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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 67
Page 259
5-16-03
Date of Application

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

Female Applicant > 50 No ☑ Yes ☐
If No, Medical Examination or Report Dated 4-25-03
Name of Physician Larry Lovall

MALE APPLICANT

Name: First MATHEW Middle David Last GAYMAN
Date of Birth: Month 8 Day 14 Year 1975
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. 101 DOVER BLVD S. City BROWNSBURG County HENDRICKS State IN
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) DRIVERS LICENSE

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. 0
6. (a) Full name of applicant's father JOHN WAYNE GAYMAN
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state)
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother SUSAN KAY BOBAY
   (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 Mathew D. Gayman Date 05/16/03

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

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Mathew D. Gayman 05/16/03
New Address SAME
Subscribed and sworn to before me this 16 day of MAY 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First CASSONDRA Middle MAE Last CROUCH
Date of Birth: Month 3 Day 28 Year 1977
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. 101 DOVER BLVD S. 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. 0
6. (a) Full name of applicant's father Kenneth DALE CROUCH
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) LA
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother VICKIE MARLENE HAWKINS
   (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 Cassondra M Crouch Date 5/16/03

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

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Cassondra M Crouch 5-16-03
New Address SAME
Subscribed and sworn to before me this 16 day of MAY 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 16 2003, authorizing the marriage of Mathew David Gayman and Cassondra Mae Crouch.
I further certify that the following marriage certificate was filed in my office: I, William S. Conner (name), certify that on June 7, 2003 (date), at Nashville in Brown County, Indiana, Mathew David Gayman of Hendricks County, Indiana (state), and Cassondra Mae Crouch of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 16, 2003. Signed by: William S. Conner, Judge Pro Tempore (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on June 19, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 67
Page 260
5-19-03
Date of Application

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

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 5-12-03
Name of Physician Ludmilla Trammell

MALE APPLICANT

Name: First Christopher Middle B Last Clark
Date of Birth: Month 3 Day 24 Year 1968
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. 3918 E Hendricks Co. City Mooresville County Hend. State IN 46158
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 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. Meghan Clark
6. (a) Full name of applicant's father Robert L. Clark, Sr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) IN
   Birthplace of father (State or foreign country) W. V.
   (b) Full maiden name of applicant's mother Betty Cook
   (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 Judith Middle Carol Last Woods
Date of Birth: Month 10 Day 31 Year 72
Place of Birth (State or foreign country) Michigan
Residence Address: Street or R.R. 3918 E. Hendricks Co Rd City Mooresville County Hendricks State 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 Keith Woods
   (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 Carol Watson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Michigan

ACKNOWLEDGEMENT

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

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

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed [signature]
New Address
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 Judith C Woods Date 5-19-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 C Woods
New Address SAME
Subscribed and sworn to before me this 19 day of May, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 19, 2003, authorizing the marriage of Christopher Bryant Clark and Judith Carol Woods.
I further certify that the following marriage certificate was filed in my office: I, Kelly Fansler Whitehurst (name), certify that on June 7, 2003 (date), at Mooresville in Morgan County, Indiana, Christopher Bryant Clark of Hendricks County, Indiana (state), and Judith Carol Woods of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 19, 2003. Signed by: Kelly Fansler Whitehurst, Reverend (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on June 19, 2003 (date).

Sharon Dugan
Signed Clerk
Hendricks Circuit Court

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 67
Page 261
5-19-03
Date of Application

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

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 5-9-03
Name of Physician Philip Ferguson

MALE APPLICANT

Name: First Keith Middle LAvon Last Williams
Date of Birth: Month 07 Day 24 Year 1972
Place of Birth (State or foreign country) New Bern N.C.
Residence Address: Street or R.R. 8325 Crestview 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 female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. -0-
6. (a) Full name of applicant's father RODNEY LEE MORTON
   (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 A. WILLIAMS
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) NC
   Birthplace of mother (State or foreign country) NC

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Keith L. Williams Date 5-19-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 L. Williams
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 Michelle Middle Ellen Last Lockhart
Date of Birth: Month 2 Day 21 Year 70
Place of Birth (State or foreign country) Illinois
Residence Address: Street or R.R. 8325 Crestview Cir City Avon County Hendricks State IN 46123
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Lockhart Date 5/19/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Lockhart
New Address SAME
Subscribed and sworn to before me this 19 day of May 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 19, 2003, authorizing the marriage of Keith Lavon Williams and Michelle Ellen Lockhart.
I further certify that the following marriage certificate was filed in my office: I, Michael A. Searcy (name), certify that on May 19, 2003 (date), at Indianapolis in Marion County, Indiana, Keith Lavon Williams of Marion County, Indiana (state), and Michelle Ellen Lockhart of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 19, 2003. Signed by: Michael A. Searcy, Reverend (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on May 30, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 67
Page 262
5-20-03
Date of Application

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

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 5-20-03
Name of Physician David Hadley MD

MALE APPLICANT

Name: First Jason Middle Bradley Last Rains
Date of Birth: Month 8 Day 1 Year 80
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 108 Woodberry Dr. City Danville County Hend. State In 46122
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

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

FEMALE APPLICANT

Name: First Emilia Middle Ann Last Robb
Date of Birth: Month 4 Day 14 Year 81
Place of Birth (State or foreign country) Illinois
Residence Address: Street or R.R. 627 E. Virginia City Peoria County Peoria State Ill 61603
Previous Marital Status: 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 Stephen John Robb
   (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 Alisa Ann Pressley
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Illinois
   Birthplace of mother (State or foreign country) Illinois

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
X Signature of Applicant Jason B. Rains Date 5-20-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 B. Rains
X New Address same
Subscribed and sworn to before me this 20 day of May, 2003
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 Emilia Ann Robb Date 5/20/03

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

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
X Signed Emilia Ann Robb
X New Address same as above
Subscribed and sworn to before me this 20 day of May, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 23, 2003, authorizing the marriage of Jason Bradley Rains and Emilia Ann Robb.
I further certify that the following marriage certificate was filed in my office: I, Rev. Wendell R. Rany (name), certify that on May 23, 2003 (date), at Danville in Hendricks County, Indiana, Jason Bradley Rains of Hendricks County, Indiana (state), and Emilia Ann Robb of Peoria County, Illinois (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 23, 2003. Signed by: Rev. Wendell R. Rany, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on June 6, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 67
Page 263
5-19-03
Date of Application

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

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 2-10-03
Name of Physician Dr. Freeman

MALE APPLICANT

Name First Marcus Middle L Last Dugan
Date of Birth Month 2 Day 21 Year 1981
Place of Birth (State or foreign country) IN
Residence Address Street or R.R. 3126 Thorney Croft 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 Steven Earl Dugan
   (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 Maria Lisa Vivian Ford
   (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 Marcus Dugan Date 5-19-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Marcus Dugan
New Address PO Box 401 Pittsboro, IN 46167
Subscribed and sworn to before me this ____ day of ____
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name First Tamara Middle M Last Cundiff
Date of Birth Month 9 Day 9 Year 1980
Place of Birth (State or foreign country) IN
Residence Address Street or R.R. 207 E Wall St City Pittsboro County Hend State IN 46167
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify)
Drivers License

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

6. (a) Full name of applicant's father Benjamin Edward Cundiff
   (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 Lillian Rose Haynes
   (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 Tamara M. Cundiff Date 5-19-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Tamara M. Cundiff
New Address X PO Box 401 Pittsboro, IN 46167
Subscribed and sworn to before me this ____ day of ____
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 19, 2003, authorizing the marriage of Marcus Lee Dugan and Tamara Marie Cundiff.
I further certify that the following marriage certificate was filed in my office: I, David G. Buckner (name), certify that on May 31, 2003 (date), at Pittsboro in Hendricks County, Indiana, Marcus Lee Dugan of Hendricks County, Indiana (state), and Tamara Marie Cundiff of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 19, 2003. Signed by: David G. Buckner, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on June 13, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 67
Page 264
5-20-03
Date of Application

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

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 5-20-03
Name of Physician Karen D. Johns MD

MALE APPLICANT

Name: First Curtis; Middle Allen; Last Sharbaugh
Date of Birth: Month 3; Day 16; Year 78
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1015 Minnegan Rd; City Waterman; County DeKalb; State Ill. 60556
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify)
Mrs. Druse's License

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

FEMALE APPLICANT

Name: First Laura; Middle Ruth; Last Snyder
Date of Birth: Month 8; Day 3; Year 81
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 317 Creekwood Estates; 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)
Druse's License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
X Signature of Applicant Curt Sharbaugh Date 6/6/03

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

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
X Signed Curt Sharbaugh
X New Address 1039 College Ave. Apt. 13W Wheaton, IL 60187
Subscribed and sworn to before me this 10 day of June, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of 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 Laura L Snyder Date 5/20/03

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

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
X Signed Laura L Snyder
X New Address Same as groom
Subscribed and sworn to before me this 20 day of May 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 20, 2003, authorizing the marriage of Curtis Allen Sharbaugh and Laura Ruth Snyder.
I further certify that the following marriage certificate was filed in my office: I, Roger D. Peugh (name), certify that on June 7, 2003 (date), at Indianapolis, in Marion County, Indiana, Curtis Allen Sharbaugh of DeKalb County, Illinois (state), and Laura Ruth 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 May 20, 2003. Signed by: Roger D. Peugh, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on June 19, 2003 (date).

Sharon Dugan
Signed _____ Clerk
Hendricks Circuit Court

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 67
Page 265
5-20-03
Date of Application

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

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 5-20-03
Name of Physician Dr. Geddy

MALE APPLICANT

Name: First Scott Middle J Last Humble
Date of Birth: Month 11 Day 27 Year 1974
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. 5343 Old Colony Rd 716 City Indpls County Hendricks State IN 46226
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1999
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Caleb, Brandon, Olivia Humble
6. (a) Full name of applicant's father John Humble
   (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 Deborah Day
   (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 Scott J. Hu Date 20 MAY 03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Scott J. Hu
New Address X 6418 Capitol Ln #B Avon, IN 46123
Subscribed and sworn to before me this _____ day of _____
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Deborah Middle R Last Hetzel
Date of Birth: Month 5 Day 27 Year 1980
Place of Birth (State or foreign country) Italy
Residence Address: Street or R.R. 1867 Chatham Place 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 Kenneth G Hetzel
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) MI
   Birthplace of father (State or foreign country) WI
   (b) Full maiden name of applicant's mother Margaret E Matthews
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) MI
   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 X Deborah R Hetzel Date 5/20/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Deborah R Hetzel
New Address X 6418 Capitol Ln Apt B, Avon, IN 46123
Subscribed and sworn to before me this _____ day of _____
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 20, 2003, authorizing the marriage of Scott Joseph Humble and Deborah Ruth Hetzel.
I further certify that the following marriage certificate was filed in my office: I, CH (LTC) James R. Cotter (name), certify that on June 6, 2003 (date), at Edinburg in Johnson County, Indiana, Scott Joseph Humble of Hendricks County, Indiana (state), and Deborah Ruth Hetzel of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 20, 2003. Signed by: CH (LTC) James R. Cotter, Chaplain (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on June 19, 2003 (date).

Sharon Dugan
Signed _____ Clerk
Hendricks Circuit Court

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 67
Page 266
5-20-03
Date of Application

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

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 5-17-03
Name of Physician Mark Kappelman MD

MALE APPLICANT

Name: First Michael Middle Lawrence Last Fisk
Date of Birth: Month 5 Day 31 Year 63
Place of Birth (State or foreign country) Iowa
Residence Address: Street or R.R. 613 Woodfield Cir. 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 2003
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

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

FEMALE APPLICANT

Name: First Lorrah Middle Lee Last Thomerson
Date of Birth: Month 12 Day 6 Year 58
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 613 Woodfield Cir. 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 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 Harrol L. Correll
   (If adopted, list adoptive parents only)
   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 Verena Kinney
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
✗ Signature of Applicant Michael K Fisk Date 5-20-03

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

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
✓ Signed Michael K Fisk
✓ New Address SAME
Subscribed and sworn to before me this 20 day of May 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of 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 Lorrah L Thomerson Date 5-20-03

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

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
✓ Signed Lorrah L Thomerson
✓ New Address SAME
Subscribed and sworn to before me this 20 day of May 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 20, 2003, authorizing the marriage of Michael Lawrence Fisk and Lorrah Lee Thomerson.
I further certify that the following marriage certificate was filed in my office: I, Ronald H. Bell (name), certify that on May 31,2003 (date), at Avon in Hendricks County, Indiana, Michael Lawrence Fisk of Hendricks County, Indiana (state), and Lorrah Lee Thomerson of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May, 20, 2003. Signed by: Ronald H. Bell PHD, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on June 10, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 67
Page 267
5-20-03
Date of Application

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

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 5-20-03
Name of Physician David Hadley MD

MALE APPLICANT	FEMALE APPLICANT
Name: First Zachary Middle Ryan Last Canada	Name: First Kelly Middle Jo Last Huber
Date of Birth: Month 8 Day 30 Year 71	Date of Birth: Month 11 Day 29 Year 77
Place of Birth (State or foreign country) Indiana	Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 132 Torrey Pine Dr. City Brownsburg County Hendricks State IN 46112	Residence Address: Street or R.R. 132 Torrey Pine Dr. City Brownsburg County Hendricks State IN 46112
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages	Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date	Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License	Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐	1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐	If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐	2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐	3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐	4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of applicant's father Larry Wayne Canada	6. (a) Full name of applicant's father Charles Huber
(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) California
(b) Full maiden name of applicant's mother Barbara Jean O'Hair	(b) Full maiden name of applicant's mother Jolene Willeur
(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) Maryland

ACKNOWLEDGEMENT

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

X Signature of Applicant Canada Date 5-20-03

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

Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)

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

X Signed Canada
X New Address same

Subscribed and sworn to before me this 20 day of May, 2003

Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of 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 Kelly Huber Date 5-20-03

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

Clerk of 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 Huber
X New Address same

Subscribed and sworn to before me this 20 day of May, 2003

Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of Hendricks)

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 20, 2003, authorizing the marriage of Zachary Ryan Canada and Kelly Jo Huber.

I further certify that the following marriage certificate was filed in my office: I, Rev. Gene Fowler (name), certify that on June 14, 2003 (date), at Indianapolis in Marion County, Indiana, Zachary Ryan Canada of Hendricks County, Indiana (state), and Kelly Jo Huber of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 20, 2003. Signed by: Rev. Gene Fowler, Pastor (official designation) Filed and recorded in accordance with the laws of the State of Indiana on June 24, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 67
Page 268
5-21-03
Date of Application

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

Female Applicant > 50 No ☑ Yes ☐
If No, Medical Examination or Report Dated 5-7-03
Name of Physician Tocon OB GYN

MALE APPLICANT

Name: First Michael Middle Shane Last Curry
Date of Birth: Month 4 Day 25 Year 73
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 2490 E. Main St. Lot 46 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) 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. Michael Shane Curry, Kagan L. Curry
6. (a) Full name of applicant's father Larry Curry
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Sharyn Trent
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that 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 Curry Date 5/21/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 Curry
X New Address Same
Subscribed and sworn to before me this 21 day of May, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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 Curry
Date of Birth: Month 10 Day 30 Year 69
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 2490 E. Main St. Lot 46 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) Drivers License

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

ACKNOWLEDGEMENT

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

X Signature of Applicant Dawn Curry Date 5/21/03

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

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
X Signed Dawn Curry
X New Address SAME
Subscribed and sworn to before me this 21 day of May 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 21, 2003, authorizing the marriage of Michael Shane Curry and Dawn Elizabeth Curry.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on May 21, 2003 (date), at Danville in Hendricks County, Indiana, Michael Shane Curry of Hendricks County, Indiana (state), and Dawn Elizabeth Curry of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 21, 2003. Signed by: Janet S. Smith, Hend Co Deputy Clerk (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on June 5, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 67
Page 269
5-22-03
Date of Application

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

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 5-22-03
Name of Physician David Hadley MD

MALE APPLICANT

Name: First James Middle Roger Last Elliott Jr.
Date of Birth: Month 4 Day 13 Year 65
Place of Birth (State or foreign country) West Virginia
Residence Address: Street or R.R. 8786 Story 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 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. Jan Scott Elliott, Hanna Kay Elliott, Rachel Elizabeth Elliott
6. (a) Full name of applicant's father James Roger Elliott Sr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) West Virginia
   (b) Full maiden name of applicant's mother Linda Kay Johnson
   (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 James R Elliott Jr. Date 5-22-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 R Elliott Jr.
X New Address SAME
Subscribed and sworn to before me this 22 day of May 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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 Faye Last Holt
Date of Birth: Month 1 Day 7 Year 64
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 8786 Story 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 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. Holly Lee Holt, Haley Lynn Holt
6. (a) Full name of applicant's father _____
   (If adopted, list adoptive parents only) Samuel Henry Burge
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Penelope Lee Sandy
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that 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 Faye Holt Date 5/22/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 Faye Holt
X New Address SAME
Subscribed and sworn to before me this 22 day of May 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 22, 2003, authorizing the marriage of James Roger Elliott, Jr. and Melissa Faye Holt.
I further certify that the following marriage certificate was filed in my office: I, Jason B. Lane (name), certify that on June 7, 2003 (date), at Camby in Marion County, Indiana, James Roger Elliott, Jr. of Hendricks County, Indiana (state), and Melissa Faye Holt of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 22, 2003. Signed by: Jason B. Lane, Reverend (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on June 19, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

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

Book 67
Page 270
5-22-03
Date of Application

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

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 5-22-03
Name of Physician David Hadley MD

MALE APPLICANT

Name: First Robert Middle Last Barnett
Date of Birth: Month 8 Day 1 Year 55
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 5580 Broyles Rd City Avon County Hend St IN 46123
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1989
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Raymurn Barnett
   (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 Christine Cathwell
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Virginia
   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 Robert Barnett Date 5/22/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 Barnett
X New Address Same
Subscribed and sworn to before me this 22 day of May, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Sally Middle L Last Campbell
Date of Birth: Month 9 Day 18 Year 56
Place of Birth (State or foreign country) Ohio
Residence Address: Street or R.R. 5580 Broyles Rd 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 1986
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
X Signature of Applicant Sally L Campbell Date 5/22/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 Campbell
X New Address Same
Subscribed and sworn to before me this 22 day of May, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 22, 2003, authorizing the marriage of Robert Barnett and Sally L Campbell.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on May 22, 2003 (date), at Danville in Hendricks County, Indiana, Robert Barnett of Hendricks County, Indiana (state), and Sally L Campbell of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 22, 2003. Signed by: Janet S. Smith, Hend Co Deputy Clerk (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on June 5, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 67
Page 271
5-22-03
Date of Application

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

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 5-19-03
Name of Physician Jim Nichols

MALE APPLICANT

Name: First Paul Middle Harlan Last Boone
Date of Birth: Month 3 Day 17 Year 64
Place of Birth (State or foreign country) Tennessee
Residence Address: Street or R.R. 188 Avon Village 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. Jordan Boone, Joshua Boone, Brandon Boone
6. (a) Full name of applicant's father Paul Harlan Boone
   (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 Elizabeth Kleimann
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Delaware

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
X Signature of Applicant Paul Boone Date 5/22/03

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

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
X Signed Paul Boone
X New Address SAME
Subscribed and sworn to before me this 22 day of May, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Kristine Middle Elizabeth Last Scruggs
Date of Birth: Month 2 Day 28 Year
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 188 Avon Village 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. Joshua Scruggs, Jasmine Scruggs
6. (a) Full name of applicant's father Paul Scruggs
   (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 Kathlee McCloud
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
X Signature of Applicant Kristine Scruggs Date 5-22-03

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

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
X Signed Kristine Scruggs
X New Address SAME
Subscribed and sworn to before me this 22 day of May, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 22, 2003, authorizing the marriage of Paul Harlin Boone and Kristine Elizabeth Scruggs.
I further certify that the following marriage certificate was filed in my office: I, Donald Short (name), certify that on June 14, 2003 (date), at Indianapolis in Marion County, Indiana, Paul Harlin Boone of Hendricks County, Indiana (state), and Kristine Elizabeth Scruggs of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 22, 2003. Signed by: Donald Short, Evangelist (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on June 24, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 67
Page 272
5-22-03
Date of Application

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

Female Applicant > 50 No ☑ Yes ☐
If No, Medical Examination or Report Dated 5-21-03
Name of Physician ALAN BERKOWITZ

MALE APPLICANT

Name: First BRANDON Middle SCOTT Last FALBE
Date of Birth: Month 6 Day 16 Year 1977
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. 10384 CARRINGTON WAY City INDPLS County HENDRICKS State IN
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) DRIVERS LICENSE

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Ø
6. (a) Full name of applicant's father GARY HOWARD FALBE
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) IN
   Birthplace of father (State or foreign country) MI
   (b) Full maiden name of applicant's mother CARSLYN Sue BUSSE
   (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 5-22-03

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

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed X [signature]
New Address SAME
Subscribed and sworn to before me this 22 day of MAY 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First KRISTY Middle LEE Last BEATY
Date of Birth: Month 1 Day 10 Year 1978
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. 10384 CARRINGTON WAY City INDPLS County HENDRICKS State IN
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) DRIVERS LICENSE

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Ø
6. (a) Full name of applicant's father HERBERT DALE BEATY
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) KY
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother DOROTHY HELEN MOLES
   (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 5-22-03

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

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed X [signature]
New Address SAME
Subscribed and sworn to before me this 22 day of May 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 22, 2003, authorizing the marriage of Brandon Scott Falbe and Kristy Lee Beaty.
I further certify that the following marriage certificate was filed in my office: I, Rev. Royce Willerton (name), certify that on June 21, 2003 (date), at Avon in Hendricks County, Indiana, Brandon Scott Falbe of Hendricks County, Indiana (state), and Kristy Lee Beaty of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 22, 2003. Signed by: Rev. Royce Willerton, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on June 26, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 67
Page 273
5-22-03
Date of Application

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

Female Applicant > 50 No ☑ Yes ☐
If No, Medical Examination or Report Dated 5-16-03
Name of Physician Jerry Douglas

MALE APPLICANT

Name: First Roger Middle Thompson Last Neeb
Date of Birth: Month 8 Day 21 Year 82
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 8099 David Court 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 Steve Allen Neeb
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Tammy Sue Morgan
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name: First Casey Middle Lynn Last McCleary
Date of Birth: Month 5 Day 24 Year 83
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 942 Chepstow Lane W. City 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)
Drivers License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Roger Neeb Date 05/22/03

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

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Roger Neeb
New Address Same
Subscribed and sworn to before me this 22 day of May, 2003
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 Casey McCleary Date 5/22/03

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

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Casey McCleary
New Address 8099 David Court, Avon, IN 46123
Subscribed and sworn to before me this 22 day of May, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 22, 2003, authorizing the marriage of Roger Thompson Neeb and Casey Lynn McCleary.
I further certify that the following marriage certificate was filed in my office: I, Douglas Lay (name), certify that on June 28, 2003 (date), at Monrovia in Morgan County, Indiana, Roger Thompson Neeb of Hendricks County, Indiana (state), and Casey Lynn McCleary of Tippecanoe County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 22, 2003. Signed by: Douglas Lay, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 10, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 67
Page 274
5-22-03
Date of Application

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

Female Applicant > 50 No ☑ Yes ☐
If No, Medical Examination or Report Dated 5-22-03
Name of Physician Dr. Gaddy

MALE APPLICANT

Name: First James Middle R. Last Selmier II
Date of Birth: Month 8 Day 30 Year 1978
Place of Birth (State or foreign country) Kansas
Residence Address: Street or R.R. 183 S SR 267 City Avon County Hend State IN 46123
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Driver's License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant James R Selmier II Date 5/22/03

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

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed James R Selmier II
New Address 1306 Legacy Ct. Indpls. IN 46234
Subscribed and sworn to before me this 22 day of May 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Celeste Middle A. Last Tracy
Date of Birth: Month 2 Day 13 Year 1977
Place of Birth (State or foreign country) Ohio
Residence Address: Street or R.R. 1306 Legacy Ct. City Indpls. County Hend State IN 46234
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Rylee Selmier
6. (a) Full name of applicant's father John P. Tracy
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Tennessee
   Birthplace of father (State or foreign country) Ohio
   (b) Full maiden name of applicant's mother Cynthia S. Phillips
   (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 Celeste Tracy Date 5/22/03

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

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Celeste Tracy
New Address Same as above
Subscribed and sworn to before me this 22 day of May 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 22, 2003, authorizing the marriage of James Renaa Selmier II and Celeste Ann Tracy.
I further certify that the following marriage certificate was filed in my office: I, Richard S. Kassel (name), certify that on June 7, 2003 (date), at Brownsburg in Hendricks County, Indiana, James Renaa Selmier II of Hendricks County, Indiana (state), and Celeste Ann Tracy of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 22, 2003. Signed by: Richard S. Kassel, Chaplain (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on June 24, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 67
Page 275
5-22-03
Date of Application

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

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 5-19-03
Name of Physician Dr. De Silverster

MALE APPLICANT	FEMALE APPLICANT
Name: First Andrew Middle L Last Bills	Name: First Brandon Middle C Last Blair
Date of Birth: Month 3 Day 24 Year 1972	Date of Birth: Month 9 Day 8 Year 1971
Place of Birth (State or foreign country) IN	Place of Birth (State or foreign country) IL
Residence Address: Street or R.R. 1154 Halifax Ct City Indpls County Hendricks State IN 46231	Residence Address: Street or R.R. 1154 Halifax Ct City Indpls County Hendricks State IN 46231
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1	Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 2000	Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1996
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) 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. ~~Sidd~~ Sidney	5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Lloyd Bills	6. (a) Full name of applicant's father Drew Blair
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) England IN	Residence of father (if deceased, so state) IL
Birthplace of father (State or foreign country) England	Birthplace of father (State or foreign country) IL
(b) Full maiden name of applicant's mother Jackie Jordan	(b) Full maiden name of applicant's mother Ellen Stump
(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) IL
Birthplace of mother (State or foreign country) England	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 [signature] Date 5-22-3

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 [signature] 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 [signature] Date 5-22-3

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 [signature] Same as above
Subscribed and sworn to before me this _____ day of _____
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 22, 2003, authorizing the marriage of Andrew Lloyd Bills and Brandon Corinne Blair.

