sue 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 Susan Brinson Date 11-13-02

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 Susan Brinson
✗ New Address same
Subscribed and sworn to before me this 13 day of November 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 Nov. 13, 2002, authorizing the marriage of Devin J Tudor and Susan Elizabeth Brinson.
I further certify that the following marriage certificate was filed in my office: I, Rev. Jeffrey A. Newton (name), certify that on November 23, 2002 (date), at Mooresville in Morgan County, Indiana, Devin J Tudor of Hendricks County, Indiana (state), and Susan Elizabeth Brinson of Hendricks County, Indiana (state) were 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, 2002. Signed by: Rev. Jeffrey A. Newton, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on December 5, 2002 (date).

Sharon Dugan
Signed ____ 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 66
Page 727
11-8-02
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 ~~lost~~ Tyron Middle V Last ~~first~~ Victor

Date of Birth Month 2 Day 6 Year 1921

Place of Birth (State or foreign country) IN

Residence Address 6807 Sunrise Dr Street or R.R. Plainfield City Hendricks County State IN 46168

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

Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐ Date 6-1996

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. —

6. (a) Full name of applicant's father Dave Tryon
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) deceased
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Alpha Hines
   (If adopted, list adoptive parents only) _____
   Residence of mother (if deceased, so state) deceased
   Birthplace of mother (State or foreign country) IN

FEMALE APPLICANT

Name First Linda Middle L Last Douglas

Date of Birth Month 4 Day 16 Year 1944

Place of Birth (State or foreign country) IN

Residence Address 3994 N Wilson Rd Street or R.R. Cloverdale City Morgan County State IN 46120

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

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 4-1998

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 Sheldon Meier
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) deceased
   Birthplace of father (State or foreign country) VA
   (b) Full maiden name of applicant's mother Jennie Yates
   (If adopted, list adoptive parents only) _____
   Residence of mother (if deceased, so state) deceased
   Birthplace of mother (State or foreign country) VA

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Victor V. Tryon Date _____

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Victor V. Tryon
New Address X 6807 Sunrise Drive - Plainfield In
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 L. Douglas Date 11-8-02

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 Linda L. Douglas
New Address 6807 Sunrise Dr. 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

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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, 2002, authorizing the marriage of Victor V. Tryon and Linda Lou Douglas.
I further certify that the following marriage certificate was filed in my office: I, Rev. Floyd E. Ooley (name), certify that on December 14, 2002 (date), at Cloverdale in Morgan County, Indiana, Victor V. Tryon of Hendricks County, Indiana (state), and Linda Lou Douglas 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 Nov. 8, 2002. Signed by: Rev. Floyd E. Ooley, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on December 26, 2002 (date).

Sharon Dugan
Signed _____ 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 66
Page 728
11-14-02
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 8-19-02
Name of Physician Susan Murphy MD

MALE APPLICANT

Name: First Jeffrey Middle Michael Last Donihue
Date of Birth: Month 2 Day 10 Year 76
Place of Birth (State or foreign country) Michigan
Residence Address: Street or R.R. 614 Lakeside Dr. Apt D City Plainfield County Hendricks State Ind 46168
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

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

ACKNOWLEDGEMENT

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

X Signature of Applicant Jeffrey Michael Donihue Date 11-14-02

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 Jeffrey Michael Donihue
X New Address Same
Subscribed and sworn to before me this 14 day of November 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 Ann Last Wilkerson
Date of Birth: Month 5 Day 17 Year 79
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 833 Trail Ridge Court City Mooresville County Morgan State Ind 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) Driver's License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that 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 Wilkerson Date 11-14-02

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 Jennifer A. Wilkerson
X New Address 614 Lakeside Dr. Apt D. Plainfield, IN 46168
Subscribed and sworn to before me this 14 day of November 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 Nov. 14, 2002, authorizing the marriage of Jeffrey Michael Donihue and Jennifer Ann Wilkerson.
I further certify that the following marriage certificate was filed in my office: I, Paul E. Donihue (name), certify that on November 16, 2002 (date), at Noblesville in Hamilton County, Indiana, Jeffrey Michael Donihue of Hendricks County, Indiana (state), and Jennifer Ann Wilkerson 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 Nov. 14, 2002. Signed by: Paul E. Donihue, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on November 21, 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 66
Page 729
11-14-02
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 10-30-02
Name of Physician M. Pizzato

MALE APPLICANT

Name: First Daniel Middle Wayne Last Dashiell
Date of Birth: Month 9 Day 30 Year 76
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1165 Edwood Dr. Unit D City Grand Forks AFB County ~~Grand Forks~~ State ND
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify)
Seneca Conventions ID Card

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. ____
6. (a) Full name of applicant's father William Allen 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 Donna Kipnis Chase
   (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 Melissa Middle Renee Last Stech
Date of Birth: Month 4 Day 1 Year 66
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 11 Timber Lane City Greensburg County Decatur State IN 46112
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1998
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify)
Drivers License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that 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 14 Nov 02

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 14 day of November, 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 Melissa R Stech Date 11/14/02