I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on May 22, 2003 (date), at Danville in Hendricks County, Indiana, Andrew Lloyd Bills of Hendricks County, Indiana (state), and Brandon Corinne Blair of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 22, 2003. Signed by: Janet S. Smith, Hend Co Deputy Clerk (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on June 5, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

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

Book 67
Page 276
5-23-03
Date of Application

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

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 5-20-03
Name of Physician Charles R. Purdy MD

MALE APPLICANT

Name: First Terry Middle Max Last Myers
Date of Birth: Month 8 Day 30 Year 55
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 609 Brentwood Dr. E City Plainfield County Hend State In 46168
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 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. Stephanie Myers, Sarah Myers
6. (a) Full name of applicant's father Donald K. Myers
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Doris Jamison
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name: First Mary Middle Elizabeth Last Hurst
Date of Birth: Month 7 Day 7 Year 59
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 2508 Lake Dr City Anderson County Madison State In 46012
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1997
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

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

ACKNOWLEDGEMENT

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

✗ Signature of Applicant Terry Max Myers Date 5.23.03

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

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
✗ Signed Terry Max Myers
✗ New Address SAME
Subscribed and sworn to before me this 23 day of May, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

ACKNOWLEDGEMENT

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

✗ Signature of Applicant Mary E. Hurst Date May 23, 2003

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

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
✗ Signed Mary E. Hurst
✗ New Address 609 Brentwood Dr. E Plainfield IN 46168
Subscribed and sworn to before me this 23 day of May, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 23, 2003, authorizing the marriage of Terry Max Myers and Mary Elizabeth Hurst.
I further certify that the following marriage certificate was filed in my office: I, David Jefferson (name), certify that on June 7, 2003 (date), at Plainfield in Hendricks County, Indiana, Terry Max Myers of Hendricks County, Indiana (state), and Mary Elizabeth Hurst of Madison County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 23, 2003. Signed by: David Jefferson, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on June 13, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 67
Page 277
5-23-03
Date of Application

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

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 4-21-03
Name of Physician Thaddaeus M. Poe MD

MALE APPLICANT

Name: First James, Middle Edgar, Last Edwards
Date of Birth: Month 9, Day 30, Year 49
Place of Birth (State or foreign country) Alabama
Residence Address: Street or R.R. 7245 Mann Rd, City Indpls, County Marion, State In 46237
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 3
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1999
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

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

ACKNOWLEDGEMENT

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

✗ Signature of Applicant James E Edwards Date 5-23-03

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

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
✗ Signed James E Edwards
✓ New Address 7245 MANN RD
Subscribed and sworn to before me this 23 day of May, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Lucindy, Middle Mae, Last Clark
Date of Birth: Month 5, Day 22, Year 52
Place of Birth (State or foreign country) Ohio
Residence Address: Street or R.R. 6939 Todd Rd, City Avon, County Hend, State In 46123
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 5
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 2001
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

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

ACKNOWLEDGEMENT

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

✗ Signature of Applicant Lucindy Mae Clark Date 5/23

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

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
✗ Signed Lucindy Mae Clark
✓ New Address 7245 MANN RD
Subscribed and sworn to before me this 23 day of May, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 23, 2003, authorizing the marriage of James Edgar Edwards and Lucindy Mae Clark.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on May 23, 2003 (date), at Danville in Hendricks County, Indiana, James Edgar Edwards of Marion County, Indiana (state), and Lucindy Mae Clark of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 23, 2003. Signed by: Janet S. Smith, Hend Co Deputy Clerk (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on June 5, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 67
Page 278
5-22-03
Date of Application

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

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 5-1-03
Name of Physician Paula Markit

MALE APPLICANT

Name: First Joseph Middle Patrick Last Holcomb
Date of Birth: Month 12 Day 8 Year 80
Place of Birth (State or foreign country) Illinois
Residence Address: Street or R.R. 1651 Winding Creek 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 female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Johnathan Arthur Holcomb
   (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 Marianne Riggle
   (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 5-22-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 May, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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 Jo Last McMullen
Date of Birth: Month 9 Day 22 Year 74
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1651 Winding Creek Trail 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 male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Richard Lee Loden
   (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 June Fox
   (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 5/22/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 May 22, 2003, authorizing the marriage of Joseph Patrick Holcomb and Amanda Jo McMullen.
I further certify that the following marriage certificate was filed in my office: I, _____ (name), certify that on June 21, 2003 (date), at Rockville in Parke County, Indiana, Joseph Patrick Holcomb of Hendricks County, Indiana (state), and Amanda Jo McMullen of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 5-22-03. Signed by: S/ Brad Baumgardner, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on 1-15-04 (date).

Sharon Dugan
Signed _____ Clerk
Hendricks Circuit Court

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 67
Page 279
5-23-03
Date of Application

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

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 5-22-03
Name of Physician David Dudley MD

MALE APPLICANT

Name: First Heath Middle B Last Baker
Date of Birth: Month 5 Day 24 Year 83
Place of Birth (State or foreign country) California
Residence Address: Street or R.R. 396 E. Main St., Apt 4 City Danville County Hend State In 46122
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Morris Baker
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) N/A
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Rebecca Sue Ford
   (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 Heath B Baker Date 5-23-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 B Baker
✗ New Address Same
Subscribed and sworn to before me this 23 day of May 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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 Terry Last Adams
Date of Birth: Month 7 Day 14 Year 82
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 396 E. Main St. Apt 4 City Danville County Hend State In 46122
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Indiana I D Card

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 T. Adams Date 5-23-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 T. Adams
✗ New Address Same
Subscribed and sworn to before me this 23 day of May 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 23, 2003, authorizing the marriage of Heath B Baker and Amanda Terry Adams.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on May 23, 2003 (date), at Danville in Hendricks County, Indiana, Heath B Baker of Hendricks County, Indiana (state), and Amanda Terry Adams of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 23, 2003. Signed by: Janet S. Smith, Hend Co Deputy Clerk (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on June 5, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 67
Page 280
5-23-03
Date of Application

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

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 5-14-03
Name of Physician Elisabeth Kline

MALE APPLICANT

Name: First Jammie Middle Eugene Last Schmidt
Date of Birth: Month 2 Day 20 Year 71
Place of Birth (State or foreign country) Wisconsin
Residence Address: Street or R.R. 8242 Bayshore Ln City Avon County Hend State IN 46123
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 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. Nick Schmidt, Cory Schmidt
6. (a) Full name of applicant's father Eugene Delbert Schmidt
   (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 Marlene Brewer
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) California
   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 Jammie E. Schmidt Date 5-23-03

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

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
X Signed Jammie E. Schmidt
X New Address Same
Subscribed and sworn to before me this 23 day of May, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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 Marie Last Baker
Date of Birth: Month 9 Day 7 Year 73
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 8242 Bayshore Ln City Avon County Hend State IN 46123
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date _____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
X Signature of Applicant Monica Baker Date 5-23-03

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

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
X Signed Monica Baker
X New Address SAME
Subscribed and sworn to before me this 23 day of May 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 23, 2003, authorizing the marriage of Jammie Eugene Schmidt and Monica Marie Baker.
I further certify that the following marriage certificate was filed in my office: I, James E. Miller (name), certify that on July 19, 2003 (date), at Indianapolis in Marion County, Indiana, Jammie Eugene Schmidt of Hendricks County, Indiana (state), and Monica Marie Baker of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 23, 2003. Signed by: James E. Miller, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 24, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

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

Book 67
Page 281
5-23-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage 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 Roger Middle C Last Stanley
Date of Birth: Month 11 Day 28 Year 1946
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. 3440 Marabou Mills Dr. City Indpls County Marion State IN 46214
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1981
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 L Stanley
   (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 Cela Huffman
   (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 ☒ Roger C Stanley Date 5-23-03

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

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed ☒ Roger C Stanley
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 Donna Middle L Last Wallace
Date of Birth: Month 1 Day 29 Year 1947
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. 629 Simmons St City Plainfield County Hend. State IN 46168
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1996
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Paul R Wallace
   (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 Mary Jo Branham
   (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 ☒ Donna L Wallace Date 5/23/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 L Wallace
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 May 23, 2003, authorizing the marriage of Roger C Stanley and Donna Lou Wallace.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on May 23, 2003 (date), at Danville in Hendricks County, Indiana, Roger C Stanley of Marion County, Indiana (state), and Donna Lou Wallace of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 23, 2003. Signed by: Janet S. Smith, Hend Co Deputy Clerk (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on June 5, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 67
Page 282
5-23-03
Date of Application

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

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 1-23-03
Name of Physician Eric Clark

MALE APPLICANT

Name: First James Middle Leslie Last Thorpe
Date of Birth: Month 1 Day 18 Year 60
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 6795 N. Cold 350 W. City Lizton County Hend. State In 46149
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐ Date 2001
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. James Marvin Thorpe,
6. (a) Full name of applicant's father Marvin Wood Thorpe
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Thelma Rose Sears
   (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 Beth Middle Ann Last Kunz
Date of Birth: Month 6 Day 9 Year 58
Place of Birth (State or foreign country) Illinois
Residence Address: Street or R.R. 10 Northview 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 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. Elizabeth Ann Kunz, John Peter Kunz, Clara Emily Kunz,
6. (a) Full name of applicant's father Russell Alan Buckenaux
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Louvenia Esther Agee
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

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

✗ Signature of Applicant James Leslie Thorpe Date 5-23-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Leslie Thorpe
✓ New Address 1313 N CR 300 East Danville, IN 46122
Subscribed and sworn to before me this 23 day of May, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

ACKNOWLEDGEMENT

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

✗ Signature of Applicant Beth Ann Kunz Date 5-23-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Ann Kunz
✓ New Address 1313 North CR 300 East, Danville IN. 46122
Subscribed and sworn to before me this 23 day of May, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 23, 2003, authorizing the marriage of James Leslie Thorpe and Beth Ann Kunz.
I further certify that the following marriage certificate was filed in my office: I, Don Bartemus (name), certify that on June 21, 2003 (date), at Danville in Hendricks County, Indiana, James Leslie Thorpe of Hendricks County, Indiana (state), and Beth Ann Kunz of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 23, 2003. Signed by: Don Bartemus, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 18, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 67
Page 283
5-23-03
Date of Application

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

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 4-17-03
Name of Physician Barry Freeman

MALE APPLICANT

Name: First James Middle Bryant Last Wines
Date of Birth: Month 1 Day 17 Year 46
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 825 Creekside 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 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. Hannah Wines, Evan Wines
6. (a) Full name of applicant's father Ronald Lee Wines
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Shelby Jan Withrow
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) West Virginia

ACKNOWLEDGEMENT

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

X Signature of Applicant James B. Wines Date 5/23/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 B. Wines
X New Address SAME
Subscribed and sworn to before me this 23 day of May, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Cathy Middle Ann Last Wolfe
Date of Birth: Month 8 Day 14 Year 60
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 5807 Oberlies Way City Plainfield County Hend. State IN 46168
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1998
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

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

ACKNOWLEDGEMENT

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

X Signature of Applicant Cathy Wolfe Date 5/23/03

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

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
X Signed Cathy Wolfe
X New Address Same as groom
Subscribed and sworn to before me this 23 day of May, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 23, 2003, authorizing the marriage of James Bryant Wines and Cathy Ann Wolfe.
I further certify that the following marriage certificate was filed in my office: I, Thomas A. Whitsitt (name), certify that on June 14, 2003 (date), at Indianapolis in Marion County, Indiana, James Bryant Wines of Hendricks County, Indiana (state), and Cathy Ann Wolfe of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 23, 2003. Signed by: Thomas A. Whitsitt, Judge Pro Temp, Boone Cir Ct (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on June 24, 2003 (date).

Sharon Dugan
Signed _____ Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

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

Book 67
Page 284
5-27-03
Date of Application

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

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 5-23-03
Name of Physician Heath Backs

MALE APPLICANT

Name: First Matthew Middle David Last Thomas

Date of Birth: Month 1 Day 29 Year 83

Place of Birth (State or foreign country): Indiana

Residence Address: Street or R.R. 122 William Dr. 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 Richard Carl Thomas II
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Bonnie Jean Sood
   (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 Jenifer Middle Lyn Last Stansbury

Date of Birth: Month 2 Day 15 Year 84

Place of Birth (State or foreign country): Indiana

Residence Address: Street or R.R. 9839 N. 650 E. 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 Bradford J. Stansbury
   (If adopted, list adoptive parents only)
   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 Lyn Weir
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

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

X Signature of Applicant [signature] Date 5/27/03

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

Clerk of 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 27 day of May, 2003

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 Jenifer Stansbury Date 05/27/03

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

Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)

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

X Signed Jenifer Stansbury
X New Address 122 William Dr. Apt. K, Brownsburg, IN 46112

Subscribed and sworn to before me this 27 day of May, 2003

Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of Hendricks)

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____

_____ Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of Hendricks)

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____

_____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 27, 2003, authorizing the marriage of Matthew David Thomas and Jenifer Lyn Stansbury.

I further certify that the following marriage certificate was filed in my office: I, Pastor Dana Spurgeon (name), certify that on June 14, 2003 (date), at Brownsburg in Hendricks County, Indiana, Matthew David Thomas of Hendricks County, Indiana (state), and Jenifer Lyn Stansbury of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 27, 2003. Signed by: Dana Spurgeon, Pastor (official designation) Filed and recorded in accordance with the laws of the State of Indiana on July 10, 2003 (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 67
Page 285
5-22-03
Date of Application

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

Female Applicant > 50 No ☑ Yes ☐
If No, Medical Examination or Report Dated 5-23-03
Name of Physician LARRY LOVALL

MALE APPLICANT	FEMALE APPLICANT
Name: First MATTHEW Middle RYAN Last THOMAS	Name: First RENE Middle LYNN Last DANIEL
Date of Birth: Month 3 Day 5 Year 1981	Date of Birth: Month 12 Day 5 Year 1979
Place of Birth (State or foreign country) IN	Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. 750 STAFFORD ROAD City PLAINFIELD County Hendricks State IN	Residence Address: Street or R.R. 499 Summit Court City PLAINFIELD County HENDRICKS State IN
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages	Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date	Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) 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. ø	5. List the full names of any dependent children. ø
6. (a) Full name of applicant's father DAVID THOMAS	6. (a) Full name of applicant's father MELVIN DANIEL
(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 RAGSDALE	(b) Full maiden name of applicant's mother DELYNN ANN Keller
(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) South AFRICA	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 ✕ Matthew R. Thomas Date 5/21/03

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

Clerk 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 R. Thomas
New Address 4515 Lindell Blvd. #203, St. Louis, MO, 63110

Subscribed and sworn to before me this _____ day of _____

Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of 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 ✕ René L. Daniel Date 5-27-03

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

Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)

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

Signed ✕ René L. Daniel
New Address 4515 Lindell Blvd. #203, St. Louis, MO 63110

Subscribed and sworn to before me this _____ day of _____

Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of Hendricks)

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 27, 2003, authorizing the marriage of Matthew Ryan Thomas and Rene Lynn Daniel.

I further certify that the following marriage certificate was filed in my office: I, Dr. John P. Ragsdale (name), certify that on July 19, 2003 (date), at Plainfield in Hendricks County, Indiana, Matthew Ryan Thomas of Hendricks County, Indiana (state), and Rene Lynn Daniel of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 27, 2003. Signed by: Dr. John P. Ragsdale, Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on August 1, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

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

Book 67
Page 286
5-27-03
Date of Application

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

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 5-23-03
Name of Physician David Hadley MD

MALE APPLICANT

Name: First Cory Middle David Last Spencer
Date of Birth: Month 5 Day 29 Year 73
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 6673 E. CoRd 700 S. 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. Tyler Douglas Spencer, Connor David Spencer
6. (a) Full name of applicant's father Kenneth R. Spencer
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Verona M. Conge
   (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 Kristina Middle Marie Last Bobb
Date of Birth: Month 11 Day 5 Year 80
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 6673 E. CoRd 700 S. 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.
6. (a) Full name of applicant's father Herbert C. Bobb Jr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Lisa K. Wilmouth
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Maryland

ACKNOWLEDGEMENT

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

X Signature of Applicant Cory Spencer Date 5/27/03

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

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
X Signed Cory Spencer
New Address 7939 S. CO. Rd. 525 E.
Subscribed and sworn to before me this 27 day of May 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of 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 Christina Bobb Date 5/27/03

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

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
X Signed Christina Bobb
New Address 7939 S. CO. RD. 525 E. MOORESVILLE, IN 46158
Subscribed and sworn to before me this 27 day of May, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 27, 2003, authorizing the marriage of Cory David Spencer and Christina Marie Bobb.
I further certify that the following marriage certificate was filed in my office: I, Fr. Kevin Morris (name), certify that on June 21, 2003 (date), at Plainfield in Hendricks County, Indiana, Cory David Spencer of Hendricks County, Indiana (state), and Christina Marie Bobb of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 27, 2003. Signed by: Fr. Kevin Morris, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on June 24, 2003 (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 67
Page 287
5-27-03
Date of Application

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

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 5-27-03
Name of Physician Health Tracks

MALE APPLICANT

Name: First Jeffrey Middle Scott Last Reynolds
Date of Birth: Month 4 Day 25 Year 79
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 5318 Ridgehill Way 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 Randy Reynolds
   (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 Suzie Hutchison
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
X Signature of Applicant [signature] Date 5/27/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 27 day of May 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Danyelle Middle Nicole Last Vernon
Date of Birth: Month 5 Day 8 Year 80
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 5318 Ridgehill Way 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. ____
6. (a) Full name of applicant's father Henry Gerard Vernon
   (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 Deborah 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).
X Signature of Applicant Danyelle Vernon Date 5/27/03

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

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
X Signed Danyelle Vernon
X New Address same
Subscribed and sworn to before me this 27 day of May, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 27, 2003, authorizing the marriage of Jeffrey Scott Reynolds and Danyelle Nicole Vernon.
I further certify that the following marriage certificate was filed in my office: I, George M. Stone (name), certify that on June 6, 2003 (date), at Danville in Hendricks County, Indiana, Jeffrey Scott Reynolds of Hendricks County, Indiana (state), and Danyelle Nicole Vernon of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 27, 2003. Signed by: George M. Stone, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 10, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 67
Page 288
5-27-03
Date of Application

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

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 5-28-03
Name of Physician Dr. Gaddy

MALE APPLICANT

Name: First Jeremy Middle Jay Last Skaggs
Date of Birth: Month 2 Day 17 Year 75
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 29 Sunset Manor City Martinsville County Morgan State IN 46151
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

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

ACKNOWLEDGEMENT

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

X Signature of Applicant Jeremy J. Skaggs Date 5-27-03

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

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
X Signed Jeremy J. Skaggs
X New Address Same As Bride
Subscribed and sworn to before me this 27 day of May, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Erika Middle Lynn Last Lopossa
Date of Birth: Month 8 Day 19 Year 82
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 5354 W. US Hwy 40 City Stilesville County Hendricks State IN 46180
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

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

ACKNOWLEDGEMENT

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

X Signature of Applicant Erika L Lopossa Date 5-27-03

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

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
X Signed Erika L Lopossa
X New Address Same
Subscribed and sworn to before me this 27 day of May, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 27, 2003, authorizing the marriage of Jeremy Jay Skaggs and Erika Lynn Lopossa.
I further certify that the following marriage certificate was filed in my office: I, Jimmy Johnson (name), certify that on June 28, 2003 (date), at Coatesville in Hendricks County, Indiana, Jeremy Jay Skaggs of Morgan County, Indiana (state), and Erika Lynn Lopossa of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 27, 2003. Signed by: Jimmy Johnson, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 10, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

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

Book 67
Page 289
5-27-03
Date of Application

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

Female Applicant > 50 No ☑ Yes ☐
If No, Medical Examination or Report Dated 5-14-03
Name of Physician Dr. Smith

MALE APPLICANT

Name: First Michael Middle J. Last Berkley
Date of Birth: Month 3 Day 13 Year 1971
Place of Birth (State or foreign country) Indiana 46234
Residence Address: Street or R.R. 310/A Great Lakes Cir. W. City Indpls County Marion State IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 1-03
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Driver's License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Michael J Berkley Date 5/27/03

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

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Michael J Berkley
New Address 256 N. Vine St. Plnfld, IN 46168
Subscribed and sworn to before me this 27 day of May 2003
Sharon Dugan
Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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 C. Last Phelps
Date of Birth: Month 3 Day 15 Year 1976
Place of Birth (State or foreign country) Indiana 46224
Residence Address: Street or R.R. 421 C Big Hill Cir. City Indpls. County Marion State IN
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date _____
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Drivers License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 C. Phelps Date 5-27-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 C. Phelps
New Address 256 N. Vine St. Plainfield IN 46168
Subscribed and sworn to before me this 27 day of May 2003
Sharon Dugan
Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 27, 2003, authorizing the marriage of Michael J. Berkley and Melissa C. Phelps.
I further certify that the following marriage certificate was filed in my office: I, Michael W. Phelps (name), certify that on June 7, 2003 (date), at Cloverdale in Putnam County, Indiana, Michael J. Berkley of Hendricks County, Indiana (state), and Melissa C. Phelps of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 27, 2003. Signed by: Michael W. Phelps, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on June 24, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

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

Book 67
Page 290
5-27-03
Date of Application

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

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 5-27-03
Name of Physician Donald K Leedy

MALE APPLICANT

Name: First Chad Middle Allen Last Laroche
Date of Birth: Month 12 Day 30 Year 78
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 270 Aintree Way, Apt D City Avon County Hendricks State 46123
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that 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 L. Rl Date 5/27/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 L. Rl
X New Address same
Subscribed and sworn to before me this 27 day of May 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Brodi Middle Elisa Last Ruhmann
Date of Birth: Month 10 Day 22 Year 80
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 307 Dover Rd City Brownsburg County Hendricks State 46112
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
X Signature of Applicant Brodi Ruhmann Date 5-27-2003

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

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
X Signed Brodi Ruhmann
X New Address 270 Aintree Way, D Avon, IN 46123
Subscribed and sworn to before me this 27th day of May, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 27, 2003, authorizing the marriage of Chad Allen LaRoche and Brodi Elisa Ruhmann.
I further certify that the following marriage certificate was filed in my office: I, Dr. Thomas Walker (name), certify that on June 7, 2003 (date), at Brownsburg in Hendricks County, Indiana, Chad Allen LaRoche of Hendricks County, Indiana (state), and Brodi Elisa Ruhmann of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 27, 2003. Signed by: Dr. Thomas Walker, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on June 19, 2003 (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 67
Page 291
5-28-03
Date of Application

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

Female Applicant > 50 No ☑ Yes ☐ If No, Medical Examination or Report Dated 5-28-03
Name of Physician STEPHEN AEEGER

MALE APPLICANT

Name: First BRIAN Middle KIM Last BATES
Date of Birth: Month 2 Day 28 Year 1968
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. 824 HARDING ST City PLAINFIELD County HENDRICKS State IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 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. GABE JAMESON BATES
6. (a) Full name of applicant's father DENNIS EUGENE BATES
   (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 RUTH EVELYN MADISON
   (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 05/28/03

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

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed [signature]
New Address same
Subscribed and sworn to before me this 28 day of MAY 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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 STOGSDILL
Date of Birth: Month 5 Day 16 Year 1961
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. 824 HARDING ST. 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 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. MISTY MARIE DURBIN
   CHRISTINA LEIGHANN DURBIN
   AMMIE LYNN DURBIN
6. (a) Full name of applicant's father JOHN CLINTON STOGSDILL
   (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 MARTHA ALICE CAZZEE
   (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 Paula Jean Stogsdill Date 5-28-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Stogsdill
New Address same
Subscribed and sworn to before me this 28 day of MAY 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 28, 2003, authorizing the marriage of Brian Kim Bates and Paula Jean Stogsdill.
I further certify that the following marriage certificate was filed in my office: I, Rev. Wayne C. Carnes (name), certify that on June 21, 2003 (date), at Indianapolis in Marion County, Indiana, Brian Kim Bates of Hendricks County, Indiana (state), and Paula Jean Stogsdill of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 28, 2003. Signed by: Rev. Wayne C. Carnes, Ordained Elder (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on June 26, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 67
Page 292
5-28-03
Date of Application

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

Female Applicant > 50 No ☑ Yes ☐
If No, Medical Examination or Report Dated 5-13-03
Name of Physician DELAFIELD

MALE APPLICANT

Name: First KENNETH Middle Glenn Last STEIN

Date of Birth: Month 4 Day 25 Year 1972

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 5000 S. ST Rd 39 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 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. Briana Stein

6. (a) Full name of applicant's father Michael W. Stein
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Linda F. Strong
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [signature] Date 5-28-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 1416 Frostwood Ln. Greenwood IN 46143
Subscribed and sworn to before me this _____ day of _____
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First BUFFY Middle JO Last LLOYD

Date of Birth: Month 3 Day 20 Year 1973

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 5000 S. ST RD 39 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 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. Whitney Lloyd

6. (a) Full name of applicant's father Bruce Ferguson
   (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 Phyllis J. Hoots
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [signature] Date 5/28/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 1416 Frost-Wood Ln. Greenwood IN 46143
Subscribed and sworn to before me this _____ day of _____
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 28, 2003, authorizing the marriage of Kenneth Glenn Stein and Buffy Jo Lloyd.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on May 28, 2003 (date), at Danville in Hendricks County, Indiana, Kenneth Glenn Stein of Hendricks County, Indiana (state), and Buffy Jo 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 May 28, 2003. Signed by: Janet S. Smith, Hend Co Deputy Clerk (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on June 5, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

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

Book 67
Page 293
5-28-03
Date of Application

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

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 5-21-03
Name of Physician Barbara Mitakewich, D.O.

MALE APPLICANT

Name: First Gary Middle Lee Last Rasnake
Date of Birth: Month 4 Day 29 Year 64
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 302 Bent Stream 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 1987
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

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

FEMALE APPLICANT

Name: First Brenda Middle Sue Last Bryant
Date of Birth: Month 4 Day 28 Year 64
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1405 Creekside 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 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. Amber Young
6. (a) Full name of applicant's father Charles David Bryant
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Maria Theresa Wurzer
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Germany

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
X Signature of Applicant Gary L Rasnake Date 5-28-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 L Rasnake
New Address Same
Subscribed and sworn to before me this 28 day of May, 2003
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 Brenda Sue Bryant Date 5/28/03

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

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Brenda Sue Bryant
New Address 302 Bent Stream Lane Brownsburg IN
Subscribed and sworn to before me this 28 day of May, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 28, 2003, authorizing the marriage of Gary Lee Rasnake and Brenda Sue Bryant.
I further certify that the following marriage certificate was filed in my office: I, Rev. Timothy B. Leach (name), certify that on June 28, 2003 (date), at Avon in Hendricks County, Indiana, Gary Lee Rasnake of Hendricks County, Indiana (state), and Brenda Sue Bryant of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 28, 2003. Signed by: Rev. Timothy B. Leach, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 2, 2003 (date).

Sharon Dugan
Signed _____ Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 67
Page 294
5-29-03
Date of Application

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

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 4-16-03
Name of Physician William Mohr MD

MALE APPLICANT

Name: First David Middle Andrew Last Wright
Date of Birth: Month 2 Day 9 Year 77
Place of Birth (State or foreign country) California
Residence Address: Street or R.R. 605 Roberta Court 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 Dale Wright
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Illinois
   (b) Full maiden name of applicant's mother Marsha Crowl
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Illinois

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
X Signature of Applicant [signature] Date 5/29/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 May, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Suzanne Middle Michelle Last Forsterling
Date of Birth: Month 2 Day 23 Year 79
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 605 Roberta Court 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 Robert Forsterling
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Wisconsin
   (b) Full maiden name of applicant's mother Lynn Golscher
   (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 5-29-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 May, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 29, 2003, authorizing the marriage of David Andrew Wright and Suzanne Michelle Forsterling
I further certify that the following marriage certificate was filed in my office: I, Rev. Dean C. Wright (name), certify that on June 22, 2003 (date), at Carmel in Hendricks County, Indiana, David Andrew Wright of Hendricks County, Indiana (state), and Suzanne Michelle Forsterling of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 29, 2003. Signed by: Rev. Dean C. Wright, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on June 26, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 67
Page 295
May 29 2003
Date of Application

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

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 5-1-03
Name of Physician Dr. Trammell

MALE APPLICANT

Name First Middle Last

Date of Birth Month Day Year

Place of Birth (State or foreign country)

Residence Address Street or R.R. City County State

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

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

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

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

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

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

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name First Middle Last
Ann Susan White

Date of Birth Month Day Year
3 18 1957

Place of Birth (State or foreign country)
Maryland

Residence Address Street or R.R. City County State
139 Avon Village Dr. Avon Hendricks IN 46123

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

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 Thelopis Mulligan
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country)
   (b) Full maiden name of applicant's mother Velva Barnhart
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) —

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Ann S White Date 5/29/03

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 67
Page 296
5-29-03
Date of Application

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

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 5-29-03
Name of Physician Ron Stegmoller MD

MALE APPLICANT

Name: First Chad Middle Andrew Last Hardin
Date of Birth: Month 7 Day 14 Year 77
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 49 Harvest Court City Danville County Hend State In 46122
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
X Signature of Applicant Chad A. Hardin Date 5-28-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 A. Hardin
X New Address Same
Subscribed and sworn to before me this 29 day of May, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Megan Middle Leigh Last Monts
Date of Birth: Month 4 Day 25 Year 78
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 49 Harvest Court 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 Ronald D. Monts
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Virginia
   (b) Full maiden name of applicant's mother Mary L. Sadler
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
X Signature of Applicant Megan L. Monts Date 5-29-03

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

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
X Signed Megan L. Monts
X New Address Same
Subscribed and sworn to before me this 29 day of May, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 29, 2003, authorizing the marriage of Chad Andrew Hardin and Megan Leigh Monts.
I further certify that the following marriage certificate was filed in my office: I, Rev. Thomas K. Stepanksi (name), certify that on June 14, 2003 (date), at Danville in Hendricks County, Indiana, Chad Andrew Hardin of Hendricks County, Indiana (state), and Megan Leigh Monts of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 29, 2003. Signed by: Rev. Thomas K. Stepanski, Priest (official designation) Filed and recorded in accordance with the laws of the State of Indiana on June 24, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 67
Page 297
5-29-03
Date of Application

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

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 5-20-03
Name of Physician Karen Beeling MD

MALE APPLICANT

Name: First James Middle Paul Last Pierson
Date of Birth: Month 6 Day 25 Year 79
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 206 High St. City Danville County Hend. St IN 46122
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify)
Drivers License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
X Signature of Applicant [signature] Date 5-29-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 May, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Sarah Middle Nicole Denise Last Williams
Date of Birth: Month 1 Day 9 Year 80
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 206 High St City Danville County Hend. St IN 46122
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify)
Drivers License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
X Signature of Applicant [signature] Date 5-29-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 May 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 29, 2003, authorizing the marriage of James Paul Pierson and Sarah Nicole Denise Williams
I further certify that the following marriage certificate was filed in my office: I, John L. Ross (name), certify that on June 14, 2003 (date), at Plainfield in Hendricks County, Indiana, James Paul Pierson of Hendricks County, Indiana (state), and Sarah Nicole Denise Williams of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 29, 2003. Signed by: John L. Ross, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on June 24, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

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

Book 67
Page 298
5-30-03
Date of Application

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

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 5-30-03
Name of Physician David Hadley MD

MALE APPLICANT

Name: First Brandon Middle Kristopher Last Quarles
Date of Birth: Month 12 Day 12 Year 80
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 2396 N. CoRd 425 W. 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 Edward Lee Quarles 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 Kathy Williams
   (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 Kyria Middle Brooke Last Powers
Date of Birth: Month 1 Day 8 Year 81
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 2111 S. CoRd 900 E. City Anaple 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 male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 B. 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 Kizzieanne Cheek
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
X Signature of Applicant [signature] Date 6-6-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 2111 S CoRd 900E Indpls Hend IN 46231
Subscribed and sworn to before me this 6 day of June, 2003
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 Kyria Powers Date 5-30-03

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

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
X Signed Kyria Powers
X New Address Same
Subscribed and sworn to before me this 30 day of May, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 30, 2003, authorizing the marriage of Brandon Christopher Quarles and Kyria Brooke Powers.
I further certify that the following marriage certificate was filed in my office: I, Dr. Billy Strother (name), certify that on June 7, 2003 (date), at Danville in Hendricks County, Indiana, Brandon Christopher Quarles of Monroe County, Indiana (state), and Kyria Brooke 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 May 30, 2003. Signed by: Dr. Billy Strother, Preacher (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on June 19, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

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

Book 67
Page 299
5-30-03
Date of Application

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

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 4-11-03
Name of Physician James Toter MD

MALE APPLICANT

Name: First Randall Middle Lee Last Summers
Date of Birth: Month 8 Day 11 Year 55
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1008 Valley Vuie Dr Apt 2 City Plainfield County Hendricks State IN 46168
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 1996
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify)
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. Danielle Renee Summers
6. (a) Full name of applicant's father Richard L Summers
   (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 Eloise Starett
   (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 Randall L. Summers Date 5-30-03

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

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
X Signed Randall L. Summers
X New Address Same
Subscribed and sworn to before me this 30 day of May, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Cheryl Middle Ann Last Trosvig
Date of Birth: Month 2 Day 23 Year 56
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1008 Valley Vuie 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 Howard R. Trosvig
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Minnesota
   (b) Full maiden name of applicant's mother Margaret T. Disiscono
   (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 Cheryl A. Trosvig Date 5/30/03

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

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
X Signed Cheryl A. Trosvig
X New Address Same
Subscribed and sworn to before me this 30 day of May 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 30, 2003, authorizing the marriage of Randall Lee Summers and Cheryl Ann Trosvig.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on June 19, 2003 (date), at Danville in Hendricks County, Indiana, Randall Lee Summers of Hendricks County, Indiana (state), and Cheryl Ann Trosvig of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 30, 2003. Signed by: Janet S. Smith, Hend Co Deputy Clerk (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on June 24, 2003 (date).

Sharon Dugan
Signed _____ Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 67
Page 300
5-30-03
Date of Application

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

Female Applicant > 50 No ☑ Yes ☐
If No, Medical Examination or Report Dated 5-12-03
Name of Physician Virginia A. Caine

MALE APPLICANT

Name: First AARON Middle Christopher Last BRYANT
Date of Birth: Month 3 Day 26 Year 1975
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. 8104 BARBARA DR. City BROWNSBURG County Hendricks State IN
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify)

DRIVERS LICENSE

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. 0
6. (a) Full name of applicant's father DALE CONRAD BRYANT
   (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 SUE ANN DELVALLEY
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) IN
   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 Aaron C. Bryant Date 5-30-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Aaron C. Bryant
New Address 6420 B Ferrari Place Indpls 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

FEMALE APPLICANT

Name: First Jennifer Middle NICOLE Last Pickell
Date of Birth: Month 7 Day 1 Year 1978
Place of Birth (State or foreign country) MI
Residence Address: Street or R.R. 535 S. Fleming St. City INDPLS County MARION State IN
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify)

DRIVERS LICENSE

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. 0
6. (a) Full name of applicant's father STEPHEN MARTIN PICKELL
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) MI
   Birthplace of father (State or foreign country) MI
   (b) Full maiden name of applicant's mother LEATHA JOAN BROWN
   (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 N. Pickell Date 5-30-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 N. Pickell
New Address 6420 B Ferrari Place 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 May 30, 2003, authorizing the marriage of Aaron Christopher Bryant and Jennifer Nicole Pickell.
I further certify that the following marriage certificate was filed in my office: I, Todd Calvert (name), certify that on June 14, 2003 (date), at Indianapolis in Marion County, Indiana, Aaron Christopher Bryant of Hendricks County, Indiana, (state), and Jennifer Nicole Pickell of Marion County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 30, 2003 Signed by: Todd Calvert, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on June 24, 2003 (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 67
Page 301
5-30-03
Date of Application

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

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 5-30-03
Name of Physician Dr. Kerstetter

MALE APPLICANT

Name: First Timothy Middle Joe Last Thomas
Date of Birth: Month 9 Day 30 Year 78
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 17 Lasalle Lane City Pittsboro County Hendricks State IN 46167
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
X Signature of Applicant T. Thomas Date 05/30/2003

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

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
X Signed T. Thomas
X New Address SAME AS ABOVE
Subscribed and sworn to before me this 30 day of May 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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 Burr
Date of Birth: Month 3 Day 11 Year 1981
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. 7076 Hawthorne 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) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Richard Charles Burr
   (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 Deane Marie Polette
   (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 Jennifer Burr Date 5/30/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 Burr
X New Address Same as groom
Subscribed and sworn to before me this 30 day of May 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 30, 2003, authorizing the marriage of Timothy Joe Thomas and Jennifer Lynn Burr.
I further certify that the following marriage certificate was filed in my office: I, Glen McFarland (name), certify that on June 7, 2003 (date), at Attica in Fountain County, Indiana, Timothy Joe Thomas of Hendricks County, Indiana (state), and Jennifer Lynn Burr of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 30, 2003. Signed by: Glen McFarland, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on June 24, 2003 (date).

Sharon Dugan
Signed _____ Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

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

Book 67
Page 302
5-30-03
Date of Application

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

Female Applicant > 50 No ☑ Yes ☐
If No, Medical Examination or Report Dated 5-29-03
Name of Physician Dr. Schmall

MALE APPLICANT

Name: First David Middle P. Last Holt
Date of Birth: Month 8 Day 22 Year 1953
Place of Birth (State or foreign country) Indiana 46122
Residence Address: Street or R.R. 182 Barryknoll St. City Danville County Hend. State IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☑ Date 7-00
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Driver's License

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

FEMALE APPLICANT

Name: First Christina Middle S. Last Cox
Date of Birth: Month 7 Day 8 Year 1955
Place of Birth (State or foreign country) Indiana 46122
Residence Address: Street or R.R. 182 Barryknoll St. City Danville County Hend. State IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 7-00
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. Kenneth Eugene Cox, Carrie Ruth Cox
6. (a) Full name of applicant's father Zeta Floyd McClare
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Florida
   Birthplace of father (State or foreign country) Arkansas
   (b) Full maiden name of applicant's mother Jenny Lee McKay
   (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 David P. Holt Date 5/30/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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. Holt
New Address same as above
Subscribed and sworn to before me this 30 day of May 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Christina S. Cox Date 5/30/03

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

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Christina S. Cox
New Address same as above
Subscribed and sworn to before me this 30 day of May 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 30, 2003, authorizing the marriage of David Paul Holt and Christina Sue Cox.
I further certify that the following marriage certificate was filed in my office: I, Steven B. Jaggers (name), certify that on June 27, 2003 (date), at Danville in Hendricks County, Indiana, David Paul Holt of Hendricks County, Indiana (state), and Christina Sue 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 May 30, 2003. Signed by: Steven B. Jaggers, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 10, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 67
Page 303
5-30-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage 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 HIEN Middle V. Last TRAN
Date of Birth: Month 1 Day 22 Year 1941
Place of Birth (State or foreign country) VIET NAM
Residence Address: Street or R.R. 1480 AUDUBON 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 2000
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) DRIVERS LICENSE

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. -0-
6. (a) Full name of applicant's father TRAN VAN THANH
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) _____
   Birthplace of father (State or foreign country) VIET NAM
   (b) Full maiden name of applicant's mother HO THI CHANH
   (If adopted, list adoptive parents only) _____
   Residence of mother (if deceased, so state) _____
   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 Hien Van Tran Date 5/30/03

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

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Hien Van Tran
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 HELEN Middle HUYNH Last BUI
Date of Birth: Month 12 Day 31 Year 1942
Place of Birth (State or foreign country) VIET NAM
Residence Address: Street or R.R. 1480 AUDUBON 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 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. -0-
6. (a) Full name of applicant's father BUI VAN NAM
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) _____
   Birthplace of father (State or foreign country) VIET NAM
   (b) Full maiden name of applicant's mother LE THI BONG
   (If adopted, list adoptive parents only) _____
   Residence of mother (if deceased, so state) _____
   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 Helen H. Bui Date 5/30/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 H. Bui
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 May 30, 2003, authorizing the marriage of Hien Van Tran and Helen Huynh Bui.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on May 30, 2003 (date), at Danville in Hendricks County, Indiana, Hien Van Tran of Hendricks County, Indiana (state), and Helen Huynh Bui of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 30, 2003. Signed by: Janet S. Smith, Hend Co Deputy Clerk (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on June 6, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 67
Page 304
5-30-03
Date of Application

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

Female Applicant > 50 No ☐ Yes ☐
If No, Medical Examination or Report Dated 5-29-03
Name of Physician Berry Trueman

MALE APPLICANT

Name: First Thomas Middle Franklin Last Harmon II
Date of Birth: Month October Day 31 Year 1977
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1907 Jeto Lake 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 N/A
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. N/A
6. (a) Full name of applicant's father Thomas Parsey Harmon
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Mary Elizabeth Delong
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant T. Franklin Harmon II Date 5/30/03

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

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed T. Franklin Harmon II
New Address SAME
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 Rebecca Middle Lynn Last Willerton
Date of Birth: Month 4 Day 21 Year 81
Place of Birth (State or foreign country) Nebraska
Residence Address: Street or R.R. 1352 Westwind 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 Royce Willerton
   (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 Sherry Lynn Buckley
   (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 Rebecca Willerton Date 6/4/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Willerton
New Address same as groom
Subscribed and sworn to before me this 4 day of June, 2003
_____ 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 June 4, 2003, authorizing the marriage of Thomas Franklin Harmon II and Rebecca Lynn Willerton.
I further certify that the following marriage certificate was filed in my office: I, Rev. Sherry Willerton (name), certify that on June 7, 2003 (date), at Avon in Hendricks County, Indiana, Thomas Franklin Harmon II of Hendricks County, Indiana (state), and Rebecca Lynn Willerton of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 4, 2003. Signed by: Rev. Sherry Willerton, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 2, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 67
Page 305
Date of Application 5-30-03

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

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 5-27-03
Name of Physician AHN

MALE APPLICANT

Name: First Nicholas Middle Charles Last Welte
Date of Birth: Month December Day 12 Year 1979
Place of Birth (State or foreign country) Illinois
Residence Address: Street or R.R. 7851 Palawan Way A City Indpls. County Marion 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 Charles Welte
   (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 Danita Louise Skeen
   (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 Nicholas C. Welte Date 5/30

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

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Nicholas C. Welte
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 Stephanie Middle Lynn Last Poland
Date of Birth: Month August Day 4 Year 1980
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 812 W. CR 550 S. City Clayton 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. NA
6. (a) Full name of applicant's father Donald J. Poland
   (If adopted, list adoptive parents only)
   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 Cooper
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Stephanie Poland Date 30-May-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Poland
New Address 7851 Palawan Way Apt A Indpls. IN, 46239
Subscribed and sworn to before me this _____ day of _____
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 30, 2003, authorizing the marriage of Nicholas Charles Welte and Stephanie Lynn Poland.
I further certify that the following marriage certificate was filed in my office: I, Stevan W. Ranson (name), certify that on June 21, 2003 (date), at Clayton in Hendricks County, Indiana, Nicholas Charles Welte of Marion County, Indiana (state), and Stephanie Lynn Poland of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 30, 2003. Signed by: Stevan W. Ranson, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on June 26, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 67
Page 306
5-30-03
Date of Application

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

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 3-20-03
Name of Physician James Titus MD

MALE APPLICANT

Name: First Jack Middle C Last Swalley
Date of Birth: Month 11 Day 28 Year 57
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 3545 N CoRd 950 E 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 1980
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify)

Drivers License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 C Swalley Date 5-30-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 C Swalley
✓ New Address same
Subscribed and sworn to before me this 30 day of May 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Kimberley Middle Sue Last Worrell
Date of Birth: Month 12 Day 25 Year 60
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 30 Murphy Court 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 1991
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify)

Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Lyman L Hoyt 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 Alice Marie Hall
   (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 Kimberley S Worrell Date 5/30/03

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

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
✗ Signed Kimberley S Worrell
✓ New Address 3545 N CR 950 E
Subscribed and sworn to before me this 30 day of May 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 30, 2003, authorizing the marriage of Jack C. Swalley and Kimberley Sue Worrell.
I further certify that the following marriage certificate was filed in my office: I, Joan Groover (name), certify that on June 28, 2003 (date), at Brownsburg in Hendricks County, Indiana, Jack C. Swalley of Hendricks County, Indiana (state), and Kimberley Sue Worrell of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 30, 2003. Signed by: Joan Groover, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 18, 2003 (date).

Sharon Dugan
Signed _____ Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

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

Book 67
Page 307
6-2-03
Date of Application

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

Date of Birth: Month 1 Day 23 Year 46

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 5101 Fairway 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 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 (If adopted, list adoptive parents only) Lloyd Miller Lively
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) _____
   (b) Full maiden name of applicant's mother (If adopted, list adoptive parents only) Juanita May Stewart
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name: First Sue Middle Ellen Last Smith

Date of Birth: Month 12 Day 26 Year 52

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 5101 Fairway 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 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 Charles Edward Baden 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 (If adopted, list adoptive parents only) Mabel Francis Day
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Royce Lively Date 6-2-03

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

Subscribed and sworn to before me this 2 day of June, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of 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 Sue Ellen Smith Date 6/2/03

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

State of Indiana)
County of Hendricks)

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

Signed Sue Ellen Smith
New Address same

Subscribed and sworn to before me this 2 day of June, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 2, 2003, authorizing the marriage of William Royce Lively and Sue Ellen Smith.

I further certify that the following marriage certificate was filed in my office: I, Joel R. Vogel (name), certify that on July 19, 2003 (date), at Avon in Hendricks County, Indiana, William Royce Lively of Hendricks County, Indiana (state), and Sue Ellen Smith of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 2, 2003. Signed by: Joel R. Vogel, Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on July 22, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

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

Book 67
Page 308
~~5-16-03~~ 6-3-03
Date of Application

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

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 5-16-03
Name of Physician Dr. Cooper

MALE APPLICANT

Name: First Chris Middle Allen Last Cunningham
Date of Birth: Month 9 Day 15 Year 77
Place of Birth (State or foreign country) Texas
Residence Address: Street or R.R. 8795 E. Co Rd 600 N. 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) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father John Michael Cunningham
   (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 Marietta Jane Vandeventer
   (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 Chris Cunningham Date 6/2/03

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

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
✓ Signed Chris Cunningham
✓ New Address same
Subscribed and sworn to before me this 2 day of June, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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 Ruth Last Oliver
Date of Birth: Month 2 Day 12 Year 80
Place of Birth (State or foreign country) Kentucky
Residence Address: Street or R.R. 8795 E. Co Rd 600 N. 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) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Stan Oliver
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Virginia
   Birthplace of father (State or foreign country) Kentucky
   (b) Full maiden name of applicant's mother D. Carolyn Stephens
   (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 Emily R. Oliver Date 6/2/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 R. Oliver
✓ New Address same
Subscribed and sworn to before me this 2 day of June, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 2, 2003, authorizing the marriage of Chris Allen Cunningham and Emily Ruth Oliver.
I further certify that the following marriage certificate was filed in my office: I, Mark R. Walters (name), certify that on June 21, 2003 (date), at Brownsburg in Hendricks County, Indiana, Chris Allen Cunningham of Hendricks County, Indiana (state), and Emily Ruth Oliver of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 2, 2003. Signed by: Mark R. Walters, Chaplain (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on June 23, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 67
Page 309
6.2.03
Date of Application

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

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 5-29-03
Name of Physician Dr. Moreland

MALE APPLICANT

Name: First Eric Middle Eugene Last Ericsson
Date of Birth: Month October Day 29 Year 1971
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 335 E. Main St. City Danville County Hend. State IN 46122
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 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. Ashton Ericsson
6. (a) Full name of applicant's father David Alan Ericsson
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Washington
   (b) Full maiden name of applicant's mother Elizabeth Ann Marie Wolf
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) North Dakota

ACKNOWLEDGEMENT

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

✗ Signature of Applicant Eric Ericsson Date 6/2/03

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

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
✗ Signed Eric Ericsson
✗ New Address SAME
Subscribed and sworn to before me this 2 day of June, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Danielle Middle Renee Last Wilson
Date of Birth: Month 4 Day 17 Year 79
Place of Birth (State or foreign country) Ohio
Residence Address: Street or R.R. 4401 King Arthur Ct. City Carmel County Hamilton State IN 46033
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date _____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Eugene Wilson
   (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 Rita Susan Pudsey
   (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 Danielle R. Wilson Date 6/2/03

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

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
✗ Signed Danielle R. Wilson
✗ New Address 335 East Main Street Danville
Subscribed and sworn to before me this 2 day of June, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 2, 2003, authorizing the marriage of Eric Eugene Ericsson and Danielle Renee Wilson.
I further certify that the following marriage certificate was filed in my office: I, Rev. Don R. Smith (name), certify that on July 5, 2003 (date), at Carmel in Hamilton County, Indiana, Eric Eugene Ericsson of Hendricks County, Indiana (state), and Danielle Renee Wilson of Hamilton County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 2, 2003. Signed by: Rev. Don R. Smith, Reverend (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 18, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 67
Page 310
6-2-03
Date of Application

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

Female Applicant > 50 No ☑ Yes ☐
If No, Medical Examination or Report Dated 6-2-03
Name of Physician David Hadley MD

MALE APPLICANT

Name: First Ryan Middle Christopher Last Sawyers
Date of Birth: Month 10 Day 26 Year 82
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 6361 River Run Dr. City Indpls County Marion State In 46237
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Drivers License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
✗ Signature of Applicant Ryan Sawyers Date 6-2-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Sawyers
✗ New Address Same as Bride
Subscribed and sworn to before me this 2 day of June, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Rachael Middle Nicole Last Presnell
Date of Birth: Month 11 Day 12 Year 83
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 412 Rowndale 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 John C. Presnell
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Jo C. Shafer
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
✗ Signature of Applicant Rachael N. Presnell Date 6-2-03

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

State of Indiana)
County of Hendricks) I swear/affirm that the information given in this application is true and correct.
✗ Signed Rachael N. Presnell
✗ New Address Same as above
Subscribed and sworn to before me this 2 day of June, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 2, 2003, authorizing the marriage of Ryan Christopher Sawyers and Rachael Nicole Presnell.
I further certify that the following marriage certificate was filed in my office: I, Rev. James W. Warren (name), certify that on July 4, 2003 (date), at Plainfield in Hendricks County, Indiana, Ryan Christopher Sawyers of Marion County, Indiana (state), and Rachael Nicole Presnell of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 2, 2003. Signed by: Rev. James W. Warren, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 18, 2003 (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 67
Page 311
6-2-03
Date of Application

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

Female Applicant > 50 No ☑ Yes ☐
If No, Medical Examination or Report Dated 6-2-03
Name of Physician DAVID HADLEY

MALE APPLICANT

Name: First Jamie Middle E Last Fife
Date of Birth: Month 7 Day 23 Year 1965
Place of Birth (State or foreign country) OH
Residence Address: Street or R.R. 8355 E US Hwy 36 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
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify)

Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Thomas, Tiffany
   Travis, Tracey
6. (a) Full name of applicant's father James A FIFE
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) IN
   Birthplace of father (State or foreign country) VA
   (b) Full maiden name of applicant's mother Phyllis A Freshwater
   (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 Jamie E Fife Date 6/2/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 E Fife
New Address ~~X 38 E~~ P.O. Box 84 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 DEENA Middle KAYE Last PRYOR
Date of Birth: Month 7 Day 11 Year 1975
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. 38 E. Michigan 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)

Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Pryor
   (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 Cathleen O'neal
   (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 Deena K. Pryor Date 6-2-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Deena K. Pryor
New Address PO Box 84 Clayton IN 46118
Subscribed and sworn to before me this _____ day of _____
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 2, 2003, authorizing the marriage of Jamie Edward Fife and Deena Kaye Pryor.
I further certify that the following marriage certificate was filed in my office: I, Andrew Szakaly (name), certify that on June 7, 2003 (date), at Nashville in Brown County, Indiana, Jamie Edward Fife of Hendricks County, Indiana (state), and Deena Kaye Pryor of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 2, 2003. Signed by: Andrew Szakaly, Clergy (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on June 19, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

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

Book 67
Page 312
6-3-03
Date of Application

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

Female Applicant > 50 No ☑ Yes ☐
If No, Medical Examination or Report Dated 5-21-03
Name of Physician Donald Bauer MD

MALE APPLICANT

Name: First James, Middle Andrew, Last Wise
Date of Birth: Month 10, Day 1, Year 75
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 3675 Homestead Cir 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) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 Homer Wise
   (If adopted, list adoptive parents only)
   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 Gayle Cavanal
   (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 James Andrew Wise Date 6/3/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 Andrew Wise
X New Address 3675 Homestead Cir. E. Plainfield IN 46168
Subscribed and sworn to before me this 3 day of June, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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 Ruth, Last Daniel
Date of Birth: Month 7, Day 27, Year 71
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 3675 Homestead Cir 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) Drivers License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that 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 Ruth Daniel Date 6-3-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 Ruth Daniel
X New Address Same
Subscribed and sworn to before me this 3 day of June, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 3, 2003, authorizing the marriage of James Andrew Wise and Susan Ruth Daniel.
I further certify that the following marriage certificate was filed in my office: I, Andrew P. Crowley (name), certify that on June 7, 2003 (date), at Speedway in Marion County, Indiana, James Andrew Wise of Hendricks County, Indiana (state), and Susan Ruth Daniel of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 3, 2003. Signed by: Andrew P. Crowley, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on June 19, 2003 (date).

Sharon Dugan
Signed _____ Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 67
Page 313
6-3-03
Date of Application

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

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 6-5-03
Name of Physician Barry Freeman

MALE APPLICANT

Name: First Steven Middle Kyle Last Ellett
Date of Birth: Month 10 Day 11 Year 81
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 890 Ridgewood Dr. Apt 103B 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. Liam Christopher Ellett
6. (a) Full name of applicant's father Michael Chris Ellett
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Julia Jean Disk
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
X Signature of Applicant S. K. Ellett Date 6/03/03

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

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
X Signed S. K. Ellett
X New Address Same
Subscribed and sworn to before me this 3 day of June, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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 Elaine Last Farmer
Date of Birth: Month 1 Day 29 Year 83
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 890 Ridgewood Dr, Apt 103B 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. Darrian Farmer, Liam Ellett
6. (a) Full name of applicant's father Walter Lee Farmer
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Paula Mae 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 Amanda Farmer Date 6-5-3

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 Farmer
X New Address same
Subscribed and sworn to before me this 5 day of June, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 3, 2003, authorizing the marriage of Steven Kyle Ellett and Amanda Elaine Farmer.
I further certify that the following marriage certificate was filed in my office: I, Stevan W. Ranson (name), certify that on June 7, 2003 (date), at Plainfield in Hendricks County, Indiana, Steven Kyle Ellett of Hendricks County, Indiana (state), and Amanda Elaine Farmer of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 3, 2003. Signed by: Stevan W. Ranson, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on June 19, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 67
Page 314
6-4-03
Date of Application

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

Female Applicant > 50 No ☑ Yes ☐
If No, Medical Examination or Report Dated 5-30-03
Name of Physician Robert Rose

MALE APPLICANT

Name: First Kirk Middle Randall Last Scheumann
Date of Birth: Month 4 Day 19 Year 64
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 441 Trevor St. City Brownsburg County Hend State In 46112
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 1993
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Drivers License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
X Signature of Applicant Kirk Scheumann Date 6-4-03

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

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
X Signed Kirk Scheumann
X New Address 10756 Morristown Ct. Carmel, IN
Subscribed and sworn to before me this 4 day of June, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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 Keck
Date of Birth: Month 12 Day 14 Year 01
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 10756 Morristown Ct City Carmel County Hamilton State In 46032
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. Hannah Keck
6. (a) Full name of applicant's father Richard Leroy Conn
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Mary Catherine Mast
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that 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. Keck Date 6/4/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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. Keck
X New Address Same
Subscribed and sworn to before me this 4 day of June, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 4, 2003, authorizing the marriage of Kirk Randall Scheumann and Theresa Marie Keck.
I further certify that the following marriage certificate was filed in my office: I, Rev. Aaron M. Rosenau (name), certify that on June 7, 2003 (date), at Indianapolis in Marion County, Indiana, Kirk Randall Scheumann of Hendricks County, Indiana (state), and Theresa Marie Keck of Hamilton County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 4, 2003. Signed by: Rev. Aaron M. Rosenau, Reverend (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on June 19, 2003 (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 67
Page 315
6-4-03
Date of Application

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

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 5-29-03
Name of Physician James M. Williams

MALE APPLICANT	FEMALE APPLICANT
Name: First Jason Middle Ty Last Gibson	Name: First Casey Middle Jean Last Cork
Date of Birth: Month 1 Day 22 Year 79	Date of Birth: Month 4 Day 28 Year 79
Place of Birth (State or foreign country): Indiana	Place of Birth (State or foreign country): Michigan
Residence Address: Street or R.R. 9246 Church Rd City Brownsburg County Hend. St IN 46112	Residence Address: Street or R.R. 9246 Church Rd City Brownsburg County Hend. St 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) California 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 N/A	6. (a) Full name of applicant's father Kenneth William Cook
(If adopted, list adoptive parents only) ____	(If adopted, list adoptive parents only) ____
Residence of father (if deceased, so state) N/A	Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) N/A	Birthplace of father (State or foreign country) Michigan
(b) Full maiden name of applicant's mother Teresa Marene Easley	(b) Full maiden name of applicant's mother Pamela Jean Kromman
(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) 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 Jason Ty Gibson Date 6/4/03

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

Clerk of 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 Ty Gibson
X New Address Same

Subscribed and sworn to before me this 4 day of June, 2003

Sharon Dugan
Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of Hendricks)

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

ACKNOWLEDGEMENT

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

X Signature of Applicant Casey Jean Cork Date 6/4/03

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

Clerk of Court ____ Date ____

State of Indiana)
County of Hendricks)

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

X Signed Casey Jean Cork
X New Address Same

Subscribed and sworn to before me this 4 day of June, 2003

Sharon Dugan
Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of Hendricks)

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 4, 2003, authorizing the marriage of Jason Ty Gibson and Casey Jean Cork.