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 Melissa R Stech
X New Address Same as groom
Subscribed and sworn to before me this 14 day of November, 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 Nov. 14, 2002, authorizing the marriage of Daniel Wayne Dashiell and Melissa Renee Stech.
I further certify that the following marriage certificate was filed in my office: I, Janice Lee Wiersma Halverson (name), certify that on November 16, 2002 (date), at Greenwood in Johnson County, Indiana, Daniel Wayne Dashiell of Grand Forks County, North Dakota (state), and Melissa Renee Stech of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Nov. 14, 2002. Signed by: Janice Lee Wiersma Halverson Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on November 18, 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 66
Page 730
11-15-02
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 Thomas Middle Peter Last Dennie

Date of Birth: Month 4 Day 11 Year 47

Place of Birth (State or foreign country) New York

Residence Address: Street or R.R. 7684 Monterey 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 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 Harold Charles Dennie
   (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 Marguerite Dowd
   (If adopted, list adoptive parents only) _____
   Residence of mother (if deceased, so state) Deceased
   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 11/15/02

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 [signature]

Subscribed and sworn to before me this 15 day of November, 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 Jean Last Marshall

Date of Birth: Month 6 Day 26 Year 46

Place of Birth (State or foreign country) Pa

Residence Address: Street or R.R. 7684 Monterey 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 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 Alton L. Clair
   (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 Emma Margaret Francis Dowd
   (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).

X Signature of Applicant [signature] Date 11/15/02

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 November, 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 Nov. 15, 2002, authorizing the marriage of Thomas Peter Dennie and Donna Jean Marshall.
I further certify that the following marriage certificate was filed in my office: I, Don Burch (name), certify that on December 7, 2002 (date), at Brownsburg in Hendricks County, Indiana, Thomas Peter Dennie of Hendricks County, Indiana (state), and Donna Jean 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 Nov. 15, 2002. Signed by: Don Burch, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on December 10, 2002 (date).

Sharon Dugan

Signed _____ 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 66
Page 731
11-15-02
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 11-13-02
Name of Physician William Link

MALE APPLICANT

Name: First David Middle Mikael Last Ballou

Date of Birth: Month 2 Day 22 Year 78

Place of Birth (State or foreign country): Indiana

Residence Address: Street or R.R. 123 Avon Village Dr. 16 City Avon County Hend. State In 46123

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

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

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

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

6. (a) Full name of applicant's father David Ballou
   (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 Linny Lynn Warren
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that 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 Ballou Date 11/15/02

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 David Ballou
X New Address 10483 Daystar Dr. Indpls, IN 46234
Subscribed and sworn to before me this 15 day of November, 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 Leah Middle Lynn Last Horn

Date of Birth: Month 11 Day 10 Year 78

Place of Birth (State or foreign country): Indiana

Residence Address: Street or R.R. 10483 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 male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Normand Lee 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 Shelvy Jon Parsons
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

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

X Signature of Applicant Leah L. Horn Date 11/15/02

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 Leah L. Horn
X New Address same
Subscribed and sworn to before me this 15 day of November, 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 Nov. 15, 2002, authorizing the marriage of David Michael Ballou and Leah Lynn Horn.
I further certify that the following marriage certificate was filed in my office: I, Rev. Lawrence W. Mitchell (name), certify that on November 30, 2002 (date), at Bloomington in Monroe County, Indiana, David Michael Ballou of Hendricks County, Indiana (state), and Leah Lynn 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 Nov. 15, 2002. Signed by: Rev. Lawrence W. Mitchell, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on December 17, 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 66
Page 732
11-15-02
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 Steve Middle Alan Last Smith
Date of Birth: Month 2 Day 14 Year 54
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1804 E Epler Ave City Indpls County Marion State IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1997
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's Licnse

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Smith
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Christine Dillon
   (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 Steve A. Smith Date 11-15-02

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 Steve A. Smith
New Address _____
Subscribed and sworn to before me this _____ day of _____
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Debra Middle Lynne Last Williams
Date of Birth: Month 6 Day 30 Year 52
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 4733 Crabtree Ln City Glenfield County Hendricks State IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 2-2-2000
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Driver's Licensc

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Debra L. Williams Date 11-15-02

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 Debra L. Williams
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 Nov. 15, 2002, authorizing the marriage of Steve Alan Smith and Debra Lynne Williams.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on November 15, 2002 (date), at Danville in Hendricks County, Indiana, Steve Alan Smith of Marion County, Indiana (state), and Debra Lynne Williams of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Nov. 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 November 21, 2002 (date).
Sharon Dugan

Signed _____ Clerk
Hendricks Circuit Court

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

581

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 66
Page 733
11-18-02
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 9-5-02
Name of Physician Lynn Demenderfer MD

MALE APPLICANT

Name: First Michael Middle Thomas Last Rickelman
Date of Birth: Month 9 Day 2 Year 60
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 2961 Clover Dr. City Plainfield County Hend. State In 46168
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 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 Albert Rickelman
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Judith Ann Andrews
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Thomas Rickelman Date 11-18-02

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 Michael Rickelman
New Address Same
Subscribed and sworn to before me this 18 day of November 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 Wendy Middle Renee Last Garmon
Date of Birth: Month 1 Day 22 Year 72
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 2961 Clover Drive 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 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. Jeffrey Kyle Garmon, Tiffani Renee Garmon, Rebecca Danielle Garmon, Jody Jacob Garmon
6. (a) Full name of applicant's father Michael Boyd Pritchett
   (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 Delilah Ann Martin
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Wendy Garmon Date 11/18/02

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 Wendy Garmon
New Address Same
Subscribed and sworn to before me this 18 day of November 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 Nov. 18, 2002, authorizing the marriage of Michael Thomas Rickelman and Wendy Renee Garmon.
I further certify that the following marriage certificate was filed in my office: I, Rev. C J Gibson (name), certify that on January 10, 2003 (date), at Plainfield in Hendricks County, Indiana, Michael Thomas Rickelman of Hendricks County, Indiana (state), and Wendy Renee Garmon of Hendricks County, Indiana (state) were 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. 18, 2002. Signed by: Rev. C. J. Gibson, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on January 17, 2003 (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 66
Page 734
11-18-02
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 11-8-02
Name of Physician David Bair

MALE APPLICANT	FEMALE APPLICANT
Name: First James, Middle William, Last Morgan	Name: First Sally, Middle Lynn, Last Chesney
Date of Birth: Month 2, Day 6, Year 44	Date of Birth: Month 2, Day 13, Year 52
Place of Birth (State or foreign country): Indiana	Place of Birth (State or foreign country): Indiana
Residence Address: 3751 Flattop Lane, Street or R.R.; Danville, City; Hendricks, County; In, State; 46122	Residence Address: 3751 Flattop Lane, Street or R.R.; Danville, City; Hendricks, County; In, State; 46122
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 4	Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 2002	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. Miranda Morgan	5. List the full names of any dependent children.
6. (a) Full name of applicant's father John Perpoint Morgan	6. (a) Full name of applicant's father Charles Glendale Cummins
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Deceased	Residence of father (if deceased, so state) Deceased
Birthplace of father (State or foreign country) Indiana	Birthplace of father (State or foreign country) Kentucky
(b) Full maiden name of applicant's mother Mary Shaw	(b) Full maiden name of applicant's mother Mary Frances Smith
(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) 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).

X Signature of Applicant James W. Morgan Date 11-18-02

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 James W. Morgan
X New Address Same

Subscribed and sworn to before me this 18 day of November, 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 Sally L. Chesney Date 11-18-02

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 Sally L. Chesney
X New Address 5 Same

Subscribed and sworn to before me this 18 day of November, 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 Nov. 18, 2002, authorizing the marriage of James William Morgan and Sally Lynn Chesney.

I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on November 18, 2002 (date), at Danville in Hendricks County, Indiana, James William Morgan of Hendricks County, Indiana (state), and Sally Lynn Chesney of Hendricks County, Indiana (state) were 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. 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 November 21, 2002 (date).

Sharon Dugan

Signed _____ 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 66
Page 735
11-18-02
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 11-8-02
Name of Physician Dr. Kenneay

MALE APPLICANT

Name: First Joshua Middle P. Last Brewer
Date of Birth: Month 4 Day 4 Year 1976
Place of Birth (State or foreign country) Kentucky
Residence Address: Street or R.R. 1 Somerset Cir. 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 John William Brewer
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Leanna Simpson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name: First Virginia Middle L. Last Marolf
Date of Birth: Month 2 Day 11 Year 1977
Place of Birth (State or foreign country) Iowa
Residence Address: Street or R.R. 1 Somerset Cir. 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 Jeffrey Allen Marolf
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Germany
   Birthplace of father (State or foreign country) Iowa
   (b) Full maiden name of applicant's mother Ann Leslie Ritenour
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Illinois
   Birthplace of mother (State or foreign country) Iowa

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [signature] Date 11-18-02

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 [signature]
New Address Same as above
Subscribed and sworn to before me this 18 day of November 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 [signature] Date 11/18/02

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 [signature]
New Address Same as above
Subscribed and sworn to before me this 18 day of November 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 Nov. 18, 2002, authorizing the marriage of Joshua Paul Brewer and Virginia Lea Marolf.
I further certify that the following marriage certificate was filed in my office: I, Michelle L. Knight (name), certify that on December 14, 2002 (date), at Brownsburg in Hendricks County, Indiana, Joshua Paul Brewer of Hendricks County, Indiana (state), and Virginia Lea Marolf of Hendricks County, Indiana (state) were 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. 18, 2002. Signed by: Michelle L. Knight, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on December 26, 2002 (date).

Signed Sharon Dugan 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 66
Page 736
11-20-02
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 11-20-02
Name of Physician David Hadley MD

MALE APPLICANT

Name: First Patrick Middle Henry Last McGrath
Date of Birth: Month 9 Day 1 Year 49
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 201 Deer Isaac Court City Pittsboro County Hend State IN 46167
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 5
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. Jan Patrick McGrath, Patrick H. L. S. McGrath, Madison Smiley G. McGrath
6. (a) Full name of applicant's father Thomas McGrath
   (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 Bessie Pauline Smiley
   (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 Patrick Hmcgrath Date 11-20-02

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.