I further certify that the following marriage certificate was filed in my office: I, Rev. Joe Ridenour (name), certify that on July 12, 2003 (date), at Speedway in Marion County, Indiana, Jason Ty Gibson of Hendricks County, Indiana (state), and Casey Jean Cork of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 4, 2003. Signed by: Rev. Joe Ridenour, Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on July 18, 2003 (date).

Sharon Dugan
Signed ____ Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

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

Book 67
Page 316
6-4-03
Date of Application

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

Female Applicant > 50 No ☑ Yes ☐ 4-7-03
If No, Medical Examination or Report Dated
Name of Physician Dr. Saylor

MALE APPLICANT

Name: First Mark Middle C. Last Branneman
Date of Birth: Month 8 Day 14 Year 1965
Place of Birth (State or foreign country) Indiana 46123
Residence Address: Street or R.R. 7046 E US Hwy 36 City Avon County Hend. State IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 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. Jacob Clinton Branneman
6. (a) Full name of applicant's father Winford Tomlinson
   (If adopted, list adoptive parents only)
   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 Cline
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Branneman Date 6-4-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Branneman
New Address 10975 Horseshoe Dr. Indpls, IN 46234
Subscribed and sworn to before me this 4 day of June 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Tina Middle M. Last Pugh
Date of Birth: Month 3 Day 31 Year 1964
Place of Birth (State or foreign country) Indiana 46234
Residence Address: Street or R.R. 10975 Horseshoe Dr. City Indpls. County Marion State IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 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. Samantha Jean Pugh,
6. (a) Full name of applicant's father Allen Broshears
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Priscilla Ballard Burke
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 M Pugh Date 6-4-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 M Pugh
New Address same as above
Subscribed and sworn to before me this 4 day of June 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 4, 2003, authorizing the marriage of Mark Clinton Branneman and Tina Marie Pugh.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on June 4, 2003 (date), at Danville in Hendricks County, Indiana, Mark Clinton Branneman of Hendricks County, Indiana (state), and Tina Marie Pugh of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 4, 2003. Signed by: Janet S. Smith, Hend Co Deputy Clerk (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on June 13, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

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

Book 67
Page 317
6-4-03
Date of Application

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

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 6-2-03
Name of Physician Dr. Thompson

MALE APPLICANT

Name: First Michael Middle John Last Every
Date of Birth: Month 4 Day 18 Year 1979
Place of Birth (State or foreign country) England
Residence Address: Street or R.R. 1233 Normandie Dr City Danville County Hend. State In 46122
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages —
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date —
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

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

FEMALE APPLICANT

Name: First Melissa Middle A Last Adams
Date of Birth: Month 1 Day 5 Year 1981
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. 1233 Normandie Dr City Danville County Hend State IN 46122
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages —
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date —
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

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

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

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed M. J. Every
New Address WILLOWS, CHURCH LANE, RETFORD
Subscribed and sworn to before me this — day of —
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Melissa Adams Date 6/4/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Adams
New Address Willows, Church Lane, Retford
Subscribed and sworn to before me this — day of —
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 4, 2003, authorizing the marriage of Michael John Every and Melissa Ann Goldsby Adams.
I further certify that the following marriage certificate was filed in my office: I, Frank Sullivan, Jr. (name), certify that on June 6, 2003 (date), at Indianapolis in Marion County, Indiana, Michael John Every of Nottinghamshire County, United Kingdom (state), and Melissa Ann Goldsby Adams of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 4, 2003. Signed by: Frank Sullivan, Jr., Justice, Indiana Supreme Court (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on June 20, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 67
Page 318
6-4-03
Date of Application

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

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 4-16-03
Name of Physician Dr. Dakenson

MALE APPLICANT

Name: First Michael Middle Gregory Last Godby
Date of Birth: Month 1 Day 24 Year 51
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 160 Briarwood Ct City Brownsburg County Hendricks State IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 2002
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers Licens

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Michael Godby Date 6-4-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Godby
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 Michelle Middle Marie Last DeArmond
Date of Birth: Month 03 Day 02 Year 58
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 160 Briarwood 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 1992
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 male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Andy Louviere
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Louisiana
   (b) Full maiden name of applicant's mother Rita Jane Scott
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Iowa
   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 Michele M. DeArmond Date 6/4/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 M. DeArmond
New Address Same
Subscribed and sworn to before me this _____ day of _____
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 4, 2003, authorizing the marriage of Michael Gregory Godby and Michele Marie DeArmond.
I further certify that the following marriage certificate was filed in my office: I, Rev's Leanne and Michael Emery (name), certify that on July 19, 2003 (date), at Indianapolis in Marion County, Indiana, Michael Gregory Godby of Hendricks County, Indiana (state), and Michele Marie DeArmond of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 4, 2003. Signed by: Leanne Emery and Michael Emery Ministers (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on August 1, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

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

Book 67
Page 319
6-4-03
Date of Application

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

Female Applicant > 50 No ☑ Yes ☐
If No, Medical Examination or Report Dated 5-22-03
Name of Physician Collicott

MALE APPLICANT

Name First: Jerry Middle: James Last: Williams Jr.
Date of Birth Month: 9 Day: 24 Year: 64
Place of Birth (State or foreign country): Connecticut
Residence Address Street or R.R.: 3002 Clover Dr. City: Plainfield County: Hendricks State: In
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages: 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date: 11-13-01
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify)
Indiana Drivers license

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Michael Williams
   Ashley Lauren Williams
6. (a) Full name of applicant's father Jerry James Williams Sr.
   (If adopted, list adoptive parents only) —
   Residence of father (if deceased, so state) Michigan
   Birthplace of father (State or foreign country) Illinois
   (b) Full maiden name of applicant's mother Madonna Jo Barrett
   (If adopted, list adoptive parents only) —
   Residence of mother (if deceased, so state) Michigan
   Birthplace of mother (State or foreign country) Michigan

FEMALE APPLICANT

Name First: Stephanie Middle: Jane Last: Sparks
Date of Birth Month: 11 Day: 18 Year: 72
Place of Birth (State or foreign country): Indiana
Residence Address Street or R.R.: 3002 Clover Dr. City: Plfld. County: Hendricks State: In
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages: 2
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date: 11-99
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify)
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. Joel Anthony Goffinett
   William Stuart Whitley
6. (a) Full name of applicant's father James Edward Sparks
   (If adopted, list adoptive parents only) —
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) West Virginia
   (b) Full maiden name of applicant's mother Sandra Jane 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 [signature] Date 6-4-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 3002 Clover 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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [signature] Date 6-4-03

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

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

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 4, 2003, authorizing the marriage of Jerry James Williams, Jr. and Stephanie Jane Sparks.
I further certify that the following marriage certificate was filed in my office: I, Jimmy Johnson (name), certify that on July 12, 2003 (date), at Hazelwood in Hendricks County, Indiana, Jerry James Williams Jr. of Hendricks County, Indiana (state), and Stephanie Jane Sparks of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 4, 2003. Signed by: Jimmy Johnson, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 18, 2003 (date).

Sharon Dugan
Signed _____ Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

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

Book 67
Page 320
6-4-03
Date of Application

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

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 5-2-03
Name of Physician Dr. Valentine

MALE APPLICANT

Name: First J Middle Abraham Last Majors
Date of Birth: Month 9 Day 6 Year 1979
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. 3878 E CR 1150 N 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 William L Majors
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) IN
   Birthplace of father (State or foreign country) NC
   (b) Full maiden name of applicant's mother Bonnie L Smith
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) IN
   Birthplace of mother (State or foreign country) KY

FEMALE APPLICANT

Name: First Pamela Middle M Last Hyde
Date of Birth: Month 1 Day 2 Year 1980
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. 1161 River Ridge Dr City Brownsburg County Hendricks State IN 46112
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Donald J Hyde
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) IN
   Birthplace of father (State or foreign country) MI
   (b) Full maiden name of applicant's mother Rae Ann Kauffman
   (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 ☒ James Abraham Majors Date 6-4-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Abraham Majors
New Address ☒ 1161 River Ridge 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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant ☒ Pamela M Hyde Date 6-4-03

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

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

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 4, 2003, authorizing the marriage of James Abraham Majors and Pamela Michelle Hyde.
I further certify that the following marriage certificate was filed in my office: I, Pastor Ethan Morris (name), certify that on June 28, 2003 (date), at Fishers in Hamilton County, Indiana, James Abraham Majors of Putnam County, Indiana (state), and Pamela Michelle Hyde of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 4, 2003. Signed by: Pastor Ethan Morris, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 2, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 67
Page 321
6-5-03
Date of Application

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

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 6-2-3
Name of Physician Michael A. Pizzato

MALE APPLICANT

Name: First David Middle Ellis Last Odom Jr.
Date of Birth: Month 6 Day 25 Year 61
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 2058 N. Co Rd 300 E. 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 2003
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Kimberly Jo Odom
6. (a) Full name of applicant's father David Ellis Odom 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 Dorothy Jane Fowler
   (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 Bilinda Middle Star Last Joyce
Date of Birth: Month 3 Day 21 Year 66
Place of Birth (State or foreign country) France
Residence Address: Street or R.R. 2058 N. CoRd 300 E. City Danville County Hend. State In 46122
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 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 Philip Edward Joyce
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Massaghusetts
   (b) Full maiden name of applicant's mother Mary Elizabeth Murphy
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Georgia
   Birthplace of mother (State or foreign country) Massachusetts

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
✗ Signature of Applicant David E Odom Jr Date 6-5-03

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

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
✗ Signed David E Odom Jr
✗ New Address same
Subscribed and sworn to before me this 5 day of June, 2003
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 Bilinda D. Joyce Date 6-5-03

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

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
✗ Signed Bilinda D. Joyce
✗ New Address same
Subscribed and sworn to before me this 5 day of June, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 5, 2003, authorizing the marriage of David Ellis Odom, Jr. and Belinda Star Joyce.
I further certify that the following marriage certificate was filed in my office: I, Rev. Robert N. Parker (name), certify that on June 21, 2003 (date), at Pittsboro in Hendricks County, Indiana, David Ellis Odom, Jr. of Hendricks County, Indiana (state), and Belinda Star Joyce of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 5, 2003. Signed by: Rev. Robert N. Parker, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on June 23, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 67
Page 322
6-5-03
Date of Application

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

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 6-3-03
Name of Physician Patrick Tolley

MALE APPLICANT

Name: First Luke Middle David Last Roseboom
Date of Birth: Month 10 Day 9 Year 80
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 3637 E. 1005. City Lebanon County Boone State IN 46052
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

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

ACKNOWLEDGEMENT

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

X Signature of Applicant Luke Roseboom Date 6/5/03

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

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
X Signed Luke Roseboom
Y New Address 5 Green Acre Drive Brownsburg, IN 46112
Subscribed and sworn to before me this 5 day of June, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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 Sue Last Abbott
Date of Birth: Month 4 Day 10 Year 81
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 5 Green Acre 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 Michael David Abbott
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Judy Kathryn Holt
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

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

X Signature of Applicant Kimberly S Abbott Date 6/5/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
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 Kimberly S Abbott
Y New Address Same
Subscribed and sworn to before me this 5 day of June, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 5, 2003, authorizing the marriage of Luke David Roseboom and Kimberly Sue Abbott.
I further certify that the following marriage certificate was filed in my office: I, Donald Moran (name), certify that on June 27, 2003 (date), at Brownsburg in Hendricks County, Indiana, Luke David Roseboom of Boone County, Indiana (state), and Kimberly Sue Abbott of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 5, 2003. Signed by: Donald Moran, Reverend (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 2, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 67
Page 323
6-5-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage 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 Lawrence Last Haug
Date of Birth: Month 10 Day 6 Year 68
Place of Birth (State or foreign country) New Jersey
Residence Address: Street or R.R. 10650 Camden Dr. Apt 2C 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 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 George Frederick Haug, Sr.
   (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 Doreen Marie Burke
   (If adopted, list adoptive parents only) _____
   Residence of mother (if deceased, so state) Florida
   Birthplace of mother (State or foreign country) New Jersey

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Robert Haug Date 6/5/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Haug
New Address Same
Subscribed and sworn to before me this 5 day of June, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Sandra Middle Denise Last Haug
Date of Birth: Month 6 Day 2 Year 49
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 10650 Camden Dr. Apt 2C City Camby County Hendricks State IN 46113
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 3
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1998
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. _____
6. (a) Full name of applicant's father Lester Butts
   (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 Zelpha Naomi Patrick
   (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 Sandra Haug Date 6/5/03

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

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Sandra Haug
New Address Same
Subscribed and sworn to before me this 5 day of June, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 5, 2003, authorizing the marriage of Robert Lawrence Haug and Sandra Denise Haug.
I further certify that the following marriage certificate was filed in my office: I, Beneta Fox (name), certify that on June 13, 2003 (date), at Nashville in Brown County, Indiana, Robert Lawrence Haug of Hendricks County, Indiana (state), and Sandra Denise Haug of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 5, 2003. Signed by: Beneta Fox, Clerk Brown Cir Ct (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on June 24, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 67
Page 324
6-5-03
Date of Application

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

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 5-30-03
Name of Physician Kevin D. Schendel M D

MALE APPLICANT

Name: First James Middle Brandon Last Mount
Date of Birth: Month 3 Day 24 Year 80
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 214 Wayside Dr. City Plainfield County Hend. State In 46168
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Robert Morris Mount
   (If adopted, list adoptive parents only)
   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 Celia 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 [signature] Date 6/5/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 5 day of June, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Kristy Middle Lee Last Beavers
Date of Birth: Month 8 Day 24 Year 80
Place of Birth (State or foreign country) Ohio
Residence Address: Street or R.R. 214 Wayside Dr. City Plainfield County Hend. State In 46168
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
X Signature of Applicant [signature] Date 6-5-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 5 day of June, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 5, 2003, authorizing the marriage of James Brandon Mount and Kristy Lee Beavers.
I further certify that the following marriage certificate was filed in my office: I, Rev. Thomas K. Schmidt (name), certify that on June 14, 2003 (date), at Lafayette in Tippecanoe County, Indiana, James Brandon Mount of Hendricks County, Indiana (state), and Kristy Lee Beavers of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 5, 2003. Signed by: Rev. Thomas K. Schmidt, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on June 24, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

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

Book 67
Page 325
6-6-03
Date of Application

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

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 6-10-03
Name of Physician Juanita Armstrong

MALE APPLICANT

Name: First Brian Middle Eugene Last Buchanan
Date of Birth: Month 9 Day 2 Year 64
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 2255 Crown Plaza Blvd City Plainfield County Hend. State In 46168
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 2003
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

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

FEMALE APPLICANT

Name: First Debra Middle Diane Last Whitaker
Date of Birth: Month 1 Day 19 Year 61
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 2255 Crown Plaza Blvd City Plainfield County Hend. State In 46168
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 2003
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that 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 E Buchanan Date 6/6/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 E Buchanan
X New Address SAME
Subscribed and sworn to before me this 6 day of June, 2003
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 Debra D. Whitaker Date 6-6-03

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

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
X Signed Debra D. Whitaker
X New Address same
Subscribed and sworn to before me this 6 day of June, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 6, 2003, authorizing the marriage of Brian Eugene Buchanan and Debra Diane Whitaker.
I further certify that the following marriage certificate was filed in my office: I, Julie A. Drennan (name), certify that on June 15, 2003 (date), at Danville in Hendricks County, Indiana, Brian Eugene Buchanan of Hendricks County, Indiana (state), and Debra Diane Whitaker of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 6, 2003. Signed by: Julie A. Drennan, Hend Co Deputy Clerk (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on June 16, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 67
Page 326
6-5-03
Date of Application

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

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 6-6-03
Name of Physician Dr. Jason Cooper

MALE APPLICANT

Name: First Jason Middle E. Last Tudor
Date of Birth: Month February Day 2 Year 1975
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 96 Kensington Court 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 Tracy Tudor
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Florida
   (b) Full maiden name of applicant's mother Ellen Napier
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Jamie A Hardy Date 6/5/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 A Hardy
New Address same
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 Jamie Middle A. Last Hardy
Date of Birth: Month August Day 25 Year 1976
Place of Birth (State or foreign country) Ohio
Residence Address: Street or R.R. 96 Kensington Court 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 male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. NONE
6. (a) Full name of applicant's father James Hardy
   (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 Beverly Eveland
   (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 _____ Date 6-5-03

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

State of Indiana)
County of Hendricks) swear/affirm that the information given in this application is true and correct.
Signed _____
New Address same
Subscribed and sworn to before me this _____ day of _____
_____ Clerk of the Hendricks Circuit Court
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 June 5, 2003, authorizing the marriage of Jason Earl Tudor and Jamie Adele Hardy.
I further certify that the following marriage certificate was filed in my office: I, George W. Schoonmaker (name), certify that on July 12, 2003 (date), at Fayette in Boone County, Indiana, Jason Earl Tudor of Hendricks County, Indiana (state), and Jamie Adele Hardy of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 5, 2003. Signed by: George W. Schoonmaker, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on August 1, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 47
Page 327
June 6, 2003
Date of Application

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

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 6-3-03
Name of Physician Dr. Stegemoller

MALE APPLICANT

Name First Jason Middle Timothy Last Shaffer
Date of Birth Month 10 Day 5 Year 1976
Place of Birth (State or foreign country) Kentucky
Residence Address Street or R.R. 2802 Windemere Dr. City Murfreesboro County Rutherford State TN 37128
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 7/02
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. Victoria Shaffer, Cassandra Shaffer
6. (a) Full name of applicant's father James Brower
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Florida
   Birthplace of father (State or foreign country) unknown
   (b) Full maiden name of applicant's mother Deborah Bogard
   (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 Jason T Shaffer Date 6/6/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 T Shaffer
New Address same
Subscribed and sworn to before me this 6 day of June 6, 2003
Sharon Dugan
Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name First Erica Middle Leigh Last Falconbury
Date of Birth Month 4 Day 27 Year 1976
Place of Birth (State or foreign country) Indiana
Residence Address Street or R.R. 2802 Windemere Dr. City Murfreesboro County Rutherford State TN 37128
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date _____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Erica Falconbury Date 6-6-03

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

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Erica Falconbury
New Address same
Subscribed and sworn to before me this 6 day of June 2003
Sharon Dugan
Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 6, 2003, authorizing the marriage of Jason Timothy Shaffer and Erica Leigh Falconbury.
I further certify that the following marriage certificate was filed in my office: I, John P. Roof (name), certify that on June 28, 2003 (date), at Danville in Hendricks County, Indiana, Jason Timothy Shaffer of Rutherford County, Tennessee (state), and Erica Leigh Falconbury of Rutherford 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 June 6, 2003. Signed by: John P. Roof, Priest (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 2, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 67
Page 328
6-6-03
Date of Application

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

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 5-12-03
Name of Physician Dr. McCardle

MALE APPLICANT

Name: First Enrique Middle S Last Sauri Jr
Date of Birth: Month 10 Day 9 Year 1978
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. 88 Penn Dr Apt C 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 Enrique Sauri Sr
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) IL
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Patricia Moore
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) IL
   Birthplace of mother (State or foreign country) ~~IN~~ Ky

FEMALE APPLICANT

Name: First Jamie Middle Lee Last Gray
Date of Birth: Month 10 Day 23 Year 1981
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. 10744 Boat Dock Rd City Poland County Owen State IN 47868
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Lester 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 Paula Cooper
   (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 Enrique Sauri Jr. Date 6-6-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Enrique Sauri Jr.
New Address X 5351 CR 100S Avon 46123
Subscribed and sworn to before me this ____ day of ____
Sharon Dugan, Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 L. Gray Date 6-6-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 L. Gray
New Address X 5351 E CR 100 S Avon 46123
Subscribed and sworn to before me this ____ day of ____
Sharon Dugan, Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 6, 2003, authorizing the marriage of Enrique Steve Sauri Jr. and Jamie Lee Gray.
I further certify that the following marriage certificate was filed in my office: I, Fred Davis (name), certify that on June 7, 2003 (date), at Greencastle in Putnam County, Indiana, Enrique Steve Sauri Jr. of Hendricks County, Indiana (state), and Jamie Lee Gray of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 6, 2003. Signed by: Fred Davis, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on June 19, 2003 (date).

Signed Sharon Dugan, Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

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

Book 67
Page 329
6-6-03
Date of Application

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

Female Applicant > 50 No ☑ Yes ☐
If No, Medical Examination or Report Dated 6-6-03
Name of Physician Dr. King

MALE APPLICANT

Name: First Jeremy Middle B. Last Huddleston
Date of Birth: Month 9 Day 6 Year 1979
Place of Birth (State or foreign country) Indiana 46224
Residence Address: Street or R.R. 5551 Blue Hill Cr. Apt C 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)
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. Jeremy Huddleston Jr., Brooke Huddleston
6. (a) Full name of applicant's father Earl Huddleston
   (If adopted, list adoptive parents only)
   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 Hall
   (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 Jeremy Huddleston Date 6-6-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Huddleston
New Address 5670 Glenn Haven Blvd. Plnfld, IN 46168
Subscribed and sworn to before me this 6 day of June 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Angie Middle R. Last Meadows
Date of Birth: Month 7 Day 9 Year 1981
Place of Birth (State or foreign country) Indiana 46168
Residence Address: Street or R.R. 5670 Glenn Haven Blvd. City Plnfld County Hend State IN
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify)
Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Cox
6. (a) Full name of applicant's father Roger Meadows
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Robin Estes
   (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 Angie Meadows Date 6-6-03

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

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Angie Meadows
New Address Same as above
Subscribed and sworn to before me this 6 day of June 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 6, 2003, authorizing the marriage of Jeremy Bruce Huddleston and Angie Renee Meadows.
I further certify that the following marriage certificate was filed in my office: I, Rev. John C. Parsley (name), certify that on June 28, 2003 (date), at Plainfield in Hendricks County, Indiana, Jeremy Bruce Huddleston of Hendricks County, Indiana (state), and Angie Renee Meadows of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 6, 2003. Signed by: Rev. John C. Parsley, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 2, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 67
Page 330
4-6-03
Date of Application

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

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 4-2-03
Name of Physician C.L. Bernardin MD

MALE APPLICANT

Name: First Todd Middle Lindal Last Reece
Date of Birth: Month 3 Day 10 Year 67
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 10856 Maloney Rd City Brownsburg County Hendricks State Ind 46112
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that 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 L Reece Date 6/6/03

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

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
X Signed Todd Reece
X New Address SAME
Subscribed and sworn to before me this 6 day of June, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Sandy Middle Gayle Last Wright
Date of Birth: Month 5 Day 27 Year 61
Place of Birth (State or foreign country) Texas
Residence Address: Street or R.R. 10856 E. Maloney Rd City Brownsburg County Hendricks State Ind 46112
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 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 J. T. Coker
   (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 Vadie Mae Andrews
   (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 Sandy G Wright Date 6/6/03

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

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
X Signed Sandy G. Wright
New Address same
Subscribed and sworn to before me this 6 day of June 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 6, 2003, authorizing the marriage of Todd Lindal Reece and Sandy Gale Wright.
I further certify that the following marriage certificate was filed in my office: I, Thomas R. Ruge (name), certify that on June 14, 2003 (date), at Brownsburg in Hendricks County, Indiana, Todd Lindal Reece of Hendricks County, Indiana (state), and Sandy Gale Wright of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 6, 2003. Signed by: Thomas R. Ruge, Judge Pro Temp (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on June 24, 2003 (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 67
Page 331
6-6-03
Date of Application

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

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 5-27-03
Name of Physician Robert Dicks MD

MALE APPLICANT

Name: First Wade Middle Martin Last Reeves
Date of Birth: Month 3 Day 4 Year 77
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 8761 Jaggart Dr. City Camby County Hend. St. 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 Frank M. Reeves
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Ardath A. Walker
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Texas

ACKNOWLEDGEMENT

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

X Signature of Applicant Wade Reeves Date 6/6/03

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

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
X Signed Wade Reeves
X New Address same
Subscribed and sworn to before me this 6 day of June, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Ana Middle Kathryn Last Beck
Date of Birth: Month 10 Day 15 Year 77
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 8761 Jaggart Dr. City Camby County Hend. St. IN 46113
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

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

ACKNOWLEDGEMENT

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

X Signature of Applicant Ana Kathryn Beck Date 6/6/03

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

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
X Signed Ana Kathryn Beck
X New Address same
Subscribed and sworn to before me this 6 day of June, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 6, 2003, authorizing the marriage of Wade Martin Reeves and Ana Kathryn Beck.
I further certify that the following marriage certificate was filed in my office: I, James R. Wilmoth (name), certify that on June 28, 2003 (date), at Indianapolis in Marion County, Indiana, Wade Martin Reeves of Hendricks County, Indiana (state), and Ana Kathryn Beck of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 6, 2003. Signed by: James R. Wilmoth, Priest (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 2, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 67
Page 332
6-6-03
Date of Application

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

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 6-6-03
Name of Physician Mark Gamble

MALE APPLICANT

Name: First Cory Middle Isaiah Last Gamble
Date of Birth: Month 5 Day 13 Year 81
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 244 N. Jefferson St. City Brownsburg County Hend. State IN 46112
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