X Signed Patrick Hmcgrath
X New Address same

Subscribed and sworn to before me this 20 day of November 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 Amiee Middle Lynn Last Chestnut
Date of Birth: Month 3 Day 26 Year 73
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 201 Deer Isaac Court 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 1999
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. Samantha Marie McCrory, Joshua Russell Chestnut
6. (a) Full name of applicant's father Larry Benner
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Michigan
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Nancy Beamer
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

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

X Signature of Applicant Amiee Chestnut Date 11/20/02

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.

X Signed Amiee Chestnut
X New Address same

Subscribed and sworn to before me this 20 day of November, 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 Nov. 20, 2002, authorizing the marriage of Patrick Henry McGrath and Amiee Lynn Chestnut.
I further certify that the following marriage certificate was filed in my office: I, Rev. Buddy Baird (name), certify that on November 27, 2002 (date), at Broad Ripple in Marion County, Indiana, Patrick Henry McGrath of Hendricks County, Indiana (state), and Amiee Lynn Chestnut of Hendricks County, Indiana (state) were 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, 2002. Signed by: Rev. Buddy Baird, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on December 5, 2002 (date).

Sharon Dugan
Signed _____ 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 66
Page 737
11-21-02
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 _____
Name of Physician _____

MALE APPLICANT

Name: First Gil Middle Michael Last Squiller
Date of Birth: Month 10 Day 28 Year 47
Place of Birth (State or foreign country): Illinois
Residence Address: Street or R.R. 782 Westover Road 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 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. _____
6. (a) Full name of applicant's father Ralph Squiller
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Illinois
   (b) Full maiden name of applicant's mother Mary Bianucci
   (If adopted, list adoptive parents only) _____
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Illinois

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
X Signature of Applicant Gil Squiller Date 11-21-02

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.
X Signed Gil Squiller
X New Address Same
Subscribed and sworn to before me this 21 day of November, 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 Susan Middle Mae Last Squiller
Date of Birth: Month 1 Day 31 Year 49
Place of Birth (State or foreign country): Illinois
Residence Address: Street or R.R. 782 Westover Road 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 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. _____
6. (a) Full name of applicant's father Frank Bohling
   (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 Doris Gordon
   (If adopted, list adoptive parents only) _____
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Illinois

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
X Signature of Applicant Susan Squiller Date 11-21-02

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.
X Signed Susan Squiller
X New Address same
Subscribed and sworn to before me this 21 day of November, 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 Nov. 21, 2002, authorizing the marriage of Gil Michael Squiller and Susan Mae Squiller.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on November 21, 2002 (date), at Danville in Hendricks County, Indiana, Gil Michael Squiller of Hendricks County, Indiana (state), and Susan Mae Squiller of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Nov. 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 December 5, 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 66
Page 738
11-20-02
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 11-4-02
Name of Physician Dr. Knapp

MALE APPLICANT

Name First: Travis Middle: M Last: King
Date of Birth Month: 3 Day: 5 Year: 1975
Place of Birth (State or foreign country): IN
Residence Address: 574 Jubilee Ln Street or R.R. Plainfield City Hend Dr County State
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 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. —
6. (a) Full name of applicant's father Jeff King
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Pamela Switzer
   (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: Caira Middle: A Last: Allen
Date of Birth Month: 9 Day: 12 Year: 1980
Place of Birth (State or foreign country): IN
Residence Address: 342 Meadow Dr Apt 2 Street or R.R. Danville City Hendricks Dr 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. —
6. (a) Full name of applicant's father Carey Allen
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Coral Gustafeson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Travis King Date 11-20-02

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 X Travis King
New Address 342 MEADOW DR. #2 DANVILLE, IN. 46122
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 Caira A. Allen Date 11-20-02

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 X Caira A. Allen
New Address X 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 Nov. 20, 2002, authorizing the marriage of Travis Michael King and Caira Ann Allen.
I further certify that the following marriage certificate was filed in my office: I, James R. Anderson (name), certify that on November 23, 2002 (date), at Greencastle in Putnam County, Indiana, Travis Michael King of Hendricks County, Indiana (state), and Caira Ann 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 Nov. 20, 2002. Signed by: James R. Anderson, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on December 5, 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 66
Page 739
11-21-02
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 11-18-02
Name of Physician David Lain

MALE APPLICANT

Name: First Mark Middle Ivan Last Wortley

Date of Birth: Month 7 Day 30 Year 88

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 9567 S. 1000 W. City Akron County Kosciusko State IN 46910

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

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

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

Driver's License

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

ACKNOWLEDGEMENT

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

X Signature of Applicant Mark I Wortley Date 11-21-02

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.

X Signed Mark I Wortley
X New Address 10614 REEL CREEK LN BROWNSBURG IN 46112

Subscribed and sworn to before me this 21 day of November 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 Stacie Middle Gail Last McClintic

Date of Birth: Month 8 Day 17 Year 78

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 10614 Reel Creek Ln 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 Jeffery Jay McClintic
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Tonya Gail Barth
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

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

X Signature of Applicant Stacie G. McClintic Date 11-21-02

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.