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

ACKNOWLEDGEMENT

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

X Signature of Applicant Cory Gamble Date 6-6-03

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

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
X Signed Cory Gamble
X New Address same
Subscribed and sworn to before me this 6 day of June, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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 Fornuto
Date of Birth: Month 10 Day 7 Year 81
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 244 N. Jefferson St. City Brownsburg County Hend. State IN 46112
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Fornuto
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) New York
   (b) Full maiden name of applicant's mother Carol 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 Jennifer L. Fornuto Date 6/9/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 L. Fornuto
X New Address same
Subscribed and sworn to before me this 6 day of June, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 6, 2003, authorizing the marriage of Cory Isaiah Gamble and Jennifer Lynn Fornuto.
I further certify that the following marriage certificate was filed in my office: I, David L. Powell (name), certify that on July 19, 2003 (date), at Indianapolis in Marion County, Indiana, Cory Isaiah Gamble of Hendricks County, Indiana (state), and Jennifer Lynn Fornuto of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 6, 2003. Signed by: David L. Powell, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 24, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 67
Page 333
6-6-03
Date of Application

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

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 6-12-03
Name of Physician American Health Network

MALE APPLICANT

Name First: Jeffrey Middle: Allen Last: Dennis
Date of Birth Month: May Day: 10 Year: 1981
Place of Birth (State or foreign country): Indiana
Residence Address Street or R.R.: 93 S. Walnut St. City: Danville County: Hend. State: IN
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date N/A
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. N/A
6. (a) Full name of applicant's father Martin Louis 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 Doris Ann Callahan
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name First: Jessica Middle: Lynn Last: Gilbert
Date of Birth Month: 11 Day: 27 Year: 1984
Place of Birth (State or foreign country): Indiana
Residence Address Street or R.R.: 301 West Main 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 male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Gilbert
   (If adopted, list adoptive parents only)
   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 Ruth Walters
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Jeff Dennis Date 6/6/03

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

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Jeff Dennis
New Address 301 WEST MAIN ST APT 1
Subscribed and sworn to before me this 6th day of June 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of 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 Jessica Gilbert Date 6-12-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Gilbert
New Address Same
Subscribed and sworn to before me this 12 day of June 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 12, 2003, authorizing the marriage of Jeffrey Allen Dennis and Jessica Lynn Gilbert.
I further certify that the following marriage certificate was filed in my office: I, Leonard F. Sjogren (name), certify that on June 14, 2003 (date), at Plainfield in Hendricks County, Indiana, Jeffrey Allen Dennis of Hendricks County, Indiana (state), and Jessica Lynn 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 June 12, 2003. Signed by: Leonard F. Sjogren, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on June 24, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 67
Page 334
6-10-03
Date of Application

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

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 5-29-03
Name of Physician Mary Ashmall

MALE APPLICANT

Name: First Adam Middle Lee Last Broughton
Date of Birth: Month 8 Day 3 Year 74
Place of Birth (State or foreign country) Ohio
Residence Address: Street or R.R. 8342 Crestview Circle City Avon County Hend State IN 46123
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. ____
6. (a) Full name of applicant's father Randy Broughton
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Phyllis Franzstrab
   (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 Adam Broughton Date 6/10/2003

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Broughton
✗ New Address Same As Above
Subscribed and sworn to before me this 10 day of June, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Camie Middle Ann Last Martin
Date of Birth: Month 6 Day 27 Year 77
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 8342 Crestview Circle City Avon County Hend State IN 46123
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
✗ Signature of Applicant Camie Martin Date 6-10-2003

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

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
✗ Signed Camie Martin
✗ New Address same as above
Subscribed and sworn to before me this 10 day of June, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 10, 2003, authorizing the marriage of Adam Lee Broughton and Camie Ann Martin.
I further certify that the following marriage certificate was filed in my office: I, Brian Delbridge (name), certify that on June 21, 2003 (date), at Indianapolis in Marion County, Indiana, Adam Lee Broughton of Hendricks County, Indiana (state), and Camie Ann Martin of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 10, 2003. Signed by: Brian Delbridge, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on June 26, 2003 (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 67
Page 335
6-9-03
Date of Application

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

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 4-28-03
Name of Physician Dolly Cooper MD

MALE APPLICANT

Name: First Robert Middle Edwin Last Cunningham
Date of Birth: Month 8 Day 18 Year 75
Place of Birth (State or foreign country) Arizona
Residence Address: Street or R.R. 10535 E. 650 N. City Indianapolis County Hendricks 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)
Drivers License

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

ACKNOWLEDGEMENT

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

X Signature of Applicant [signature] Date 6/9/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 9 day of June, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Amanda Middle Lee Last Rosemeyer
Date of Birth: Month 2 Day 11 Year 76
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 10535 E. 650 N. City Indianapolis County Hendricks State IN 46234
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date _____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify)
Drivers License

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

ACKNOWLEDGEMENT

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

X Signature of Applicant [signature] Date 6-9-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 9 day of June, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 9, 2003, authorizing the marriage of Robert Edwin Cunningham and Amanda Lee Rosemeyer. I further certify that the following marriage certificate was filed in my office: I, Rev. Douglas E. Givan (name), certify that on July 19, 2003 (date), at Brownsburg in Hendricks County, Indiana, Robert Edwin Cunningham of Hendricks County, Indiana (state), and Amanda Lee Rosemeyer of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 9, 2003. Signed by: Rev. Douglas E. Givan, Reverend (official designation) Filed and recorded in accordance with the laws of the State of Indiana on July 24, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

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

Book 67
Page 336
6-9-03
Date of Application

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

Female Applicant > 50 No ☑ Yes ☐
If No, Medical Examination or Report Dated 6-9-03
Name of Physician David Hadley MD

MALE APPLICANT

Name First: Nickolas Middle: Matthew Last: Thornburg
Date of Birth Month: 6 Day: 19 Year: 83
Place of Birth (State or foreign country): Indiana
Residence Address Street or R.R.: 2522 E. CoRd 400S. City: Clayton County: Hend State: In 46118
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Drivers License

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

ACKNOWLEDGEMENT

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

X Signature of Applicant Nickolas Thornburg Date 6-9-03

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

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
X Signed Nickolas Thornburg
X New Address Same
Subscribed and sworn to before me this 9 day of June, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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: Theresa Last: Beatty
Date of Birth Month: 7 Day: 31 Year: 80
Place of Birth (State or foreign country): Indiana
Residence Address Street or R.R.: 2522 E. CR 400 S. City: Clayton County: Hend State: In 46118
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Drivers License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that 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 Beatty Date 6-9-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 Beatty
X New Address Same
Subscribed and sworn to before me this 9 day of June, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 9, 2003, authorizing the marriage of Nickolas Matthew Thornburg and Mary Theresa Beatty.
I further certify that the following marriage certificate was filed in my office: I, William A. Neiman (name), certify that on June 21, 2003 (date), at Monrovia in Morgan County, Indiana, Nickolas Matthew Thornburg of Hendricks County, Indiana (state), and Mary Theresa Beatty of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 9, 2003. Signed by: William A. Neiman, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on June 26, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 67
Page 337
6-6-03
Date of Application

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

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 6-3-03
Name of Physician David R. Bair MD

MALE APPLICANT

Name: First Trevor Middle Allen Last Buchanan
Date of Birth: Month 4 Day 14 Year 78
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 117 Smith St. City Pittsboro County Hendricks State 46167
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

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

ACKNOWLEDGEMENT

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

X Signature of Applicant [signature] Date 6-6-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 6 day of June, 2003
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 Nicole Middle Lynn Last Ingram
Date of Birth: Month 4 Day 22 Year 80
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 117 Smith St. City Pittsboro County Hendricks State 46167
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that 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 06-06-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 6 day of June, 2003
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 June 6, 2003, authorizing the marriage of Trevor Allen Buchanan and Nicole Lynn Ingram.
I further certify that the following marriage certificate was filed in my office: I, Pastor Max L. Downs (name), certify that on June 28, 2003 (date), at Lizton in Hendricks County, Indiana, Trevor Allen Buchanan of Hendricks County, Indiana (state), and Nicole Lynn Ingram of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 6, 2003. Signed by: Max L. Downs, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 10, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 67
Page 338
6-9-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage 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 Gary Middle S Last Barker
Date of Birth: Month 7 Day 8 Year 1943
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. 45 Augusta Dr. City Brownsburg County Hend. 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 female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father R. Davis Barker
   (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 Florence V. Fares
   (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 Gary S. Barker Date 6/9/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Gary S. Barker
New Address X 18 Sycamore Ct 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 Maxine Middle J Last Mason
Date of Birth: Month 11 Day 20 Year 1941
Place of Birth (State or foreign country) Mn
Residence Address: Street or R.R. 19 Bay Hill Circle City Brownsburg County Hend. State In 46112
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐ Date 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 John Lonergan
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) deceased
   Birthplace of father (State or foreign country) Mn.
   (b) Full maiden name of applicant's mother Mary Lou Dunlap
   (If adopted, list adoptive parents only) _____
   Residence of mother (if deceased, so state) deceased
   Birthplace of mother (State or foreign country) Mn.

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Maxine J. Mason Date 6/9/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Maxine J. Mason
New Address X 10 Sycamore Ct. Brownsburg, IN 46112
Subscribed and sworn to before me this _____ day of _____
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 9, 2003, authorizing the marriage of Gary Stephen Barker and Maxine Joan Mason.
I further certify that the following marriage certificate was filed in my office: I, Philip J. Gabriel (name), certify that on July 12, 2003 (date), at Brownsburg in Hendricks County, Indiana, Gary Stephen Barker of Hendricks County, Indiana (state), and Maxine Joan Mason of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 9, 2003. Signed by: Philip J. Gabriel, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 18, 2003 (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 67
Page 339
6-9-03
Date of Application

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

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 5-28-03
Name of Physician Dr. Karen Beard

MALE APPLICANT

Name First Joseph Middle J. S. Last Steward
Date of Birth Month 7 Day 22 Year 79
Place of Birth (State or foreign country) Indiana
Residence Address 8368 W US 36 Street or R.R. Coatesville 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 female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Eugene Steward
   (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 Joan Ann Spreckelmayer
   (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 Joseph J. S. Steward Date 6-9-03

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

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Joseph J. S. Steward
New Address SAME AS HERS
Subscribed and sworn to before me this 9th day of June 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name First Lyndsay Middle J. Last Pilcher
Date of Birth Month August Day 11 Year 1981
Place of Birth (State or foreign country) Indiana
Residence Address 3374 East County Road 700 South Street or R.R. Clayton City Hendricks County State IN.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Pilcher
   (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 Sharon Smith
   (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 Lyndsay Pilcher Date 6/9/03

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

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

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 9, 2003, authorizing the marriage of Joseph J. S. Steward and Lyndsay Joy Pilcher.
I further certify that the following marriage certificate was filed in my office: I, Jeffrey L. Tague (name), certify that on June 14, 2003 (date), at Danville in Hendricks County, Indiana, Joseph J. S. Steward of Hendricks County, Indiana (state), and Lyndsay Joy Pilcher of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 9, 2003. Signed by: Jeffrey L. Tague, Reverend (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on June 24, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 67
Page 340
6-10-03
Date of Application

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

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

MALE APPLICANT

Name: First Charles Middle Arvid Last Lindgren
Date of Birth: Month 7 Day 20 Year 41
Place of Birth (State or foreign country): Montana
Residence Address: Street or R.R. 10045 Edgewood Rd City Brownsburg County Hendricks State 46112
Previous Marital Status: Never Married [ ] OR No. of Previous Marriages 4
Last Marriage Ended By: Death [ ] Divorce [X] Annulment [ ] Date 2003
Date of Birth Verified By: [ ] Birth Certificate [X] Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No [X] Yes [ ]
   If answer is "yes", has the adjudication been removed? No [ ] Yes [ ]
2. Are you related to the female applicant closer than second cousin? No [X] Yes [ ]
3. Are you now under the influence of an alcoholic beverage? No [X] Yes [ ]
4. Are you now under the influence of a narcotic drug? No [X] Yes [ ]
5. List the full names of any dependent children. 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 Garrit Mathilda Lund
   (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).
X Signature of Applicant Charles A. Lindgren Date 6-10-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 A. Lindgren
X New Address 5123 Stirling Pointe Indianapolis, IN 46241
Subscribed and sworn to before me this 10 day of June, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Martha Middle Elizabeth Last Scott
Date of Birth: Month 12 Day 17 Year 44
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 5241 Honey Manor Dr City Indpls County Marion State IN 46221
Previous Marital Status: Never Married [ ] OR No. of Previous Marriages 2
Last Marriage Ended By: Death [ ] Divorce [X] Annulment [ ] Date 1984
Date of Birth Verified By: [ ] Birth Certificate [X] Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No [X] Yes [ ]
   If answer is "yes", has the adjudication been removed? No [ ] Yes [ ]
2. Are you related to the male applicant closer than second cousin? No [X] Yes [ ]
3. Are you now under the influence of an alcoholic beverage? No [X] Yes [ ]
4. Are you now under the influence of a narcotic drug? No [X] Yes [ ]
5. List the full names of any dependent children. _____
6. (a) Full name of applicant's father Dailon Morris 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 Ann Leona Wobler
   (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 Martha E Scott Date 6-10-03

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

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
X Signed Martha E Scott
X New Address 5123 STILLING POINTE INDIANAPOLIS, IN 46241
Subscribed and sworn to before me this 10 day of June, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 10, 2003, authorizing the marriage of Charles Arvid Lindgren and Martha Elizabeth Scott.
I further certify that the following marriage certificate was filed in my office: I, Douglas E. Givan (name), certify that on June 28, 2003 (date), at Brownsburg in Hendricks County, Indiana, Charles Arvid Lindgren of Hendricks County, Indiana (state), and Martha Elizabeth Scott of Marion County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 10, 2003. Signed by: Douglas E. Givan, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 21, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 67
Page 341
6-9-03
Date of Application

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

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 6-9-03
Name of Physician Barry Freeman

MALE APPLICANT

Name: First Braxton Middle Michael Last Schoen
Date of Birth: Month 10 Day 27 Year 83
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 154 N. Center St. City Plainfield County Hendricks State IN 46168
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

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

ACKNOWLEDGEMENT

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

X Signature of Applicant [signature] Date 6/9/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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] 6/9/03
X New Address same
Subscribed and sworn to before me this 9 day of June, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Kristy Middle Nichole Last Mullins
Date of Birth: Month 12 Day 6 Year 84
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 154 N. Center St. City Plainfield County Hendricks State IN 46168
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

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

ACKNOWLEDGEMENT

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

X Signature of Applicant [signature] Date 06/09/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 9 day of June, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 9, 2003, authorizing the marriage of Braxton Michael Schoen and Kristy Nichole Mullins.
I further certify that the following marriage certificate was filed in my office: I, Martha Hauk (name), certify that on June 28, 2003 (date), at Camby in Morgan County, Indiana, Braxton Michael Schoen of Hendricks County, Indiana (state), and Kristy Nichole Mullins of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 9, 2003. Signed by: Martha Hauk, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 10, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 67
Page 342
6-9-03
Date of Application

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

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 6-9-03
Name of Physician David Hadley MD

MALE APPLICANT

Name: First Gregory Middle Allen Last Hardin
Date of Birth: Month 4 Day 8 Year 71
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 640 S. State Rd 75 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 Allen Hardin
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Janis Lynn 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 Gregory A Hardin Date 6-9-03

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

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
X Signed Gregory A Hardin
X New Address 5 same
Subscribed and sworn to before me this 9 day of June, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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 Annette Last Gladden
Date of Birth: Month 9 Day 7 Year 70
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 2379 N. CR 500 E. City Avon County Hend State IN 46123
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

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

ACKNOWLEDGEMENT

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

X Signature of Applicant Julie A Gladden Date 6-9-03

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

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
X Signed Julie A Gladden
X New Address 640 S. State Rd 75 Danville, IN 46122
Subscribed and sworn to before me this 9 day of June, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 9, 2003, authorizing the marriage of Gregory Allen Hardin and Julie Annette Gladden.
I further certify that the following marriage certificate was filed in my office: I, Mary Lee Comer (name), certify that on June 21, 2003 (date), at Avon in Hendricks County, Indiana, Gregory Allen Hardin of Hendricks County, Indiana (state), and Julie Annette Gladden of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 9, 2003. Signed by: Mary Lee Comer, Senior Judge (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on June 24, 2003 (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 67
Page 343
10-9-03
Date of Application

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

Female Applicant > 50 No ☑ Yes ☐
If No, Medical Examination or Report Dated 5-30-03
Name of Physician Dr. Rumslaugh

MALE APPLICANT

Name: First Thomas Middle Dale Last Lee
Date of Birth: Month 7 Day 6 Year 57
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 152 Sugarwood Ln 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 female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 D. Lee
   (If adopted, list adoptive parents only)
   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 Kay Dragoo
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant TLEE Date 6-27-03

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

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed TLEE
New Address SAME
Subscribed and sworn to before me this 26 day of June, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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 S. Last Gregson
Date of Birth: Month 7 Day 2 Year 1964
Place of Birth (State or foreign country) Indiana 46123
Residence Address: Street or R.R. 152 Sugarwood Ln. City Avon County Hend State IN
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify)
Driver's License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Gregson Date 6-9-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Gregson
New Address same as above
Subscribed and sworn to before me this 9 day of June 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 9, 2003, authorizing the marriage of Thomas Dale Lee and Karen Sue Gregson.
I further certify that the following marriage certificate was filed in my office: I, Rev. Lesley J. Krieger (name), certify that on June 28, 2003 (date), at Martinsville in Morgan County, Indiana, Thomas Dale Lee of Hendricks County, Indiana (state), and Karen Sue Gregson of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 9, 2003. Signed by: Rev. Lesley J. Krieger, Associate Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 10, 2003 (date).

Sharon Dugan
Signed _____ Clerk
Hendricks Circuit Court

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 67
Page 344
6-10-03
Date of Application

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

Female Applicant > 50 No ☑ Yes ☐
If No, Medical Examination or Report Dated 6-5-03
Name of Physician Karen Bard

MALE APPLICANT

Name: First Jeffrey Middle Joseph Last Stoots
Date of Birth: Month 4 Day 23 Year 68
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 8122 Florence 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 1999
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Drivers License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
X Signature of Applicant Jeffrey J. Stoots Date 6/10/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 J. Stoots
X New Address SAME
Subscribed and sworn to before me this 10 day of June, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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 _____ Last Williamson
Date of Birth: Month 6 Day 4 Year 59
Place of Birth (State or foreign country) Michigan
Residence Address: Street or R.R. 6880 Buena Vista Dr City Camby County Morgan State IN 46113
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) Indiana I D Card

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Alexander Tomaszewski
   (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 Wanda Wordeane Sprossig
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Michigan
   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 Laura Williamson Date 6-10-03

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

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
X Signed Laura Williamson
X New Address 8122 Florence Dr, Brownsburg IN 46112
Subscribed and sworn to before me this 10 day of June, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 10, 2003, authorizing the marriage of Jeffrey Joseph Stoots and Laura Williamson.
I further certify that the following marriage certificate was filed in my office: I, Rev. Gerald Burnett (name), certify that on June 14, 2003 (date), at Brownsburg in Hendricks County, Indiana, Jeffrey Joseph Stoots of Hendricks County, Indiana (state), and Laura Williamson of Morgan County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 10, 2003. Signed by: Rev. Gerald Burnett, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on June 24, 2003 (date).

Sharon Dugan
Signed _____ Clerk
Hendricks Circuit Court

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

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

Book 67
Page 345
6-10-03
Date of Application

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

Female Applicant > 50 No ☑ Yes ☐
If No, Medical Examination or Report Dated 6-3-03
Name of Physician Dr Einterz

MALE APPLICANT

Name: First Ronald Middle W. Last Trotter
Date of Birth: Month 12 Day 3 Year 1959
Place of Birth (State or foreign country) Florida 46234
Residence Address: Street or R.R. 10273 Pawnee Dr. City Indpls. County Hend. State IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 4/93
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Driver's License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Ronald W. Trotter Date 6/10/03

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

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Ronald W. Trotter
New Address 8015 Cornwall Ln. Tampa FL 33615
Subscribed and sworn to before me this 10 day of June 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Sharon Middle Lynn Last McDonald
Date of Birth: Month 6 Day 19 Year 1962
Place of Birth (State or foreign country) Louisiana 46303
Residence Address: Street or R.R. 1513 E. Lawton Ave City Indpls. County Marion State IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 3/02
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 male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Dawn Ashley Marie McDonald, Darlena Ann McDonald
6. (a) Full name of applicant's father James R. Marshall Jr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Georgia
   Birthplace of father (State or foreign country) West Virginia
   (b) Full maiden name of applicant's mother Donna J. Taylor
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Florida
   Birthplace of mother (State or foreign country) Ohio

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Sharon L McDonald Date 6-10-03

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

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Sharon L McDonald
New Address 8015 Cornwall Ln. Tampa FL 33615
Subscribed and sworn to before me this 10 day of June 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

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

Book 67
Page 346
6-10-03
Date of Application

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

Female Applicant > 50 No ☑ Yes ☐
If No, Medical Examination or Report Dated 5-30-03
Name of Physician Barbara Kolwyck MD

MALE APPLICANT

Name: First John Middle R. Last Potts
Date of Birth: Month 10 Day 15 Year 56
Place of Birth (State or foreign country) Wisconsin
Residence Address: Street or R.R. 1530 Deerfield Dr. City Plainfield County Hend. State IN 46168
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 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. Sara Potts, Carolyn Potts
6. (a) Full name of applicant's father Gene Potts
   (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 Jeanne Elizabeth Mahorn
   (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).

X Signature of Applicant [signature] Date 6/10/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 10 day of June, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Nancy Middle Kay Last Gethers
Date of Birth: Month 8 Day 13 Year 58
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1530 Deerfield 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 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 Byron Charles Gethers
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Priscilla Ann Reed
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

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

X Signature of Applicant Nancy K. Gethers Date 6/10/03

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

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
X Signed Nancy K. Gethers
X New Address same
Subscribed and sworn to before me this 10 day of June, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 10, 2003, authorizing the marriage of John Potts and Nancy Kay Gethers.
I further certify that the following marriage certificate was filed in my office: I, Pastor David Knox (name), certify that on June 14, 2003 (date), at Plainfield in Hendricks County, Indiana, John Potts of Hendricks County, Indiana (state), and Nancy Kay Gethers of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 10, 2003. Signed by: Pastor David Knox, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on June 24, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

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

Book 67
Page 341
6-10-03
Date of Application

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

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 6-3-03
Name of Physician Nicholas Fohl

MALE APPLICANT

Name: First Scott Middle Allen Last Hanny
Date of Birth: Month 8 Day 6 Year 64
Place of Birth (State or foreign country) Ohio
Residence Address: Street or R.R. 19 Fairwood Dr. City Brownsburg County Hendricks State 46112
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify)
Driver's License

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

FEMALE APPLICANT

Name: First Roberta Middle Lynn Last Tyler
Date of Birth: Month 10 Day 30 Year 64
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 55 Carnaby Dr. City Brownsburg County Hendricks State 46112
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify)
Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Charles Tyler
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Illinois
   (b) Full maiden name of applicant's mother Judith Ann Conner
   (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 Scott A Hanny Date 6-10-2003

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Hanny
✗ New Address 55 Carnaby Dr Brownsburg IN 46112
Subscribed and sworn to before me this 10 day of June, 2003
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 Roberta L Tyler Date 6-10-03

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

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
✗ Signed Roberta L Tyler
✗ New Address same
Subscribed and sworn to before me this 10 day of June, 2003
Sharon Dugan
Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 10, 2003, authorizing the marriage of Scott Allen Hanny and Roberta Lynn Tyler.
I further certify that the following marriage certificate was filed in my office: I, Rev. Robert J. Hankee (name), certify that on July 12, 2003 (date), at Brownsburg in Hendricks County, Indiana, Scott Allen Hanny of Hendricks County, Indiana (state), and Roberta Lynn Tyler of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 10, 2003. Signed by: Rev. Robert J. Hankee, Assoc. Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 18, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 67
Page 348
6-10-03
Date of Application

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

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 6-10-03
Name of Physician Dr. Stegemoller

MALE APPLICANT

Name First: Andrew Middle: James Last: Stoots
Date of Birth Month: November Day: 30 Year: 1979
Place of Birth (State or foreign country): Tennessee
Residence Address Street or R.R.: 217 Fair Acres City: Bristol County: Sullivan State: TN
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) 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. N/A
6. (a) Full name of applicant's father James Walter Stoots
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Tennessee
   Birthplace of father (State or foreign country) Tennessee
   (b) Full maiden name of applicant's mother Mary Evelyn Hayes
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Tennessee
   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 Andrew J Stoots Date 6/10/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Andrew J Stoots
New Address 508 S Co Rd 450 W Danville IN 46122
Subscribed and sworn to before me this _____ day of _____
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name First: Tiffany Middle: Rachelle Last: Sample
Date of Birth Month: January Day: 11 Year: 1981
Place of Birth (State or foreign country): Indiana
Residence Address Street or R.R.: 1606 Woodside Dr. City: Danville 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 Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Everett Forest Sample
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Julie Kay Link
   (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 Tiffany R Sample Date 6-10-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Tiffany R Sample
New Address 508 S Co Rd 450 W Danville, IN 46122
Subscribed and sworn to before me this _____ day of _____
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 10, 2003, authorizing the marriage of Andrew James Stoots and Tiffany Rachelle Sample.
I further certify that the following marriage certificate was filed in my office: I, Aaron Molesky (name), certify that on June 14, 2003 (date), at Danville in Hendricks County, Indiana, Andrew James Stoots of Sullivan County, Tennessee (state), and Tiffany Rachelle Sample of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 10, 2003. Signed by: Aaron Molesky, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on June 24, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 67
Page 349
6-10-03
Date of Application

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

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 6-6-03
Name of Physician Raymond Dotaneas

MALE APPLICANT

Name: First Christopher Middle Lowell Last Burklund
Date of Birth: Month 7 Day 21 Year 73
Place of Birth (State or foreign country) Michigan
Residence Address: Street or R.R. 1110 E Windhaven Circle 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) Wisconsin Drivers License

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

FEMALE APPLICANT

Name: First Krista Middle Marie Last Frater
Date of Birth: Month 12 Day 3 Year 79
Place of Birth (State or foreign country) Wisconsin
Residence Address: Street or R.R. 1110 E Windhaven Circle City Brownsburg County Hendricks State 46112
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Florida Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Kaiden C. Burklund
6. (a) Full name of applicant's father Dean Pahlfrater
   (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 Barbara Ann Dollar
   (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 _____ Date 6/10/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 19 Lake Dr N Martha Brownsburg IN
Subscribed and sworn to before me this 10 day of June, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of 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 Krista Frater Date 6/10/03

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

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
✗ Signed Krista Frater
✗ New Address 19 Lake Drive N, Brownsburg IN 46112
Subscribed and sworn to before me this 10 day of June, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 10, 2003, authorizing the marriage of Christopher Lowell Burklund and Krista Marie Frater.
I further certify that the following marriage certificate was filed in my office: I, F. Ronalds Walker (name), certify that on June 14, 2003 (date), at Indianapolis in Marion County, Indiana, Christopher Lowell Burklund of Hendricks County, Indiana (state), and Krista Marie Frater of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 10, 2003. Signed by: F. Ronalds Walker, Judge Pro Tem (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on June 24, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 67
Page 350
6-11-03
Date of Application

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

Female Applicant > 50 No ☑ Yes ☐
If No, Medical Examination or Report Dated 6-2-03
Name of Physician MidAmerica Clinical Labs

MALE APPLICANT

Name: First Derek Middle Ellis Last Cram
Date of Birth: Month 9 Day 25 Year 76
Place of Birth (State or foreign country) Iowa
Residence Address: Street or R.R. 649 Eagle 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) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 Cram
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) VA
   Birthplace of father (State or foreign country) Michigan
   (b) Full maiden name of applicant's mother Linda Kay 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 Derek Cram Date 6/11/03

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

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Derek Cram
New Address Same
Subscribed and sworn to before me this 11 day of June, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Diane Middle Michelle Last Clark
Date of Birth: Month 11 Day 18 Year 77
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 8750 N. St Rd 267 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 Dean Everette Clark
   (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 Denise Mary Serpenaw
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Diane M. Clark Date 6/11/03

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

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Diane M. Clark
New Address 649 Eagle Parkway Brownsburg IN 46112
Subscribed and sworn to before me this 11 day of June, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 11, 2003, authorizing the marriage of Derek Ellis Cram and Diane Michelle Clark.
I further certify that the following marriage certificate was filed in my office: I, Rev. Robert J. Hankee (name), certify that on June 21, 2003 (date), at Brownsburg in Hendricks County, Indiana, Derek Ellis Cram of Hendricks County, Indiana (state), and Diane Michelle Clark of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 11, 2003. Signed by: Rev. Robert J. Hankee, Associate Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on June 26, 2003 (date).