X Signed Stacie G. McClintic
X New Address same

Subscribed and sworn to before me this 21 day of November, 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 Nov. 21, 2002, authorizing the marriage of Mark Ivan Wortley and Stacie Gail McClintic.
I further certify that the following marriage certificate was filed in my office/I, We, Howard R. Brammer & Don Keehner (name), certify that on December 14, 2002 (date), at Indianapolis in Marion County, Indiana, Mark Ivan Wortley of Kosciusko County, Indiana (state), and Stacie Gail McClintic of Hendricks County, Indiana (state) were 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, 2002. Signed by: Howard R Brammer & Don Keehner Ministers (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on December 26, 2002 (date).

Sharon Dugan
Signed ____ 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 66
Page 740
11-22-02
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 11-19-02
Name of Physician Plainfield Medical Center

MALE APPLICANT

Name: First Michael Middle Edward Last Ellis
Date of Birth: Month 12 Day 20 Year 71
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 665 Sugarmaple Lane City Mooresville County Morgan State IN 46158
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. Mikael Edward Ellis, Bryant Edward Ellis
6. (a) Full name of applicant's father Harry E. Ellis
   (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 Kay Skillern
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 E Ellis Date 11-22-02

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 E Ellis
✗ New Address 2405 Meadowlark Way
Subscribed and sworn to before me this 22 day of November 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 Ranelle Last Huddleston
Date of Birth: Month 12 Day 9 Year 72
Place of Birth (State or foreign country) Germany
Residence Address: Street or R.R. 2405 Meadowlark Way 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 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. Brittney Gayle Ferrell, Amber Nicole Huddleston, Tiffany Ranelle Huddleston
6. (a) Full name of applicant's father Jack Ferrell
   (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 Gayle Hartwell
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

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

✗ Signature of Applicant Dawn R Huddleston Date 11-22-02

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 Dawn Huddleston
✗ New Address 2405 MEADOWLARK WAY
Subscribed and sworn to before me this 22 day of November 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 Nov. 22, 2002, authorizing the marriage of Michael Edward Ellis and Dawn Ranelle Huddleston.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on November 22, 2002 (date), at Danville in Hendricks County, Indiana, Michael Edward Ellis of Morgan County, Indiana (state), and Dawn Ranelle Huddleston of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Nov. 22, 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 December 5, 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 66
Page 741
11-25-02
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 11-25-02
Name of Physician Robert Kartley, MD

MALE APPLICANT

Name: First David Middle Warren Last Burns
Date of Birth: Month 3 Day 14 Year 73
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 34 Robinwood Dr. 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) Utah Driver's License

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

ACKNOWLEDGEMENT

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

X Signature of Applicant D. W. B. Date 11/25/02

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 D. W. B.
X New Address SAME AS BRIDE

Subscribed and sworn to before me this 25 day of November, 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 Rebecca Middle Tobena Last Leon
Date of Birth: Month 5 Day 6 Year 72
Place of Birth (State or foreign country) North Carolina
Residence Address: Street or R.R. 1818 Park North Way City Indpls County Marion St. IN 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) Utah Driver's License

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

ACKNOWLEDGEMENT

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

X Signature of Applicant Rebecca Leon Date 11/25/02

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 Rebecca Leon
X New Address same

Subscribed and sworn to before me this 25 day of November, 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

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 66
Page 742
11-25-02
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 11-14-02
Name of Physician Thomas Dassoli

MALE APPLICANT

Name: First William Middle Dale Last Schrier
Date of Birth: Month 2 Day 11 Year 71
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1245 Spring Ridge Circle 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. Maecie Paige Schrier
6. (a) Full name of applicant's father Larry Schrier
   (If adopted, list adoptive parents only) ____
   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 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 William D. Schr Date 11-25-02

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 William D. Schr
X New Address same
Subscribed and sworn to before me this 25 day of November, 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 Jean Last Davis
Date of Birth: Month 10 Day 8 Year 70
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1245 Spring Ridge Circle 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 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. Frederick Emerson Davis, Maecie Paige Schrier
6. (a) Full name of applicant's father David Lee Keith
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Gwenneth Mary Zackery
   (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 Kelly J Davis Date 11-25-02

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 Kelly J Davis
X New Address same
Subscribed and sworn to before me this 25 day of November, 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 Nov. 25, 2002, authorizing the marriage of William Dale Schrier and Kelly Jean Davis.
I further certify that the following marriage certificate was filed in my office: I, Larry T. Lovell (name), certify that on December 31, 2002 (date), at Brownsburg in Hendricks County, Indiana, William Dale Schrier of Hendricks County, Indiana (state), and Kelly Jean 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 Nov. 25, 2002. Signed by: Larry T. Lovell, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on January 9, 2003 (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 66
Page 743
11-25-02
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 11-15-02
Name of Physician Dr. M. Benson

MALE APPLICANT

Name: First Randy Middle Michael Last Wade
Date of Birth: Month 11 Day 21 Year 68
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1849 Aspen Drive City Avon County Hend. State IN 46123
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

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

ACKNOWLEDGEMENT

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

X Signature of Applicant Randy M. Wade Date 11/25/02

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 Randy M. Wade
X New Address same
Subscribed and sworn to before me this 25 day of November, 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 Janette Middle Maria Last Jans
Date of Birth: Month 12 Day 2 Year 71
Place of Birth (State or foreign country) Columbia South America
Residence Address: Street or R.R. 6331 Ballard 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 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.
6. (a) Full name of applicant's father Scott D. Jans
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Iowa
   Birthplace of father (State or foreign country) Iowa
   (b) Full maiden name of applicant's mother Nancy Lou Jacobsen
   (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).