Sharon Dugan
Signed _____ Clerk
Hendricks Circuit Court

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 67
Page 351
6-11-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage 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 Warren Middle C. Last Todd
Date of Birth: Month 9 Day 12 Year 1955
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1245 Terry Dr. City Plainfield County Hend State IN 46168
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 1-97
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Jeffrey Todd, Sean Todd
6. (a) Full name of applicant's father Warren E. Todd
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Karen L. Wissler
   (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 Warren C Todd Date June 11, 2003

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Warren C Todd
New Address same as above
Subscribed and sworn to before me this 11 day of June 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

FEMALE APPLICANT

Name: First Donna Middle J. Last Eckert
Date of Birth: Month 1 Day 27 Year 1953
Place of Birth (State or foreign country) Illinois
Residence Address: Street or R.R. 1245 Terry Dr. City Plainfield County Hend State IN 46168
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 7-00
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 Leo D. Etka
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) deceased
   Birthplace of father (State or foreign country) Washington
   (b) Full maiden name of applicant's mother Lucille B. Davis
   (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 Donna J Eckert Date 6/11/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Eckert
New Address same as above
Subscribed and sworn to before me this 11 day of June 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 11, 2003, authorizing the marriage of Warren C. Todd and Donna J. Eckert.
I further certify that the following marriage certificate was filed in my office: I, Gary C. Black (name), certify that on June 26, 2003 (date), at Clayton in Hendricks County, Indiana, Warren C. Todd of Hendricks County, Indiana (state), and Donna J. Eckert of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 11, 2003. Signed by: Gary C. Black, Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on July 2, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 67
Page 352
6-11-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☑ Yes ☐
If No, Medical Examination or Report Dated 5-29-03
Name of Physician Dr. King

MALE APPLICANT

Name First Eric Middle C. Last Trosper
Date of Birth Month 4 Day 29 Year 1972
Place of Birth (State or foreign country) Indiana 46237
Residence Address 6412 Perry Pines Ct. Street or R.R. Indpls. City Marion County IN State
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 7-97
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Victoria Lynn Trosper, Tyler Samuel Jordan Trosper
6. (a) Full name of applicant's father Forrest Wayne Trosper
   (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 Kristina Kay Hagemeier
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Eric Trosper Date 6-11-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Eric Trosper
New Address 719 Greenridge Pkwy Brownsburg, IN
Subscribed and sworn to before me this 11 day of June 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

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 E. Last McCombs
Date of Birth Month 6 Day 6 Year 1978
Place of Birth (State or foreign country) Indiana 46221
Residence Address 6819 Kellum Dr. Street or R.R. Indpls. City Marion County IN State
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date _____
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. _____
6. (a) Full name of applicant's father Gearld Eugene McCombs
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Kentucky
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Tammara Joe Fischer
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 McCombs Date 6-11-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 McCombs
New Address 719 Greenridge Pkwy Brownsburg IN 46112
Subscribed and sworn to before me this 11 day of June 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 11, 2003, authorizing the marriage of Eric Christopher Trosper and Michelle Elaine McCombs.
I further certify that the following marriage certificate was filed in my office: I, Jeffrey C. Eggers (name), certify that on June 21, 2003 (date), at Franklin in Johnson County, Indiana, Eric Christopher Trosper of Hendricks County, Indiana (state), and Michelle Elaine McCombs of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 11, 2003. Signed by: Jeffrey C. Eggers, Judge Pro Tem Johnson Co Sup (official designation) Filed and recorded in accordance with the laws of the State of Indiana on June 26, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 67
Page 353
6-11-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 6-10-03
Name of Physician Ronald Stegmoller

MALE APPLICANT

Name: First Kevin Middle Joe Last Taylor
Date of Birth: Month 7 Day 18 Year 61
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 116 S. State Rd 267 City Avon County Hend State In 46123
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 3
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 2003
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
5. List the full names of any dependent children. Kevin Taylor, Tiffany Taylor, Zachary Taylor
6. (a) Full name of applicant's father Dayton 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 Malinda Sapp
   (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 Kevin J. Taylor Date 6-11-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 J. Taylor
X New Address SAME
Subscribed and sworn to before me this 11 day of June, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

FEMALE APPLICANT

Name: First Rita Middle Lynn Last Miller
Date of Birth: Month 9 Day 4 Year 58
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 116 S. State Rd 267 City Avon County Hend State In 46123
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 3
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1985
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Lisa Miller, Kriana Miller
6. (a) Full name of applicant's father James Michael Vargo
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Ruth Ann Bertram
   (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 Rita Lynn Miller Date 6-11-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
X Signed Rita Lynn Miller
X New Address same
Subscribed and sworn to before me this 11 day of June, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 11, 2003, authorizing the marriage of Kevin Joe Taylor and Rita Lynn Miller.
I further certify that the following marriage certificate was filed in my office: I, Michael Chestnut (name), certify that on June 14, 2003 (date), at Martinsville in Morgan County, Indiana, Kevin Joe Taylor of Hendricks County, Indiana (state), and Rita Lynn Miller of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 11, 2003. Signed by: Michael Chestnut, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 29, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 67
Page 354
6-11-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No [X] Yes [ ]
If No, Medical Examination or Report Dated 6-4-03
Name of Physician Dr. Stegmoller

MALE APPLICANT

Name First: Bobby Middle: T Last: Denson
Date of Birth Month: 8 Day: 1 Year: 1983
Place of Birth (State or foreign country): Tx
Residence Address Street or R.R.: 542 N Maple St 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 [X] Other (Specify)

Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No [X] Yes [ ]
   If answer is "yes", has the adjudication been removed? No [ ] Yes [ ]
2. Are you related to the female applicant closer than second cousin? No [X] Yes [ ]
3. Are you now under the influence of an alcoholic beverage? No [X] Yes [ ]
4. Are you now under the influence of a narcotic drug? No [X] Yes [ ]
5. List the full names of any dependent children. Austin Denson
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 Carmen Ben Kirby
   (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 Bobby Denson Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Bobby Denson
New Address X 316 S. Green St. Brownsburg IN 46112
Subscribed and sworn to before me this day of
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of Hendricks)
Father ID #
Mother ID #
Subscribed and sworn to before me this day of
Clerk

FEMALE APPLICANT

Name First: Gloria Middle: N Last: McClung
Date of Birth Month: 9 Day: 30 Year: 1984
Place of Birth (State or foreign country): IN
Residence Address Street or R.R.: 542 N Maple St 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 [X] Other (Specify)

Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No [X] Yes [ ]
   If answer is "yes", has the adjudication been removed? No [ ] Yes [ ]
2. Are you related to the male applicant closer than second cousin? No [X] Yes [ ]
3. Are you now under the influence of an alcoholic beverage? No [X] Yes [ ]
4. Are you now under the influence of a narcotic drug? No [X] Yes [ ]
5. List the full names of any dependent children. Austin Denson
6. (a) Full name of applicant's father Ronald McClung
   (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 Gina Thompson
   (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 Gloria N McClung Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Gloria N McClung
New Address X 316 S. Green St. Brownsburg, IN 46112
Subscribed and sworn to before me this day of
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of Hendricks)
Father ID #
Mother ID #
Subscribed and sworn to before me this day of
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated _____, authorizing the marriage of _____ and _____.
I further certify that the following marriage certificate was filed in my office: I, _____ (name), certify that on _____ (date), at _____ in _____ County, Indiana, _____ of _____ County, _____ (state), and _____ of _____ County, _____ (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated _____. Signed by: _____, _____ (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on _____ (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 67
Page 355
6-11-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 6-10-03
Name of Physician Dr. Moon

MALE APPLICANT

Name: First Matthew Middle S Last Bennett
Date of Birth: Month 7 Day 20 Year 1972
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. 563 Jennifer 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 David Bennett
   (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 Henry
   (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 Amanda Middle J Last Phelps
Date of Birth: Month 2 Day 26 Year 1977
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. 563 Jennifer 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 William Phelps
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) IN
   Birthplace of father (State or foreign country) Tenn
   (b) Full maiden name of applicant's mother Julia Ann Hoover
   (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 Matt Bennett Date 6-11-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Matt Bennett
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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Amanda J Phelps Date 6-7-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Amanda J. Phelps
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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 11, 2003, authorizing the marriage of Matthew Stephen Bennett and Amanda Jo Phelps.
I further certify that the following marriage certificate was filed in my office: I, Rev. Ken Slater (name), certify that on August 9, 2003 (date), at Evansville in Vanderburgh County, Indiana, Matthew Stephen Bennett of Hendricks County, Indiana (state), and Amanda Jo Phelps of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 11, 2003. Signed by: Rev. Ken Slater, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on August 18, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 67
Page 356
6-12-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☑ Yes ☐
If No, Medical Examination or Report Dated 5-19-03
Name of Physician Deborah Williams MD

MALE APPLICANT

Name: First Mark Middle Alan Last Hauenstein
Date of Birth: Month 1 Day 23 Year 61
Place of Birth (State or foreign country) Ohio
Residence Address: Street or R.R. 2908 E. CoRd 1000S. City Mooresville County Hendricks State In 46158
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 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. Melissa Nicole Hauenstein
6. (a) Full name of applicant's father John David Hauenstein
   (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 Bonnie Lou Edie
   (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 Mark A Hauenstein Date 6-12-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
X Signed Mark A Hauenstein
X New Address 5 Shore Ct Drive
Subscribed and sworn to before me this 12 day of June, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

FEMALE APPLICANT

Name: First Casey Middle Lynn Last Kincaid
Date of Birth: Month 3 Day 27 Year 65
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 4462 N. Brook Dr. City Martinsville County Morgan State In 46151
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 3
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 2002
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Brian Mitchell, Cheyenne Kincaid
6. (a) Full name of applicant's father William Eugene Beasley
   (If adopted, list adoptive parents only)
   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 Jene Coppess
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant Casey L Kincaid Date 6-12-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
X Signed Casey L Kincaid
X New Address 2908 E CR 1000S Mooresville IN 46158
Subscribed and sworn to before me this 12 day of June, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 12, 2003, authorizing the marriage of Mark Alan Hauenstein and Casey Lynn Kincaid.
I further certify that the following marriage certificate was filed in my office: I, John C. Eichackel (name), certify that on June 28, 2003 (date), at Mooresville in Hendricks County, Indiana, Mark Alan Hauenstein of Hendricks County, Indiana (state), and Casey Lynn Kincaid of Morgan County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 12, 2003. Signed by: John C. Eichackel, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 3, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 67
Page 357
6-12-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☑ Yes ☐
If No, Medical Examination or Report Dated 6-12-03
Name of Physician Dr. Oakerson

MALE APPLICANT

Name First: Christopher Middle: A. Last: Wilder
Date of Birth Month: 12 Day: 22 Year: 1972
Place of Birth (State or foreign country): Indiana 46240
Residence Address: 8824 Westfield Way Street or R.R. Indpls. City Marion County IN State
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 Wilder
   (If adopted, list adoptive parents only)
   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 Rita Steffy
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Wilder Date 6-12-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Wilder
New Address 256 Strand Ln. Apt. C AVON IN 46123
Subscribed and sworn to before me this 12 day of June 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

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: Rae Last: Smith
Date of Birth Month: 9 Day: 30 Year: 1976
Place of Birth (State or foreign country): Indiana 46123
Residence Address: 256 Strand Lane Apt C 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
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 B. 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 Diane Sue Beahm
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Kelly R. Smith Date 6/12/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 R. Smith
New Address Same as above
Subscribed and sworn to before me this 12 day of June 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 12, 2003, authorizing the marriage of Christopher Allen Wilder and Kelly Rae Smith.
I further certify that the following marriage certificate was filed in my office: I, Rev. Marcia L. Smith-Wood (name), certify that on June 21, 2003 (date), at Rensselaer in Jasper County, Indiana, Christopher Allen Wilder of Hendricks County, Indiana (state), and Kelly Rae Smith of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 12, 2003. Signed by: Rev. Marcia L. Smith-Wood, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 2, 2003 (date).

Sharon Dugan
Signed _____ Clerk
Hendricks Circuit Court

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 67
Page 358
6-12-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 6-12-03
Name of Physician Dr. Karen Beard

MALE APPLICANT

Name: First Robert Middle T Last Johnson
Date of Birth: Month November Day 15 Year 1982
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 4948 South Vine City Amo County Hendricks State Indiana
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. NONE
6. (a) Full name of applicant's father Gregory 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 Marsha Miller
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name: First Amanda Middle M. Last Brickert
Date of Birth: Month July Day 27 Year 1981
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 7856 South SR. 39 City Clayton County Hendricks State Indiana
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. NONE
6. (a) Full name of applicant's father Dennis Brickert
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Sandra Durnell
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 T. Johnson Date 6-12-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 T. Johnson
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 Amanda Brickert Date 6/12/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Brickert
New Address 2005. Farrington St. Apt #319 Terre Haute IN 47807
Subscribed and sworn to before me this _____ day of _____
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 12, 2003, authorizing the marriage of Robert Thomas Johnson and Amanda Michelle Brickert.
I further certify that the following marriage certificate was filed in my office: I, Perry A. Cook (name), certify that on July 12, 2003 (date), at Plainfield in Hendricks County, Indiana, Robert Thomas Johnson of Hendricks County, Indiana (state), and Amanda Michelle 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 June 12, 2003. Signed by: Perry A. Cook, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on August 1, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 67
Page 359
6-13-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 6-9-03
Name of Physician Brownsburg Family Medicine

MALE APPLICANT

Name: First Michael Middle David Last Shumaker
Date of Birth: Month 3 Day 2 Year 80
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 26 Lake Dr. North 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 David Allen Shumaker
   (If adopted, list adoptive parents only)
   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 Louise Laird
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that 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. Shumaker Date 6-13-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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. Shumaker
X New Address SAME
Subscribed and sworn to before me this 13 day of June, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

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 Michelle Last Egnatz
Date of Birth: Month 2 Day 26 Year 81
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 7906 Irishmore Dr. City Indpls. County Marion State IN 46214
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 James Egnatz
   (If adopted, list adoptive parents only)
   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 Jane Peterson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant Laura M Egnatz Date 6-13-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
X Signed Laura M Egnatz
X New Address 26 Lake Dr. North, Brownsburg IN 46112
Subscribed and sworn to before me this 13 day of June, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 13, 2003, authorizing the marriage of Michael David Schumaker and Laura Michelle Egnatz.
I further certify that the following marriage certificate was filed in my office: I, Stephen White (name), certify that on June 21, 2003 (date), at Plainfield in Hendricks County, Indiana, Michael David Schumaker of Hendricks County, Indiana (state), and Laura Michelle Egnatz of Marion County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 13, 2003. Signed by: Stephen White, Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on June 26, 2003 (date).

Sharon Dugan
Signed _____ Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 67
Page 360
6-13-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 5-16-03
Name of Physician David Bain

MALE APPLICANT

Name: First Thomas Middle John Last Zinski
Date of Birth: Month 11 Day 23 Year 63
Place of Birth (State or foreign country) Wisconsin
Residence Address: Street or R.R. 533 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 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. Michael Zinski, Samuel Zinski
6. (a) Full name of applicant's father Jack Thomas Zinski
   (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 Delores Evelyn Johnson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Michigan
   Birthplace of mother (State or foreign country) Michigan

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant Thomas J Zinski Date 6/13/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
X Signed Thomas J Zinski
X New Address same
Subscribed and sworn to before me this 13 day of June, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

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 Ann Last Perkins
Date of Birth: Month 9 Day 23 Year 57
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 533 E. College Ave 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. Christin Harlos
6. (a) Full name of applicant's father Hadley William Truits
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Nebraska
   Birthplace of father (State or foreign country) N/A
   (b) Full maiden name of applicant's mother Elizabeth Ann Stickler
   (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 Catherine A. Perkins Date 6-13-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
X Signed Catherine A. Perkins
X New Address same
Subscribed and sworn to before me this 13 day of June, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 13, 2003, authorizing the marriage of Thomas John Zinski and Catherine Ann Perkins.
I further certify that the following marriage certificate was filed in my office: I, Della Stanley-Green (name), certify that on June 21, 2003 (date), at Brownsburg in Hendricks County, Indiana, Thomas John Zinski of Hendricks County, Indiana (state), and Catherine Ann Perkins of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 13, 2003. Signed by: Della Stanley-Green, Recorded Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on June 26, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 67
Page 361
6-13-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 6-5-03
Name of Physician Health Tracks

MALE APPLICANT

Name: First Patrick Middle Michael Last Meyer
Date of Birth: Month 2 Day 9 Year 59
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 555 Martha Eunice Ln 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) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 J. Meyer
   (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 Vera E. Bushue
   (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 Patrick M Meyer Date 6-13-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 M Meyer
X New Address SAME AS ABOVE
Subscribed and sworn to before me this 13 day of June, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____

State of Indiana)
County of Hendricks)
Father ____ ID # ____
Mother ____ ID # ____
Subscribed and sworn to before me this ____ day of ____
____ Clerk

FEMALE APPLICANT

Name: First Melody Middle Renee' Last Foster
Date of Birth: Month June Day 28 Year 1962
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1104 Avenue Four City Attica County Fountain State IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 2/03
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. Brittani Renee' Foster, Devin Eugene Foster
6. (a) Full name of applicant's father Harold Max Dill
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Sandra Sue Yates
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
X Signature of Applicant Melody R Foster Date 6-13-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court ____ Date ____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
X Signed Melody R Foster
New Address 555 Martha Eunice W. Clayton Ind 46118
Subscribed and sworn to before me this 13 day of June, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____

State of Indiana)
County of Hendricks)
Father ____ ID # ____
Mother ____ ID # ____
Subscribed and sworn to before me this ____ day of ____
____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ____ County ____ Court, by written order issued ____ and filed in ____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 13, 2003, authorizing the marriage of Patrick Michael Meyer and Melody Renee' Foster.
I further certify that the following marriage certificate was filed in my office: I, Philip Lambooy (name), certify that on June 14, 2003 (date), at Clayton in Hendricks County, Indiana, Patrick Michael Meyer of Hendricks County, Indiana (state), and Melody Renee' Foster of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 13, 2003. Signed by: Philip Lambooy, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 2, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 67
Page 362
6-13-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 6-11-03
Name of Physician Dan Johnston

MALE APPLICANT

Name: First Jacob Middle Peter Last Weston
Date of Birth: Month 6 Day 15 Year 78
Place of Birth (State or foreign country) Michigan
Residence Address: Street or R.R. 126 Meadow Glenn 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. Emma Lundy
6. (a) Full name of applicant's father John Patrick Doerr
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Nebraska
   Birthplace of father (State or foreign country) Michigan
   (b) Full maiden name of applicant's mother Nona Marie Weston
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Washington
   Birthplace of mother (State or foreign country) Kansas

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
X Signature of Applicant [signature] Date 6-13-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court ____ Date ____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
X Signed [signature]
X New Address Same
Subscribed and sworn to before me this 13 day of June, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____

State of Indiana)
County of Hendricks)
Father ____ ID # ____
Mother ____ ID # ____
Subscribed and sworn to before me this ____ day of ____
____ Clerk

FEMALE APPLICANT

Name: First Casey Middle Leigh Last Jester
Date of Birth: Month 2 Day 26 Year 74
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 126 Meadow Glenn 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. Jade Curtis, Drake Curtis
6. (a) Full name of applicant's father Randy Alan Jester
   (If adopted, list adoptive parents only) ____
   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 Lynn Simmons
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
X Signature of Applicant Casey L. Jester Date 6-13-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court ____ Date ____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
X Signed Casey L. Jester
X New Address Same
Subscribed and sworn to before me this 13 day of June, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____

State of Indiana)
County of Hendricks)
Father ____ ID # ____
Mother ____ ID # ____
Subscribed and sworn to before me this ____ day of ____
____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ____ County ____ Court, by written order issued ____ and filed in ____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 13, 2003, authorizing the marriage of Jacob Peter Weston and Casey Leigh Jester.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on June 13, 2003 (date), at Danville in Hendricks County, Indiana, Jacob Peter Weston of Hendricks County, Indiana (state), and Casey Leigh Jester of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 13, 2003. Signed by: Janet S. Smith, Hend Co Deputy Clerk (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on June 24, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 67
Page 363
6-13-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☑ Yes ☐
If No, Medical Examination or Report Dated 5-16-03
Name of Physician Dr. Charles Miazga

MALE APPLICANT

Name: First John Middle M. Last Barnett
Date of Birth: Month February Day 7 Year 1979
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 501 East 250 South City Franklin County Johnson State Ind.
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. NONE
6. (a) Full name of applicant's father Charles Barnett
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Connie Grimes
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant John M Barnett Date 6-13-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed John M Barnett
New Address 2791 Traditions Ct
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 Laura Middle K. Last Tietz
Date of Birth: Month December Day 26 Year 1980
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1148 Rickwood Drive City Avon County Hendricks State Indiana
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. NONE
6. (a) Full name of applicant's father Anthony Joseph Tietz
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Jane Marie Casper
   (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 Laura K. Tietz Date 6/13/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 K. Tietz
New Address 2791 Traditions Ct. Franklin, IN 46131
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 June 13, 2003, authorizing the marriage of John Michael Barnett and Laura Katherine Tietz.
I further certify that the following marriage certificate was filed in my office: I, Rev. Daniel J. Staublin (name), certify that on July 19, 2003 (date), at Brownsburg in Hendricks County, Indiana, John Michael Barnett of Johnson County, Indiana (state), and Laura Katherine Tietz of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 13, 2003. Signed by: Rev. Daniel J. Staublin, Priest (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 24, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 67
Page 364
6-13-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐ 6-13-03
If No, Medical Examination or Report Dated
Name of Physician Dr. Sinclair

MALE APPLICANT

Name First Jeremy Middle P Last Jellison
Date of Birth Month 5 Day 7 Year 1980
Place of Birth (State or foreign country) IN
Residence Address Street or R.R. 1480 Kenee Dr City Plainfield County Hend. State IN 46168
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify)
Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Pete Jellison
   (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 Jo Fredrick
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) IN
   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 Jeremy P Jellison Date 6-13-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date 6-13

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Jeremy P Jellison
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 Crystal Middle Last Vaughn
Date of Birth Month 3 Day 31 Year 1980
Place of Birth (State or foreign country) IN
Residence Address Street or R.R. 8322 Free St City Jacksonville County Duvall State Fla. 32211
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify)
Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Zachariah Vaughn
6. (a) Full name of applicant's father Herman Vaughn
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) IN
   Birthplace of father (State or foreign country) CA
   (b) Full maiden name of applicant's mother Karen Brobeck
   (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 Crystal Vaughn Date 6-13-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Vaughn
New Address 1480 Renee Dr Plainfield 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 June 13, 2003, authorizing the marriage of Jeremy Patrick Jellison and Crystal Ann Vaughn.
I further certify that the following marriage certificate was filed in my office: I, Rev. Timothy B. Leach (name), certify that on June 14, 2003 (date), at Indianapolis in Marion County, Indiana, Jeremy Patrick Jellison of Hendricks County, Indiana (state), and Crystal Ann Vaughn of Marion County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 13, 2003. Signed by: Rev. Timothy B. Leach, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on June 24, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 67
Page 365
6-16-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 4-25-03
Name of Physician David Hadley MD

MALE APPLICANT

Name: First Edward Middle Mason Last Brummett, Jr.
Date of Birth: Month 7 Day 9 Year 71
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 210 Avon Ave. City Plainfield County Hend State In 46168
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
5. List the full names of any dependent children. Tylor Brummett
6. (a) Full name of applicant's father Edward M. Brummett 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 Winnie Jon Baldwin
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant Edward M Brummett Jr Date 6/16/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
X Signed Edward M Brummett Jr 6/16/03
X New Address SAME
Subscribed and sworn to before me this 16 day of June, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

FEMALE APPLICANT

Name: First Sandra Middle Kay Last Harvey
Date of Birth: Month 7 Day 9 Year 77
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 210 Avon Ave City Plainfield County Hend State In 46168
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
5. List the full names of any dependent children. Tylor Brummett
6. (a) Full name of applicant's father Jerry Harvey
   (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 Diana Kay Albright
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant Sandra K Harvey Date 6/16/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
X Signed Sandra K Harvey
X New Address Same
Subscribed and sworn to before me this 16 day of June, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 16, 2003, authorizing the marriage of Edward Mason Brummett, Jr. and Sandra Kay Harvey.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on June 16, 2003 (date), at Danville in Hendricks County, Indiana, Edward Mason Brummett, Jr. of Hendricks County, Indiana (state), and Sandra Kay Harvey of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 16, 2003. Signed by: Janet S. Smith, Hend Co Deputy Clerk (official designation) Filed and recorded in accordance with the laws of the State of Indiana on June 24, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 67
Page 366
6-16-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 6-12-03
Name of Physician Ludmila Remmell

MALE APPLICANT

Name: First Nathan Middle Michael Last Gallegos
Date of Birth: Month 11 Day 30 Year 80
Place of Birth (State or foreign country) Ohio
Residence Address: Street or R.R. 2385 Real Quiet 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 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 Rick Gallegos
   (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 Peggy Ann Kennedy
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Ohio

FEMALE APPLICANT

Name: First Ashley Middle Rose Last Wegeng
Date of Birth: Month 5 Day 2 Year 84
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 360 Andrews Blvd City Plainfield County Hend. State In 46168
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 J. Wegeng Jr.
   (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 Debra A. Scott
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
X Signature of Applicant [signature] Date 6-17-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 2385 Real Quiet Dr. Indpls IN 46234
Subscribed and sworn to before me this 17 day of June, 2003
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 Ashley Wegeng Date 6/16/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
X Signed Ashley Wegeng
X New Address 2385 Real Quiet Dr. Indpls IN 46234
Subscribed and sworn to before me this 16 day of June, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 16, 2003, authorizing the marriage of Nathan Michsel Gallegos and Ashley Rose Wegeng.
I further certify that the following marriage certificate was filed in my office: I, Larry Stewart (name), certify that on June 21, 2003 (date), at Plainfield in Hendricks County, Indiana, Nathan Michael Gallegos of Hendricks County, Indiana (state), and Ashley Rose Wegeng of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 16, 2003. Signed by: Larry Stewart, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on June 26, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 67
Page 367
6-16-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 6-16-03
Name of Physician Catherine Rupp

MALE APPLICANT

Name: First Andrew Middle Stephen Last Montieth
Date of Birth: Month 8 Day 10 Year 80
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 219 Dale Court City Lebanon County Boone State IN 46052
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Rick Montieth
   (If adopted, list adoptive parents only)
   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 Kay 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).
X Signature of Applicant Andrew Montieth Date 6/16/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 Montieth
X New Address 1412 Ingomar Ave Indpls, IN 46240
Subscribed and sworn to before me this 16 day of June, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

FEMALE APPLICANT

Name: First Corinne Middle Michele Last Taylor
Date of Birth: Month 12 Day 24 Year 80
Place of Birth (State or foreign country) Washington
Residence Address: Street or R.R. 4919 Londonberry Dr City Pittsboro County Hendricks State IN 46167
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father David Taylor
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Ohio
   (b) Full maiden name of applicant's mother Jodi Michele Hamilton
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Virginia

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
X Signature of Applicant Corinne M. Taylor Date 06/16/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
X Signed Corinne M Taylor
X New Address 1412 S Ingomar Ave Indianapolis, IN 46241
Subscribed and sworn to before me this 16 day of June, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 16, 2003, authorizing the marriage of Andrew Stephen Montieth and Corinne Michele Taylor. I further certify that the following marriage certificate was filed in my office: I, William Dougherty (name), certify that on June 21, 2003 (date), at Avon in Hendricks County, Indiana, Andrew Stephen Montieth of Boone County, Indiana (state), and Corinne Michele Taylor of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 16, 2003. Signed by: William Dougherty, Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on June 26, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 67
Page 368
6-17-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 6-16-03
Name of Physician Dr. Hadley

MALE APPLICANT

Name: First Benjamin Middle M Last Hilgert
Date of Birth: Month 8 Day 14 Year 1981
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. 7729 N Fruitage Rd City Shelby Co. State IN 46126
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Hilgert
   (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 Starla Goshorn
   (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 6-17-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 206 W North St Plainfield
Subscribed and sworn to before me this _____ day of _____
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

FEMALE APPLICANT

Name: First Ashley Middle D Last Wilcox
Date of Birth: Month 2 Day 9 Year 1983
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. 890 Ridgewood 103C 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 Scott Wilcox
   (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 Kay Henderson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) IN
   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 [signature] Date 6/17/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 206 W. North 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 June 17, 2003, authorizing the marriage of Benjamin Michael Hilgert and Ashley Dee Wilcox.
I further certify that the following marriage certificate was filed in my office: I, Rev. John C. Parsley (name), certify that on June 28, 2003 (date), at Indianapolis in Marion County, Indiana, Benjamin Michael Hilgert of Hendricks County, Indiana (state), and Ashley Dee Wilcox of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 17, 2003. Signed by: Rev. John C. Parsley, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 2, 2003 (date).