X Signature of Applicant Janette M Jans Date 11/25/02

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 Janette M Jans
X New Address same
Subscribed and sworn to before me this 25 day of November, 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 Nov. 25, 2002, authorizing the marriage of Randy Michael Wade and Janette Maria Jans.
I further certify that the following marriage certificate was filed in my office: I, Rev. Scott D. Jans (name), certify that on November 30, 2002 (date), at Plainfield in Hendricks County, Indiana, Randy Michael Wade of Hendricks County, Indiana (state), and Janette Maria Jans of Marion County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Nov. 25, 2002. Signed by: Rev. Scott D. Jans, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on December 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 66
Page 744
11-27-02
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 11-13-02
Name of Physician Virginia A. Caine, MD

MALE APPLICANT

Name: First Michael Middle Duane Last Dennis
Date of Birth: Month 9 Day 15 Year 68
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 3860 Chestnut St. City N. Charleston County Clark State S.C.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Passport

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
X Signature of Applicant Michael D. Dennis Date 11-27-02

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.
X Signed Michael D. Dennis
X New Address same as bride
Subscribed and sworn to before me this 27 day of November, 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 Beth Middle Ann Last Lindsey
Date of Birth: Month 6 Day 8 Year 72
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 10718 Huntwick Dr. City Noblesville County Hamilton 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) Driver's License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
X Signature of Applicant Beth A. Lindsey Date 11/27/02

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.
X Signed Beth A. Lindsey
X New Address
Subscribed and sworn to before me this 27 day of November, 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 Nov. 27, 2002, authorizing the marriage of Michael Duane Dennis and Beth Ann Lindsey.
I further certify that the following marriage certificate was filed in my office: I, Garnald Dennis (name), certify that on November 30, 2002 (date), at Indianapolis in Hendricks County, Indiana, Michael Duane Dennis of Charleston County, South Carolina (state), and Beth Ann Lindsey of Hendricks County, Indiana (state) were 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, 2002. Signed by: Garnald Dennis, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on December 26, 2002 (date).

Sharon Dugan
Signed Clerk
Hendricks Circuit Court

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

593

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 66
Page 745
11-27-02
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 11-13-02
Name of Physician Rebecca Ward

MALE APPLICANT

Name: First Clay Middle Aaron Last Vogt
Date of Birth: Month 10 Day 7 Year 72
Place of Birth (State or foreign country) Missouri
Residence Address: Street or R.R. P.O. Box 75 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 1993
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Indiana ID Card

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

FEMALE APPLICANT

Name: First Kristy Middle Ann Last Hayden
Date of Birth: Month 11 Day 28 Year 77
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 8375 N. Putnam St. 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 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. Daniel Thomas Wheat
6. (a) Full name of applicant's father Larry Wayne Hayden
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Eugenia Jene Scotten
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
X Signature of Applicant Clay Vogt Date 11-27-02

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.
X Signed Clay Vogt
X New Address SAME as above
Subscribed and sworn to before me this 27 day of November, 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 Kristy A Hayden Date 11-27-02

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.
X Signed Kristy A Hayden
X New Address PO Box 75 Stilesville IN 46180
Subscribed and sworn to before me this 27 day of November 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 Nov. 27, 2002, authorizing the marriage of Clay Aaron Vogt and Kristy Ann Hayden.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on November 27, 2002 (date), at Danville in Hendricks County, Indiana, Clay Aaron Vogt of Hendricks County, Indiana (state), and Kristy Ann Hayden of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Nov. 27, 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 December 5, 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 66
Page 746
11-27-02
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 10-24-02
Name of Physician Dr. Clark

MALE APPLICANT

Name First Carlton Middle C Last Robinson Jr
Date of Birth Month 7 Day 15 Year 1965
Place of Birth (State or foreign country) Indiana
Residence Address Street or R.R. 9115 West 30th Street 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 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. Amber Robinson
6. (a) Full name of applicant's father Carlton C. Robinson Sr.
   (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 Betty Sue Templeton
   (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 Carlton Robinson Jr. Date 11/27/02

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 X Carlton Robinson Jr
New Address X SAME
Subscribed and sworn to before me this 27 day of November 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 Laurie Middle L Last Roush
Date of Birth Month 12 Day 01 Year 62
Place of Birth (State or foreign country) IN
Residence Address Street or R.R. 338 N E 00 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 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 Gerald Manton
   (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 Marlys Jean Miller
   (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 X Laurie Roush Date 11/27/02