Sharon Dugan
Signed _____ Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 67
Page 969
6-18-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 5-19-03
Name of Physician Dessie Taylor

MALE APPLICANT

Name: First David Middle Michael Last Thornton
Date of Birth: Month 11 Day 20 Year 56
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 6019 S. 525 W. City Coatesville County Hend State In 46121
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1999
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify)
Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Richard M. Thornton
   (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 Virginia A. Stoll
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that 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 M. Thornton Date 6-18-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 M. Thornton
X New Address SAME
Subscribed and sworn to before me this 18 day of June, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

FEMALE APPLICANT

Name: First Cynthia Middle Anne Last Davis
Date of Birth: Month 12 Day 4 Year 61
Place of Birth (State or foreign country) Georgia
Residence Address: Street or R.R. 6019 S. 525 W. City Coatesville County Hend State In 46121
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 2001
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify)
Georgia Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Lasister
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Georgia
   Birthplace of father (State or foreign country) Georgia
   (b) Full maiden name of applicant's mother Rosaldine E. Culpepper
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Georgia
   Birthplace of mother (State or foreign country) Georgia

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant Cynthia Anne Davis Date _____

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
X Signed Cynthia Anne Davis
X New Address Same
Subscribed and sworn to before me this 18 day of June, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 18, 2003, authorizing the marriage of David Michael Thornton and Cynthia Anne Davis.
I further certify that the following marriage certificate was filed in my office: I, Rodger Ward (name), certify that on June 21, 2003 (date), at Amo in Hendricks County, Indiana, David Michael Thornton of Hendricks County, Indiana (state), and Cynthia Anne 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 June 18, 2003. Signed by: Rodger Ward, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 3, 2003 (date).

Sharon Dugan
Signed _____ 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 67
Page 370
6-18-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 6-2-03
Name of Physician Josue Villalta M.D

MALE APPLICANT

Name: First William Middle Alan Last Balz
Date of Birth: Month 12 Day 4 Year 52
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 2402 N. Co Rd 600 E. City Avon County Hend. State In 46123
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 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. Amanda Lee Balz, Lucas Tyler Balz
6. (a) Full name of applicant's father William Eugene Balz
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Carlida Alice Naylor
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant [signature] Date 6-18-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 18 day of June, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

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 Marie Last Jalbert
Date of Birth: Month 3 Day 4 Year 63
Place of Birth (State or foreign country) Connecticut
Residence Address: Street or R.R. 920 Preston Dr. City Indianapolis County Hamilton State In 46280
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date _____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Alexandria Renee Jalbert
6. (a) Full name of applicant's father George D. Jalbert
   (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 Ruth Marie Schmid
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Connecticut

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant [signature] Date 6-18-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 2402 N. County Rd 600 E. Avon In 46123
Subscribed and sworn to before me this 18 day of June, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 18, 2003, authorizing the marriage of William Alan Balz and Michele Marie Jalbert.
I further certify that the following marriage certificate was filed in my office: I, Shawn Tully (name), certify that on June 27, 2003 (date), at Avon in Hendricks County, Indiana, William Alan Balz of Hendricks County, Indiana (state), and Michele Marie Jalbert of Hamilton County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 18, 2003. Signed by: Shawn Tully, Associate Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 3, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 67
Page 371
6-18-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☐ Yes ☒
If No, Medical Examination or Report Dated _____
Name of Physician _____

MALE APPLICANT

Name: First James Middle Earl Last Nahre

Date of Birth: Month 8 Day 17 Year 53

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 5126 Greensview Way City Avon County Hend State In 46123

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 3

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 2000

Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. _____
6. (a) Full name of applicant's father Earl Lester Nahre
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Sybil Hendricks
   (If adopted, list adoptive parents only) _____
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant James E. Nahre Date 6/18/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)

I swear/affirm that the information given in this application is true and correct.

X Signed James E. Nahre
X New Address 5126 GREENSVIEW WAY

Subscribed and sworn to before me this 18 day of June, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

FEMALE APPLICANT

Name: First Alice Middle Victoria Last Myers

Date of Birth: Month 10 Day 24 Year 52

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 5126 Greensview Way City Avon County Hend State In 46123

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) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Myers
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Othella J. Small
   (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 A.V. Myers Date 6-18-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)

I swear/affirm that the information given in this application is true and correct.

X Signed A.V. Myers
X New Address 5126 Greensview Way

Subscribed and sworn to before me this 18 day of June, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 18, 2003, authorizing the marriage of James Earl Nahre and Alice Victoria Myers.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on June 25, 2003 (date), at Danville in Hendricks County, Indiana, James Earl Nahre of Hendricks County, Indiana (state), and Alice Victoria Myers of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 18, 2003. Signed by: Janet S. Smith, Hend Co Deputy Clerk (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on June 26, 2003 (date).

Sharon Dugan
Signed _____ Clerk
Hendricks Circuit Court

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 47
Page 372
6-18-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 6-18-03
Name of Physician M. S. King MD

MALE APPLICANT

Name: First Timothy Middle Allan Last Bloomquist
Date of Birth: Month 8 Day 14 Year 64
Place of Birth (State or foreign country) Illinois
Residence Address: Street or R.R. 9375 N. CoRd 225 E. 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 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. Jean Johnathon Bloomquist, Gregory Wayne Bloomquist,
6. (a) Full name of applicant's father Richard H. Bloomquist
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) North Dakota
   (b) Full maiden name of applicant's mother Marylyn Gleason
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) N/A

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

✗ Signature of Applicant Tim Bloomquist Date 6/18/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Bloomquist
✗ New Address SAME
Subscribed and sworn to before me this 18 day of June, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

FEMALE APPLICANT

Name: First Sabine Middle Margarete Last Blackman
Date of Birth: Month 3 Day 11 Year 66
Place of Birth (State or foreign country) Germany
Residence Address: Street or R.R. 602 Kody Dr. 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 2001
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. Janeena Blackman, Shannon Blackman
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 Irmgard Inkeller
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Germany
   Birthplace of mother (State or foreign country) Germany

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

✗ Signature of Applicant Sabine Blackman Date 6-18-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
✗ Signed Sabine Blackman
✗ New Address 9375 N CR 225 E Brownsburg IN 46167
Subscribed and sworn to before me this 18 day of June, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 18, 2003, authorizing the marriage of Timothy Allan Bloomquist and Sabine Margarethe Blackman
I further certify that the following marriage certificate was filed in my office: I, Brenda J. Truax (name), certify that on June 20, 2003 (date), at Brownsburg in Hendricks County, Indiana, Timothy Allan Bloomquist of Hendricks County, Indiana (state), and Sabine Margarethe Blackman of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 18, 2003. Signed by: Brenda J. Truax, Pastor (official designation) Filed and recorded in accordance with the laws of the State of Indiana on June 23, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 67
Page 373
6-18-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 6-18-03
Name of Physician Dr. Hadley

MALE APPLICANT

Name: First Donald Middle Walter Last Growden
Date of Birth: Month 8 Day 12 Year 1947
Place of Birth (State or foreign country) Wisconsin
Residence Address: Street or R.R. 7115 Livery Lane City Cypres County Harris Co State TX 77433
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐ Date 1992
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Donald Keith Growden
   (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 Betty Jane Marshall
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) TX
   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 [signature] Date 6-18-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 7103 El Sereno Houston TX 77083
Subscribed and sworn to before me this 6-18-03 day of _____
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

FEMALE APPLICANT

Name: First Sherry Middle L Last Frederick
Date of Birth: Month 3 Day 19 Year 1958
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. 10812 Bakeway Dr. City Indpls. County Hend. State IN 46231
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 3
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1995
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Burnett
   (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 Nina Marie Crowe
   (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 _____

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date 6-18-03

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed [signature]
New Address 10812 Bakeway Dr.
Subscribed and sworn to before me this 6-18-03 day of _____
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 18, 2003, authorizing the marriage of Donald Walter Growden and Sherry Lee Frederick.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on June 18, 2003 (date), at Danville in Hendricks County, Indiana, Donald Walter Growden of Marion County, Indiana (state), and Sherry Lee Frederick of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 18, 2003. Signed by: Janet S. Smith, Hend Co Deputy Clerk (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on June 24, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 67
Page 374
6-19-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☑ Yes ☐
If No, Medical Examination or Report Dated 6-17-03
Name of Physician Larry Lovell

MALE APPLICANT

Name: First Michael Middle Anthony Last Brewer
Date of Birth: Month 6 Day 7 Year 57
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 4230 Ellen St. City Cartersburg County Hend State In 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 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).
X Signature of Applicant Michael Anthony Brewer Date 6-19-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 Anthony Brewer
X New Address Same
Subscribed and sworn to before me this 19 day of June, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

FEMALE APPLICANT

Name: First Shonda Middle Elizabeth Last Williams
Date of Birth: Month 3 Day 30 Year 73
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 4230 Ellen St. City Cartersburg County Hend State In 46168
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 2003
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father John Edward Tesmer
   (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 Lea Norris
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Texas

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
X Signature of Applicant Shonda Elizabeth Williams Date 6-19-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
X Signed Shonda Elizabeth Williams
X New Address Same
Subscribed and sworn to before me this 19 day of June, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 19, 2003, authorizing the marriage of Michael Anthony Brewer and Shonda Elizabeth Williams.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on June 19, 2003 (date), at Danville in Hendricks County, Indiana, Michael Anthony Brewer of Hendricks County, Indiana (state), and Shonda Elizabeth 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 June 19, 2003. Signed by: Janet S. Smith, Hend Co Deputy Clerk (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on June 24, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 67
Page 375
6-19-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐ 6-19-03
If No, Medical Examination or Report Dated
Name of Physician Dr. Hadley

MALE APPLICANT

Name: First Eric Middle L Last Burns
Date of Birth: Month 12 Day 30 Year 1982
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. 4990 N 1100 W City Thorntown County Boone State IN 46171
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Burns
   (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 Beverly Hunt
   (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 L Last Franklin
Date of Birth: Month 10 Day 18 Year 1981
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. 3797 W 100 So 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 License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Rodney Franklin
   (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 Theresa Mangus Lakes
   (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 Burns Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Burns
New Address 812 N. Broken Bow Trl apt #719 Indpls. IN 46214
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 Michele Franklin Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Michele Franklin
New Address 812 N. Broken Bow Trail apt #719 INpls. IN 46214
Subscribed and sworn to before me this day of
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of Hendricks)
Father ID #
Mother ID #
Subscribed and sworn to before me this day of
Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of Hendricks)
Father ID #
Mother ID #
Subscribed and sworn to before me this day of
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued and filed in , authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 19, 2003, authorizing the marriage of Eric Leighton Burns and Michele Lynn Franklin.
I further certify that the following marriage certificate was filed in my office: I, Phil Bilyeu (name), certify that on June 21, 2003 (date), at Clermont in Hendricks County, Indiana, Eric Leighton Burns of Marion County, Indiana (state), and Michele Lynn Franklin of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 19, 2003. Signed by: Phil Bilyeu, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on June 26, 2003 (date).

Sharon Dugan
Signed Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 67
Page 376
6-19-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 6-19-03
Name of Physician Dr. Hadley

MALE APPLICANT

Name: First Thomas Middle Arville Last Trotter
Date of Birth: Month 5 Day 30 Year 81
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 3220 E. Prairie View Cir City Danville County Hendricks State Indiana
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify)
Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Tony Trotter
   (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 Valerie Monroe
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Colorado

FEMALE APPLICANT

Name: First Brandy Middle N. Last Brown
Date of Birth: Month 12 Day 21 Year 1981
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 2309 Beth Dr. City Anderson County Madison State IN 46017
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify)
Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Garry W. 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 Brenda K. Mitchell
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
X Signature of Applicant Thomas a. Trotter Date 6/19/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
X Signed Thomas a. Trotter
X New Address 3220 Woodenbranch Dr. Indpls 46221
Subscribed and sworn to before me this 19 day of June, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of 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 Brandy N Brown Date 6/19/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
X Signed Brandy N Brown
New Address 3220 Woodenbranch Dr. Indpls, IN 46221
Subscribed and sworn to before me this 19 day of June 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 19, 2003, authorizing the marriage of Thomas Arville Trotter and Brandy Noel Brown.
I further certify that the following marriage certificate was filed in my office: I, Thomas Trotter and William Monroe (name), certify that on July 12, 2003 (date), at Anderson in Madison County, Indiana, Thomas Arville Trotter of Hendricks County, Indiana (state), and Brandy Noel 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 June 19, 2003. Signed by: Thomas Trotter and William Monroe Pastors (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 18, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 67
Page 377
6-19-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 6-16-03
Name of Physician Michael A. Bissold

MALE APPLICANT

Name: First Daniel Middle Patrick Last Steele
Date of Birth: Month 5 Day 22 Year 71
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 6490 Holloway Rd City Brownsburg County Hendricks State IN 46112
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. ____
6. (a) Full name of applicant's father Roy Lee Steele
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Nancy Ann Hasselbusg
   (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 DeAnna Middle Lee Last Stipe
Date of Birth: Month 2 Day 21 Year 75
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 3310 N. CoRd 250 E. City Danville County Hendricks State IN 46122
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Stipe
   (If adopted, list adoptive parents only) ____
   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 Lee
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
X Signature of Applicant Daniel P. Steele Date 6/19/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 P. Steele
X New Address SAME AS ABOVE
Subscribed and sworn to before me this 19 day of June, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of 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 DeAnna Stipe Date 19 JUN 03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court ____ Date ____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
X Signed DeAnna Stipe
X New Address same as groom
Subscribed and sworn to before me this 19 day of June, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____

State of Indiana)
County of Hendricks)
Father ____ ID # ____
Mother ____ ID # ____
Subscribed and sworn to before me this ____ day of ____
____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ____ County ____ Court, by written order issued ____ and filed in ____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 19, 2003, authorizing the marriage of Daniel Patrick Steele and DeAnna Lee Stipe.
I further certify that the following marriage certificate was filed in my office: I, Harlan Kincade (name), certify that on June 28, 2003 (date), at Coatesville in Hendricks County, Indiana, Daniel Patrick Steele of Hendricks County, Indiana (state), and DeAnna Lee Stipe of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 19, 2003. Signed by: Harlan Kincade, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 3, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 67
Page 378
6-19-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐ 6-16-03
If No, Medical Examination or Report Dated
Name of Physician Dr. Richards

MALE APPLICANT

Name First: Benjamin Middle: Ray Last: Stevens
Date of Birth Month: March Day: 14 Year: 1980
Place of Birth (State or foreign country): Indiana
Residence Address: 1326 W. Leonard Cr. City: Paoli County: Orange 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 Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Herbert Ray Stevens
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Loise Annette Condra
   (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: Lesley Middle: Ann Last: Kenworthy
Date of Birth Month: March Day: 29 Year: 1980
Place of Birth (State or foreign country): England
Residence Address: 1635 Walden Ct. City: Zionsville County: Boone 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 Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Stuart Andrew Kenworthy
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) England
   (b) Full maiden name of applicant's mother Julie Christina Probets
   (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 X Ben R. Stevens Date 6-19-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Ben R. Stevens
New Address 1525 Georgia Ave. Kansas City, KS 66104
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 L A Kenworthy Date 6-19-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 L A Kenworthy
New Address 1525 Georgia Avenue Kansas City KS 66104
Subscribed and sworn to before me this _____ day of _____
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 19, 2003, authorizing the marriage of Benjamin Ray Stevens and Lesley Ann Kenworthy.
I further certify that the following marriage certificate was filed in my office: I, Douglas A. Litsey (name), certify that on June 20, 2003 (date), at Avon in Hendricks County, Indiana, Benjamin Ray Stevens of Wyandotte County, Kansas (state), and Lesley Ann Kenworthy of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 19, 2003. Signed by: Douglas A. Litsey, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on June 25, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

Book 67
Page 379
6-20-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 5-803
Name of Physician Raphael J. Ursanzio MD

MALE APPLICANT

Name: First Neal Middle Christopher Last Svalstad
Date of Birth: Month 6 Day 21 Year 72
Place of Birth (State or foreign country) La Mesa, California
Residence Address: Street or R.R. 4782 Mission Blvd City San Diego County San Diego State Ca 92109
Previous Marital Status: 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 Dr. License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Ronald Lee Svalstad
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) California
   Birthplace of father (State or foreign country) South Dakota
   (b) Full maiden name of applicant's mother Marilyn Diane Parry
   (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).
X Signature of Applicant N. Svalstad Date 6-20-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
X Signed N. Svalstad
X New Address (same)
Subscribed and sworn to before me this 20 day of June, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

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 Kathleen Last Miller
Date of Birth: Month 11 Day 8 Year 77
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 4782 Mission Blvd City San Diego County San Diego State Ca 92109
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Ohio Dr. License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 L. 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 Janet Ann Clark
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
X Signature of Applicant Erin Miller Date 6/20/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 Miller
X New Address SAME
Subscribed and sworn to before me this 20 day of June, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of Hendricks)
Father ID #
Mother ID #
Subscribed and sworn to before me this day of
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 20, 2003, authorizing the marriage of Neal Christopher Svalstad and Erin Kathleen Miller.
I further certify that the following marriage certificate was filed in my office: I, Sylvia Graves (name), certify that on June 21, 2003 (date), at Camby in Hendricks County, Indiana, Neal Christopher Svalstad of San Diego County, California (state), and Erin Kathleen Miller of San Diego County, California (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 20, 2003. Signed by: Sylvia Graves, Recorded Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on June 26, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 67
Page 390
6-20-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 6-12-03
Name of Physician G. Alan VonStein

MALE APPLICANT

Name: First Cory Middle Alan Last Shaw
Date of Birth: Month 11 Day 13 Year 79
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 4989 Cartersburg Rd. 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 female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Dirk Alan Shaw
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Deanna McCormick
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
X Signature of Applicant Cory Shaw Date 6-20-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
X Signed Cory Shaw
X New Address Same
Subscribed and sworn to before me this 20 day of June, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

FEMALE APPLICANT

Name: First Kristian Middle Nicholle Last Hughes
Date of Birth: Month 8 Day 23 Year 83
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 4989 Cartersburg Rd 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.
6. (a) Full name of applicant's father Russell Curtis Hughes
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Virginia
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Karen Lee Riley
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
X Signature of Applicant Kristian N Hughes Date 6-20-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
X Signed Kristian N Hughes
X New Address same as above
Subscribed and sworn to before me this 20 day of June, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 20, 2003, authorizing the marriage of Cory Alan Shaw and Kristian Nicholle Hughes
I further certify that the following marriage certificate was filed in my office: I, Dirk Shaw (name), certify that on June 21, 2003 (date), at Indianapolis in Marion County, Indiana, Cory Alan Shaw of Hendricks County, Indiana (state), and Kristian Nicholle Hughes of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 20, 2003. Signed by: Dirk Shaw, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on June 26, 2003 (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 67
Page 381
6-20-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 6-13-03
Name of Physician Ronald Kraeke

MALE APPLICANT

Name: First Sean Middle David Last Watson
Date of Birth: Month 10 Day 14 Year 70
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 10420 Hickory Hill Dr. City Indpls County Hend State In 46234
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. ____
6. (a) Full name of applicant's father Donald Alvin Watson
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Heidi Lin
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) China

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
X Signature of Applicant R D. Wa Date 6/20/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court ____ Date ____

State of Indiana)
County of Hendricks) I swear/affirm that the information given in this application is true and correct.
X Signed R D. Wa
X New Address SAME
Subscribed and sworn to before me this 20 day of June, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____

State of Indiana)
County of Hendricks)
Father ____ ID # ____
Mother ____ ID # ____
Subscribed and sworn to before me this ____ day of ____
____ Clerk

FEMALE APPLICANT

Name: First Kelly Middle Ann Last Alfrey
Date of Birth: Month 12 Day 12 Year 68
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 11718 Tidewater Dr City Fishers County Hamilton State In 46038
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 2003
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Donald Lawrence
   (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 Lousetta Daina Fellers
   (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 Kelly A Alfrey Date 6-20-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 A Alfrey
X New Address 10420 Hickory Hill Dr, Indpls, IN 46234
Subscribed and sworn to before me this 20 day of June, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____

State of Indiana)
County of Hendricks)
Father ____ ID # ____
Mother ____ ID # ____
Subscribed and sworn to before me this ____ day of ____
____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ____ County ____ Court, by written order issued ____ and filed in ____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 20, 2003, authorizing the marriage of Sean David Watson and Kelly Ann Alfrey.
I further certify that the following marriage certificate was filed in my office: I, Donald A. Watson (name), certify that on July 19, 2003 (date), at Indianapolis in Marion County, Indiana, Sean David Watson of Hendricks County, Indiana (state), and Kelly Ann Alfrey of Hamilton County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 20, 2003. Signed by: Donald A. Watson, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 24, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 67
Page 382
6-20-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☑ Yes ☐
If No, Medical Examination or Report Dated 6-19-03
Name of Physician Dr. Beard

MALE APPLICANT

Name: First Michael Middle R. Last Swayze
Date of Birth: Month 7 Day 25 Year 1949
Place of Birth (State or foreign country) Indiana 46107
Residence Address: Street or R.R. 226 S 11th St. City Beech Grove County Marion State IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 12-00
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Dennis V. Swayze
   (If adopted, list adoptive parents only)
   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 E. Hilburn
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Swayze Date 6/20/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Swayze
New Address 8284 Portside Dr. Avon, IN 46123
Subscribed and sworn to before me this 20 day of June 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

FEMALE APPLICANT

Name: First Karen Middle L. Last Mayo
Date of Birth: Month 8 Day 30 Year 1955
Place of Birth (State or foreign country) Indiana 46123
Residence Address: Street or R.R. 8284 Portside Dr. City Avon County Hend. State IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 4
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 9-99
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. Nicole Michelle Cervo, Angela Marie Cervo
6. (a) Full name of applicant's father George Mayo
   (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 Sharon Brady
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Lee Mayo Date 6/20/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Lee Mayo
New Address Same as above
Subscribed and sworn to before me this 20 day of June 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 20, 2003, authorizing the marriage of Michael R. Swayze and Karen Lee Mayo.
I further certify that the following marriage certificate was filed in my office: I, Arthur Roy Carnes, III (name), certify that on June 29, 2003 (date), at Coal City in Owen County, Indiana, Michael R. Swayze of Marion County, Indiana (state), and Karen Lee Mayo of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 20, 2003. Signed by: Arthur Roy Carnes, III, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 3, 2003 (date).