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 X Laurie Roush
New Address X 9115 W 30th St. Indpls, IN 46234
Subscribed and sworn to before me this 27 day of November 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 Nov. 27, 2002, authorizing the marriage of Carlton Clyde Robinson, Jr. and Laurie Lee Roush.
I further certify that the following marriage certificate was filed in my office: I, Lena M. Bussman (name), certify that on December 21, 2002 (date), at Brownsburg in Hendricks County, Indiana, Carlton Clyde Robinson Jr. of Marion County, Indiana (state), and Laurie Lee Roush of Hendricks County, Indiana (state) were 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, 2002. Signed by: Lena M. Bussman, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on January 17, 2003 (date).

Signed Sharon Dugan 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 66
Page 747
12-2-02
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 11-18-02
Name of Physician Ronald Stepp M.D.

MALE APPLICANT

Name: First Trung Middle Si Last Chenh

Date of Birth: Month 9 Day 7 Year 79

Place of Birth (State or foreign country) Illinois

Residence Address: Street or R.R. 2243 US 52 W. Apt 2223 City West Lafayette County Tippecanoe State IN 47906

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

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

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

Driver's License

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

ACKNOWLEDGEMENT

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

✗ Signature of Applicant Trung Chenh Date 12/2/02

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.

✗ Signed Trung Chenh
✗ New Address SAME

Subscribed and sworn to before me this 2 day of December, 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 Elizabeth Last Witte

Date of Birth: Month 11 Day 13 Year 78

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 556 E. Rd 50 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)

Driver's License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Elizabeth Witte Date 12-2-02

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.

✗ Signed Erin Elizabeth Witte
✗ New Address 2243 US52 West Apt 2223 West Lafayette IN 47906

Subscribed and sworn to before me this 2 day of December 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 Dec. 2, 2002, authorizing the marriage of Trung Si Chenh and Erin Elizabeth Witte.

I further certify that the following marriage certificate was filed in my office: I, Steven L. Newman (name), certify that on December 21, 2002 (date), at Danville in Hendricks County, Indiana, Trung Si Chenh of Tippecanoe County, Indiana (state), and Erin Elizabeth Witte of Hendricks County, Indiana (state) were 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. 2, 2002. Signed by: Steven L. Newman, Minister (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on January 2, 2003 (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 66
Page 748
12-2-02
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 11-27-02
Name of Physician Dr. Bode

MALE APPLICANT

Name: First Bradford Middle Ray Last Smith
Date of Birth: Month 8 Day 6 Year 81
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 916 Kokomo Lane City Indianapolis 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 Norman Ray 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 Vicky Lynn Beineke
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
X Signature of Applicant Bradford R. Smith Date 12-2-02

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 Bradford R. Smith
X New Address 6825 Cliffview Dr. Apt A 46214
Subscribed and sworn to before me this 2 day of December, 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 Andrea Middle Marie Last Grider
Date of Birth: Month 2 Day 27 Year 82
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 7405 Spruce Ct. City Plainfield County Hend. State IN 46168
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
X Signature of Applicant Andrea Grider Date 12-2-02

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 Andrea Grider
X New Address 6825 Cliffview Dr. Apt A 46214
Subscribed and sworn to before me this 2 day of December, 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 Dec. 2, 2002, authorizing the marriage of Bradford Ray Smith and Andrea Marie Grider.
I further certify that the following marriage certificate was filed in my office: I, Kevin Davis (name), certify that on December 14, 2002 (date), at Indianapolis in Marion County, Indiana, Bradford Ray Smith of Marion County, Indiana (state), and Andrea Marie Grider of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Dec. 2, 2002. Signed by: Kevin Davis, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on January 2, 2003 (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 66
Page 749
12-4-02
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 5-10-02
Name of Physician Norman H. Liebschutz MD

MALE APPLICANT

Name: First Brian Middle John Last Lalor
Date of Birth: Month 4 Day 14 Year 76
Place of Birth (State or foreign country) New York
Residence Address: Street or R.R. 6505 E. Osborn Rd. Apt 152 City Scottsdale County Maricopa State Az 85251
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Arizona Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Martin Lalor
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) North Carolina
   Birthplace of father (State or foreign country) New York
   (b) Full maiden name of applicant's mother Suzzanne Elaine Shaver
   (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 Brian Lalor Date 12/4/02

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 Brian Lalor
X New Address Same
Subscribed and sworn to before me this 4 day of December, 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 Nicole Middle Elaine Last Alsop
Date of Birth: Month 1 Day 22 Year 73
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 6505 E. Osborn Rd Apt 152 City Scottsdale County Maricopa State Az. 85251
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) Arizona Driver's License

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

ACKNOWLEDGEMENT

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

X Signature of Applicant Nicole Alsop Date 12-4-02

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 Nicole Alsop
X New Address Same
Subscribed and sworn to before me this 4 day of December, 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 Dec. 4, 2002, authorizing the marriage of Brian John Lalor and Nicole Elaine Alsop.
I further certify that the following marriage certificate was filed in my office: I, Kevin Morris (name), certify that on December 7, 2002 (date), at Plainfield in Hendricks County, Indiana, Brian John Lalor of Maricopa County, Arizona (state), and Nicole Elaine Alsop of Maricopa County, Arizona (state) were 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, 2002. Signed by: Kevin Morris, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on December 10, 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 66
Page 750
Dec. 5, 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 _____
Name of Physician _____

MALE APPLICANT

Name First: Thomas Middle: Lee Last: Richards
Date of Birth Month: 5 Day: 18 Year: 50
Place of Birth (State or foreign country): Indiana
Residence Address Street or R.R.: 30 Ashwood Circle 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: 4/96
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. —
6. (a) Full name of applicant's father: Bobby Richards
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state): Deceased
   Birthplace of father (State or foreign country): Indiana
   (b) Full maiden name of applicant's mother: Ruth E Poole
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state): Indiana
   Birthplace of mother (State or foreign country): Indiana

ACKNOWLEDGEMENT

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

X Signature of Applicant _____ Date 12/5/02

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 _____
New Address 993 Harvest Ridge Dr Avon IN 46123

Subscribed and sworn to before me this 5 day of December 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: Candice Middle: Louise Last: Harts
Date of Birth Month: 10 Day: 24 Year: 46
Place of Birth (State or foreign country): California
Residence Address Street or R.R.: 1691 Gustavo St City: El Cajon County: CA State: 92019
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages: 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date: 9/91
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify): Driver's License

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

X Signature of Applicant Candice Harts Date 12/5/02

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 Candice Harts
New Address 993 Harvest Ridge Dr. Avon IN 46123

Subscribed and sworn to before me this 5 day of December 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 Dec. 5, 2002, authorizing the marriage of Thomas Lee Richards and Candice Louise Harts.
I further certify that the following marriage certificate was filed in my office: I, John P. Roof (name), certify that on December 21, 2002 (date), at Danville in Hendricks County, Indiana, Thomas Lee Richards of Hendricks County, Indiana (state), and Candice Louise Harts of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Dec. 5, 2002. Signed by: John P. Roof, Priest (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on January 17, 2003 (date).

Signed Sharon Dugan 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 66
Page 751
12-5-02
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 7-10-02
Name of Physician Steve Kennedy MD

MALE APPLICANT

Name: First Robert Middle Maurice Last Lisby
Date of Birth: Month 6 Day 15 Year 68
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 7095 S. Manor Dr. 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 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. Patrick Wethington
6. (a) Full name of applicant's father Maurice Otto Lisby
   (If adopted, list adoptive parents only)
   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 Jones
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state)
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

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

✗ Signature of Applicant Robert M Lisby Date 12-5-02

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 M Lisby
✗ New Address same
Subscribed and sworn to before me this 5 day of December 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 Sabrina Middle Dian Last Wethington
Date of Birth: Month 5 Day 18 Year 71
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 7095 S. Manor Dr. 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 male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Patrick Wethington
6. (a) Full name of applicant's father Aetus Wethington
   (If adopted, list adoptive parents only)
   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 Louise Blair
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

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

✗ Signature of Applicant Sabrina D. Wethington Date 12/5/02

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 Sabrina D. Wethington
✗ New Address same
Subscribed and sworn to before me this 5 day of December 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 Dec. 5, 2002, authorizing the marriage of Robert Maurice Lisby and Sabrina Dian Wethington.

I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on December 31, 2002 (date), at Danville in Hendricks County, Indiana, Robert Maurice Lisby of Hendricks County, Indiana (state), and Sabrina Dian Wethington of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Dec. 5, 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 2, 2003 (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 66
Page 752
12-6-02
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 11-29-02
Name of Physician Jana Edwards

MALE APPLICANT

Name: First Laurence Middle Allen Last Poe
Date of Birth: Month 6 Day 23 Year 56
Place of Birth (State or foreign country) Pa
Residence Address: Street or R.R. 441 Enderly 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 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. Joshua Brian Poe, Jennifer Roseurea Poe
6. (a) Full name of applicant's father Callie Earl Poe
   (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 Gloria Ruth Phillips
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Ohio
   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 Laurence A Poe Date 12-6-02

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.
X Signed Laurence A Poe
X New Address Same
Subscribed and sworn to before me this 6 day of December, 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 Heather Middle Marie Last Thomas
Date of Birth: Month 1 Day 14 Year 63
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 240 S. Second St City Zionsville County Boone State In 46077
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 David Reid 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 Norma Jean Lupe
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
X Signature of Applicant Heather M Thomas Date 12-6-02

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.
X Signed Heather M Thomas
X New Address 441 Enderly Ave Brownsburg In
Subscribed and sworn to before me this 6 day of December, 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 Dec. 6, 2002, authorizing the marriage of Laurence Allen Poe and Heather Marie Thomas.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on December 13, 2002 (date), at Danville in Hendricks County, Indiana, Laurence Allen Poe of Hendricks County, Indiana (state), and Heather Marie Thomas 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 Dec. 6, 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 December 17, 2002 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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