Sharon Dugan
Signed _____ Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 67
Page 383
6-20-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☑ Yes ☐ 6-19-03
If No, Medical Examination or Report Dated
Name of Physician MOLLY SPEARING

MALE APPLICANT

Name: First DERRICK Middle AUSTIN Last BALES
Date of Birth: Month 4 Day 1 Year 82
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. 292 E. BROADWAY City DANVILLE County Hendricks State IN
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) DRIVERS LICENSE

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. LARISSA LYNN BALES
6. (a) Full name of applicant's father BRIAN DALE BALES
   (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 DALANA ANN SMITH
   (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 62003

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 1949 E US 40 Clayton Ind. 46118
Subscribed and sworn to before me this 20 day of JUNE 203
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

FEMALE APPLICANT

Name: First ALISSA Middle LYNN Last COBB
Date of Birth: Month 3 Day 18 Year 1983
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. 292 E. BROADWAY City Danville County Hendricks State IN
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) DRIVERS LICENSE

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. LARISSA LYNN BALES
6. (a) Full name of applicant's father ROBERT ALLEN COBB
   (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 LYNN GALIMORE
   (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 Alissa Lynn Cobb Date 6-20-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Alissa L. Cobb
New Address X 1949 E US 40 Clayton IN. 46118
Subscribed and sworn to before me this 20 day of JUNE 203
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 20, 2003, authorizing the marriage of Derrick Austin Bales and Alissa Lynn Cobb.
I further certify that the following marriage certificate was filed in my office: I, Rev. Brian D. Bales (name), certify that on June 21, 2003 (date), at Rockville in Parke County, Indiana, Derrick Austin Bales of Hendricks County, Indiana (state), and Alissa Lynn 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 June 20, 2003. Signed by: Rev. Brian D. Bales, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 3, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 67
Page 384
6-20-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☐ Yes ☒
If No, Medical Examination or Report Dated 6-11-03
Name of Physician Jan Johnston, MD

MALE APPLICANT

Name: First Ryan Middle Gene Last Brunson
Date of Birth: Month 11 Day 14 Year 77
Place of Birth (State or foreign country) Illinois
Residence Address: Street or R.R. 8072 Crystal 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. Nolan Everett Brunson
6. (a) Full name of applicant's father Donald D. Brunson
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Illinois
   Birthplace of father (State or foreign country) Illinois
   (b) Full maiden name of applicant's mother Janet R. Rearfoh
   (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 Ryan Brunson Date 6/20/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Brunson
New Address same as above
Subscribed and sworn to before me this 20 day of June, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

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 Ann Last Cummins
Date of Birth: Month 1 Day 7 Year 83
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 8072 Crystal Court 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. Nolan Everett Brunson
6. (a) Full name of applicant's father Jim Cummins
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Sandra Richardson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) West Virginia

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Nicole Cummins Date 6-20-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Cummins
New Address same as above
Subscribed and sworn to before me this 20 day of June, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 20, 2003, authorizing the marriage of Ryan Gene Brunson and Nicole Ann Cummins.
I further certify that the following marriage certificate was filed in my office: I, Jonathan Lilly (name), certify that on July 26, 2003 (date), at Danville in Hendricks County, Indiana, Ryan Gene Brunson of Hendricks County, Indiana (state), and Nicole Ann Cummins of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 20, 2003. Signed by: Jonathan Lilly, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on August 1, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 67
Page 385
6-20-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 6-16-03
Name of Physician Dr. Cooper

MALE APPLICANT

Name: First David Middle Lee Last Gamble
Date of Birth: Month 7 Day 27 Year 1952
Place of Birth (State or foreign country) Pennsylvania
Residence Address: Street or R.R. 201 N. Vine St. City Plainfield County Hendricks State IN 46168
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1996
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Leroy Gamble
   (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 Mary Catmes Reina
   (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 X David Gamble Date 6/20/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 David Gamble
New Address SAME
Subscribed and sworn to before me this 20 day of June 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

FEMALE APPLICANT

Name: First Tracy Middle Diana Last Payne
Date of Birth: Month 3 Day 5 Year 1958
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 201 N. Vine St Plainfield City Hendricks 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 Daniel J. Payne
   (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 Juanita M. Smith
   (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 X Tracy D Payne Date 6/20/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Tracy D Payne
New Address SAME
Subscribed and sworn to before me this 20 day of June 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 20, 2003, authorizing the marriage of David Lee Gamble and Tracy Diana Payne.
I further certify that the following marriage certificate was filed in my office: I, Miki Mathioudakis (name), certify that on July 4, 2003 (date), at Plainfield in Hendricks County, Indiana, David Lee Gamble of Hendricks County, Indiana (state), and Tracy Diana Payne of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 20, 2003. Signed by: Miki Mathioudakis, Reverend (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 10, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 67
Page 386
6-20-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☑ Yes ☐
If No, Medical Examination or Report Dated 6-20-03
Name of Physician DAVID HADLEY

MALE APPLICANT

Name: First NATHAN Middle MATTHEW Last WARREN
Date of Birth: Month 4 Day 13 Year 1977
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. 357 HARTSFORD 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) DRIVERS LICENSE

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 WARREN
6. (a) Full name of applicant's father TIMOTHY BLAINE WARREN
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) FL
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother PATTY SUE ROWE
   (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 6-20-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 SAME
Subscribed and sworn to before me this 20 day of JUNE 2003
Sharon Dugan
Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____

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 ELIZABETH Last MCKEE
Date of Birth: Month 8 Day 21 Year 1977
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. 357 HARTSFORD 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) DRIVERS LICENSE

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. 0
6. (a) Full name of applicant's father JAMES DAVID MCKEE
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) IN
   Birthplace of father (State or foreign country) NJ
   (b) Full maiden name of applicant's mother DIANE ELIZABETH HOLMES
   (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 6-20-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 SAME
Subscribed and sworn to before me this 20 day of JUNE 2003
Sharon Dugan
Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____

State of Indiana)
County of Hendricks)
Father ____ ID # ____
Mother ____ ID # ____
Subscribed and sworn to before me this ____ day of ____
____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ____ County ____ Court, by written order issued ____ and filed in ____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 20, 2003, authorizing the marriage of Nathan Matthew Warren and Carrie Elizabeth McKee.
I further certify that the following marriage certificate was filed in my office: I, Harold L. Leininger II (name), certify that on June 28, 2003 (date), at Avon in Hendricks County, Indiana, Nathan Matthew Warren of Hendricks County, Indiana (state), and Carrie Elizabeth McKee of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 20, 2003. Signed by: Harold L. Leininger II, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 22, 2003 (date).

Sharon Dugan
Signed ____ Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

Book 67
Page 387
6-20-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☐ Yes ☑
If No, Medical Examination or Report Dated _____
Name of Physician _____

MALE APPLICANT

Name: First Edward Middle Perry Last Hash

Date of Birth: Month 5 Day 17 Year 49

Place of Birth (State or foreign country): Indiana

Residence Address: Street or R.R. 836 B Winding Brook E Dr. City Indpls County Marion State IN 46234

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 Ivan Hash
   (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 Elizabeth Leavitt
   (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 Edward P. Hash Date 6-20-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 P. Hash
New Address 2409 HARVEST WAY # B PLAINFIELD 46168

Subscribed and sworn to before me this 20 day of June, 2003
Sharon Dugan
_____ Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

FEMALE APPLICANT

Name: First Nancy Middle Lou Last Mathis

Date of Birth: Month 6 Day 23 Year 42

Place of Birth (State or foreign country): Indiana

Residence Address: Street or R.R. 2409 Harvest Way #B City Plainfield County Hendricks State IN 46168

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 3

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 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 Harvey Stone
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Mildred I. Osborn
   (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 Nancy L Mathis Date 6-20-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks) I swear/affirm that the information given in this application is true and correct.

X Signed Nancy L Mathis
X New Address Same

Subscribed and sworn to before me this 20 day of June, 2003
Sharon Dugan
_____ Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.

A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 20, 2003, authorizing the marriage of Edward Perry Hash and Nancy Lou Mathis.
I further certify that the following marriage certificate was filed in my office: I, Keith E. Grove (name), certify that on June 20, 2003 (date), at Indianapolis in Marion County, Indiana, Edward Perry Hash of Marion County, Indiana (state), and Nancy Lou 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 June 20, 2003. Signed by: Keith E. Grove, Ordained Elder (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on June 26, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 67
Page 388
6-20-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☑ Yes ☐
If No, Medical Examination or Report Dated 3-10-96
Name of Physician Mary Soper MD

MALE APPLICANT

Name: First Willard Middle Russell Last Wilson
Date of Birth: Month 11 Day 7 Year 68
Place of Birth (State or foreign country) Illinois
Residence Address: Street or R.R. 543 Enderly Ave 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 female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Wilson, Matthew Wilson
6. (a) Full name of applicant's father Donald L. Wilson
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Shirley Ann Thompson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) West Virginia

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant Willard R. Wilson Date 6-20-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
X Signed Willard R. Wilson
New Address SAME
Subscribed and sworn to before me this 20 day of June, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

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 Sue Last Wilson
Date of Birth: Month 9 Day 8 Year 73
Place of Birth (State or foreign country) Michigan
Residence Address: Street or R.R. 543 Enderly Ave 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. Daniel Wilson, Matthew Wilson, Emily Wilson
6. (a) Full name of applicant's father Clarence James Butler
   (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 Pamela Sue Alderson
   (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 Mandi Sue Wilson Date 6-20-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 Sue Wilson
New Address SAME
Subscribed and sworn to before me this 20 day of June, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 20, 2003, authorizing the marriage of Willard Russell Wilson and Mandi Sue Wilson.
I further certify that the following marriage certificate was filed in my office: I, Steven T. Reeves (name), certify that on June 24, 2003 (date), at Brownsburg in Hendricks County, Indiana, Willard Russell Wilson of Hendricks County, Indiana (state), and Mandi Sue 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 June 20, 2003. Signed by: Steven T. Reeves, Pastor (official designation) Filed and recorded in accordance with the laws of the State of Indiana on June 26, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

Book 67
Page 389
6-20-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 6-3-03
Name of Physician Dr. Stegemoeller

MALE APPLICANT

Name First: Timothy Middle: Lee Last: Rosner
Date of Birth Month: 1 Day: 2 Year: 1958
Place of Birth (State or foreign country): Indiana
Residence Address: 788 S Co Rd 800 E. Street or R.R. / 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: 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. Danelle Nicole Rosner
6. (a) Full name of applicant's father: Bernard Rosner
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state): Indiana
   Birthplace of father (State or foreign country): Indiana
   (b) Full maiden name of applicant's mother: Mary Elizabeth Messick
   (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: Terri Middle: Lynette Last: Myers
Date of Birth Month: 6 Day: 10 Year: 1955
Place of Birth (State or foreign country): Indiana
Residence Address: 1217 N. Co. Rd 200 W. Street or R.R. / City: Danville / County: Hendricks / State: IN 46122
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages: 3
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date: 2000
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify): Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Steven Cody Myers
6. (a) Full name of applicant's father: James Malicoat
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state): Indiana
   Birthplace of father (State or foreign country): Indiana
   (b) Full maiden name of applicant's mother: Beatrice Tigner
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state): Indiana
   Birthplace of mother (State or foreign country): Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Rosner Date 6-20-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Rosner
New Address: 4764 N. Co Rd 690 W Greencastle, IN 46135
Subscribed and sworn to before me this 20 day of June 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of 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: Terri L. Myers Date 6-20-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed: Terri L. Myers
New Address: 4764 N Ct Rd 690 W GREENCASTLE, IN 46135
Subscribed and sworn to before me this 20 day of June 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 20, 2003, authorizing the marriage of Timothy Lee Rosner and Terri Lynette Myers.
I further certify that the following marriage certificate was filed in my office: I, Bruce G. Adamson (name), certify that on June 21, 2003 (date), at Camby in Morgan County, Indiana, Timothy Lee Rosner of Putnam County, Indiana (state), and Terri Lynette Myers of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 20, 2003. Signed by: Bruce G. Adamson, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 18, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 67
Page 390
6-20-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☑ Yes ☐
If No, Medical Examination or Report Dated 6-18-03
Name of Physician Dr. Bode

MALE APPLICANT

Name: First Justin; Middle Michael; Last PRICE
Date of Birth: Month 5; Day 3; Year 1980
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. 146 CAPITOL DR APT C; City AVON; County HENDRICKS; State IN
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) DRIVERS LICENSE

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☑ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Ø
6. (a) Full name of applicant's father GEORGE MICHAEL PRICE
   (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 MARY MARGARET HEATH
   (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 SHANNON; Middle DEANNE; Last BELL
Date of Birth: Month 7; Day 26; Year 1978
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. 146 CAPITOL DR APT C; 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. Ø
6. (a) Full name of applicant's father Jeffery Lynn BELL
   (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 DORIS RAMSEY
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) IN
   Birthplace of mother (State or foreign country) KY

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Price Date 6-20-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Price
New Address SAME
Subscribed and sworn to before me this 20 day of JUNE 2003
Sharon Dugan
Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of 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 D. Bell Date 6/20/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 D. Bell
New Address SAME
Subscribed and sworn to before me this 20 day of JUNE 2003
Sharon Dugan
Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 20, 2003, authorizing the marriage of Justin Michael Price and Shannon DeAnne Bell.
I further certify that the following marriage certificate was filed in my office: I, Rev. Bruce Clear (name), certify that on July 12, 2003 (date), at Clayton in Hendricks County, Indiana, Justin Michael Price of Hendricks County, Indiana (state), and Shannon DeAnne Bell of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 20, 2003. Signed by: Rev. Bruce Clear, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 24, 2003 (date).

Sharon Dugan
Signed _____ Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 47
Page 391
6-20-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☑ Yes ☐
If No, Medical Examination or Report Dated 12-2-02
Name of Physician Barbara Koewler MD

MALE APPLICANT

Name: First Joseph Middle Anthony Last Jonathan Beyer
Date of Birth: Month 12 Day 9 Year 81
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 931 Highlander 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) 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. Samantha Rose Beyer
6. (a) Full name of applicant's father Joseph Beyer
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Barbara Priest
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Beyer Date 6/20/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Beyer
✓ New Address SAME
Subscribed and sworn to before me this 20 day of June, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

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 Jean Last Purdy
Date of Birth: Month 8 Day 23 Year 82
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 931 Highlander 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) 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. Samantha Rose Beyer
6. (a) Full name of applicant's father Thomas 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 Pamela Bolenger
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Purdy Date 6-20-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Purdy
✓ New Address Same
Subscribed and sworn to before me this 20 day of June, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 20, 2003, authorizing the marriage of Joseph A. J. Beyer and Amy Jean Purdy.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on June 23, 2003 (date), at Danville in Hendricks County, Indiana, Joseph A. J. Beyer of Hendricks County, Indiana (state), and Amy Jean Purdy of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 20, 2003. Signed by: Janet S. Smith, Hend Co Deputy Clerk (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on June 25, 2003 (date).

Sharon Dugan
Signed _____ Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 67
Page 392
4-20-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 5-2-03
Name of Physician Kevin J. Lukosus MD

MALE APPLICANT

Name: First Coray Middle Eugene Last Simonds
Date of Birth: Month 1 Day 13 Year 77
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 7164 Oakmont Dr. City Avon County Hendricks 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) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Coray M. Simonds
6. (a) Full name of applicant's father Willie Simonds
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Mississippi
   (b) Full maiden name of applicant's mother Ora Lee Campbell
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Mississippi

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
X Signature of Applicant Coray S. S Date 6-20-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
X Signed Coray S. S
Y New Address SAME
Subscribed and sworn to before me this 20 day of June, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

FEMALE APPLICANT

Name: First Akia Middle Tywee Last Jones
Date of Birth: Month 10 Day 8 Year 79
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 7164 Oakmont 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. Coray M Simonds
6. (a) Full name of applicant's father Cedric A. 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 Valeria Vern Clay
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
X Signature of Applicant Akia Jones Date 6-20-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
X Signed Akia Jones
Y New Address SAME
Subscribed and sworn to before me this 20 day of June, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 20, 2003, authorizing the marriage of Coray Eugene Simonds and Akia Tywee Jones.
I further certify that the following marriage certificate was filed in my office: I, Victor O. Hill (name), certify that on July 5, 2003 (date), at Anderson in Madison County, Indiana, Coray Eugene Simonds of Hendricks County, Indiana (state), and Akia Tywee 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 June 20, 2003. Signed by: Victor O. Hill, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 10, 2003 (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 67
Page 393
Date of Application 6-20-03

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 6-17-03
Name of Physician Health Tracks

MALE APPLICANT

Name: First Warren Middle Andrew Last Dunigan
Date of Birth: Month April Day 12 Year 1967
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 6872 Merritt Ridge Ln. City Avon County Hend. State IN
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date N/A
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. N/A
6. (a) Full name of applicant's father Warren Devon Dunigan
   (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 Ruth Hutcheson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant W. Andrew D— Date 6/20/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed W A. D—
New Address _____
Subscribed and sworn to before me this 20th day of June 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

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 Rena Last Kashi
Date of Birth: Month November Day 7 Year 1968
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 6872 Merritt Ridge Wy. City Avon County Hend. State In
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 10/02
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Indiana Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Hailey Nicole Kashi, Austin Michael Kashi
6. (a) Full name of applicant's father Joel Dean Atkins
   (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 Dixie Lee Monroe
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) West Virginia

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Jill Kashi Date 6-20-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Kashi
New Address _____
Subscribed and sworn to before me this 20th day of June 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 20, 2003, authorizing the marriage of Warren Andrew Dunigan and Jill Rena Kashi.
I further certify that the following marriage certificate was filed in my office: I, Michael G. Ruppert (name), certify that on July 5, 2003 (date), at Avon in Hendricks County, Indiana, Warren Andrew Dunigan of Hendricks County, Indiana (state), and Jill Rena Kashi of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 20, 2003. Signed by: Michael G. Ruppert, Judge Pro Tempore (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 10, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 67
Page 394
June 23, 2003
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 6-20-03
Name of Physician Dr. Gaddy

MALE APPLICANT

Name: First Harold Middle Glenn Last Emerson
Date of Birth: Month 9 Day 18 Year 65
Place of Birth (State or foreign country) Kentucky
Residence Address: Street or R.R. 4123 E. US 136 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) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Afton Emerson
   (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 Judy Lea Cochran
   (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 Harold G. Emerson Date 6-23-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Harold G. Emerson
New Address 344 N Jefferson Brownsburg, IN
Subscribed and sworn to before me this 23 day of June, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

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 Renae Last Cook
Date of Birth: Month 6 Day 5 Year 1974
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 344 N. Jefferson 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 2195
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 H. Cook, 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 Sandra S. Stephens
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 R. Cook Date 6/23/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 R. Cook
New Address 344 N. Jefferson Brownsburg, In. 46112
Subscribed and sworn to before me this 23 day of June 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 23, 2003, authorizing the marriage of Harold Glenn Emerson and Melissa Renae Cook.
I further certify that the following marriage certificate was filed in my office: I, Jonathan Lilly (name), certify that on June 29, 2003 (date), at Pittsboro in Hendricks County, Indiana, Harold Glenn Emerson of Hendricks County, Indiana (state), and Melissa Renae Cook of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 23, 2003. Signed by: Jonathan Lilly, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 3, 2003 (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 67
Page 395
6-23-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 6-23-03
Name of Physician David Dalby MD

MALE APPLICANT	FEMALE APPLICANT
Name: First Jeffrey Middle Lee Last Webb	Name: First Monica Middle Marie Last Shay
Date of Birth: Month 11 Day 19 Year 74	Date of Birth: Month 11 Day 3 Year 78
Place of Birth (State or foreign country): Ohio	Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 118 S. Pendleton Ave Apt B City Pendleton County Madison State Indiana	Residence Address: Street or R.R. 6989 Forest Ridge Ct. City Plainfield County Hendricks State Indiana 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) 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 Jerry Webb	6. (a) Full name of applicant's father Brent Edward Shay
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Ohio	Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Ohio	Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Karol Burke	(b) Full maiden name of applicant's mother Theresa Ann Moskinski
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Ohio	Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Ohio	Birthplace of mother (State or foreign country) 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).

MALE: Signature of Applicant Jeffrey L. Webb Date 6-23-03

FEMALE: Signature of Applicant Monica Shay Date 23 June 2003

The 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:
State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Jeffrey L. Webb
New Address 6989 Forest Ridge Ct. Plainfield IN 46168
Subscribed and sworn to before me this 23 day of June, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

FEMALE:
State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Monica Shay
New Address Same
Subscribed and sworn to before me this 23 day of June, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.

A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 23, 2003, authorizing the marriage of Jeffrey Lee Webb and Monica Marie Shay.
I further certify that the following marriage certificate was filed in my office: I, Stephen White (name), certify that on July 5, 2003 (date), at Plainfield in Hendricks County, Indiana, Jeffrey Lee Webb of Madison County, Indiana (state), and Monica Marie Shay of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 23, 2003. Signed by: Stephen White, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 10, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 67
Page 396
6-23-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 6-23-03
Name of Physician David Hadley MD

MALE APPLICANT

Name: First Joshua Middle Shane Last Westrich
Date of Birth: Month 5 Day 21 Year 80
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 202 Osborne Ave 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 Antone Francis Westrich
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Alison Ann Morris
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
✗ Signature of Applicant J. S. Westrich Date 6/23/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court ____ Date ____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
✗ Signed J. S. Westrich
✗ New Address P.O. BOX 105 PITTSBORO, IN 46167
Subscribed and sworn to before me this 23 day of June, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____

State of Indiana)
County of Hendricks)
Father ____ ID # ____
Mother ____ ID # ____
Subscribed and sworn to before me this ____ day of ____
____ Clerk

FEMALE APPLICANT

Name: First Sara Middle Dione Last Thomas
Date of Birth: Month 3 Day 16 Year 82
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 202 Osborne Ave Box 105 City Pittsboro County Hendricks State In 46167
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify)

Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
5. List the full names of any dependent children. Emery Burns
6. (a) Full name of applicant's father Dion L. 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 Jan A. Wilson
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
✗ Signature of Applicant S. Thomas Date 6/23/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court ____ Date ____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
✗ Signed S. Thomas
✗ New Address P.O. BOX 105, Pittsboro, IN 46167
Subscribed and sworn to before me this 23 day of June, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____

State of Indiana)
County of Hendricks)
Father ____ ID # ____
Mother ____ ID # ____
Subscribed and sworn to before me this ____ day of ____
____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ____ County ____ Court, by written order issued ____ and filed in ____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 23, 2003, authorizing the marriage of Joshua Shane Westrich and Sara Dione Thomas.
I further certify that the following marriage certificate was filed in my office: I, Harold Keck (name), certify that on July 26, 2003 (date), at Crawfordsville in Montgomery County, Indiana, Joshua Shane Westrich of Hendricks County, Indiana (state), and Sara Dione 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 June 23, 2003. Signed by: Harold Keck, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on August 1, 2003 (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 67
Page 397
6-24-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 5-28-03
Name of Physician James Tolen MD

MALE APPLICANT

Name: First David Middle Andrew Last Clayton
Date of Birth: Month 11 Day 12 Year 70
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 6645 Dunsdin Dr. City Plainfield County Hend State IN 46168
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. David J. Clayton
6. (a) Full name of applicant's father Jerrit Clayton
   (If adopted, list adoptive parents only) ____
   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 Anderson
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
X Signature of Applicant David Clayton Date 6/24/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 Clayton
X New Address same
Subscribed and sworn to before me this 24 day of June, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____

State of Indiana)
County of Hendricks)
Father ____ ID # ____
Mother ____ ID # ____
Subscribed and sworn to before me this ____ day of ____
____ Clerk

FEMALE APPLICANT

Name: First Sheridan Middle Ann Last Harper
Date of Birth: Month 3 Day 20 Year 70
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 6645 Dunsdin Dr. City Plainfield County Hend State IN 46168
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 2000
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Bailey Suzanne Harper, David J. Clayton
6. (a) Full name of applicant's father Bill Cder
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Alabama
   Birthplace of father (State or foreign country) Tennessee
   (b) Full maiden name of applicant's mother Jennifer Cummins
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
X Signature of Applicant Sheridan A. Harper Date 6-24-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court ____ Date ____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
X Signed Sheridan A. Harper
X New Address same
Subscribed and sworn to before me this 24 day of June, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____

State of Indiana)
County of Hendricks)
Father ____ ID # ____
Mother ____ ID # ____
Subscribed and sworn to before me this ____ day of ____
____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ____ County ____ Court, by written order issued ____ and filed in ____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 24, 2003, authorizing the marriage of David Andrew Clayton and Sheridan Ann Harper.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on June 27, 2003 (date), at Danville in Hendricks County, Indiana, David Andrew Clayton of Hendricks County, Indiana (state), and Sheridan Ann Harper of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 24, 2003. 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 3, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 67
Page 398
6-24-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☑ Yes ☐
If No, Medical Examination or Report Dated 5-2-03
Name of Physician D. Scott

MALE APPLICANT

Name: First Andrew Middle Ashley Last Dobrota
Date of Birth: Month 9 Day 10 Year 79
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 12040 Kemp Circle City Fortville County Hancock State IN 46236
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 Dobrota
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Billy Faye Garrison
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that 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 A. Dobrota Date 6-24-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 A. Dobrota
X New Address 1753 RACHEL DR. PLAINFIELD
Subscribed and sworn to before me this 24 day of June, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____

State of Indiana)
County of Hendricks)
Father ____ ID # ____
Mother ____ ID # ____
Subscribed and sworn to before me this ____ day of ____
____ Clerk

FEMALE APPLICANT

Name: First Josephine Middle Marie Last Redmond
Date of Birth: Month 11 Day 2 Year 82
Place of Birth (State or foreign country) Washington
Residence Address: Street or R.R. 1753 Rachel Dr. City Plainfield County Hend. State In 46168
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. ____
6. (a) Full name of applicant's father David K. Redmond
   (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 Sarah L. Zittlerkopf
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   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 Josephine Redmond Date 6/24/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court ____ Date ____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
X Signed Josephine Redmond
X New Address Same
Subscribed and sworn to before me this 24 day of June, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____

State of Indiana)
County of Hendricks)
Father ____ ID # ____
Mother ____ ID # ____
Subscribed and sworn to before me this ____ day of ____
____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ____ County ____ Court, by written order issued ____ and filed in ____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 24, 2003, authorizing the marriage of Andrew Ashley Dobrota and Josephine Marie Redmond.
I further certify that the following marriage certificate was filed in my office: I, Rev. Daniel L. Zittenkopf/Dr. Michael Jenkins certify that on June 28, 2003 (date), at Danville in Hendricks County, Indiana, Andrew Ashley Dobrota of Hancock County, Indiana (state), and Josephine Marie Redmond of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 24, 2003. Signed by: Daniel Zittenkopf/Michael Jenkins Reverend/Doc of Ministry (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 3, 2003 (date).

Sharon Dugan
Signed ____ Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

Book 67
Page 399
6-25-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 6-19-03
Name of Physician Ann Stump

MALE APPLICANT

Name: First Mitchell Middle Scott Last Irving
Date of Birth: Month 11 Day 27 Year 81
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 488 Depot Circle City Avon County Hendricks State IN 46123
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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. Irving
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Sandra J. Sutton
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Kentucky

FEMALE APPLICANT

Name: First Nicole Middle Marie Last Kersey
Date of Birth: Month 12 Day 7 Year 82
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 645 N. CO Rd 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 Steven Paul Kersey
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Susan Marie Konecnik
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Mitchell S Irving Date 6-25-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Mitchell S Irving
New Address 3388 Peppermill Dr. West Lafayette IN 47906
Subscribed and sworn to before me this 25 day of June, 2003
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 Nicole M. Kersey Date 6-25-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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. Kersey
New Address 3388 Peppermill Dr. W. Lafayette, IN 47906
Subscribed and sworn to before me this 25 day of June, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 25, 2003, authorizing the marriage of Mitchell Scott Irving and Nicole Marie Kersey.
I further certify that the following marriage certificate was filed in my office: I, Rev. Ronald E. McDugle (name), certify that on July 5, 2003 (date), at Danville in Hendricks County, Indiana, Mitchell Scott Irving of Hendricks County, Indiana (state), and Nicole Marie Kersey of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 25, 2003. Signed by: Rev. Ronald E. McDugle, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 22, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 67
Page 400
6-25-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 6-25-03
Name of Physician David Hadley

MALE APPLICANT

Name: First Zachary Middle Lawrence Last Copeland
Date of Birth: Month 10 Day 15 Year 80
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 245 S. Washington 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 Robert Denny Copeland III
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Connie Kay Flannigan
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
X Signature of Applicant Zachary L. Copeland Date 6-25-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
X Signed Zachary L. Copeland
X New Address same
Subscribed and sworn to before me this 25 day of June, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

FEMALE APPLICANT

Name: First Jaclyn Middle Nicole Last Givan
Date of Birth: Month 10 Day 19 Year 82
Place of Birth (State or foreign country) North Carolina
Residence Address: Street or R.R. 245 S. Washington 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 male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Givan
   (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 Velvet Lee Bailey
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) New York
   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 Jaclyn N. Givan Date 25Jun03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
X Signed Jaclyn N. Givan
X New Address same
Subscribed and sworn to before me this 25 day of June, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 25, 2003, authorizing the marriage of Zachary Lawrence Copeland and Jaclyn Nicole Givan.
I further certify that the following marriage certificate was filed in my office: I, Jason Hosfield (name), certify that on July 19, 2003 (date), at Danville in Hendricks County, Indiana, Zachary Lawrence Copeland of Hendricks County, Indiana (state), and Jaclyn Nicole Givan of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 25, 2003. Signed by: Jason Hosfield, Evangelist (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 24, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 67
Page 401
6-25-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☑ Yes ☐
If No, Medical Examination or Report Dated 5-29-03
Name of Physician Dr. Dugan

MALE APPLICANT

Name: First QUANG Middle NHAT Last HO
Date of Birth: Month 4 Day 29 Year 1977
Place of Birth (State or foreign country) VIET NAM
Residence Address: Street or R.R. 624 HALLECK WAY City INDPLS County Hendricks State IN
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) DRIVERS LICENSE

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. ø
6. (a) Full name of applicant's father TRANG D. HO
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) IN
   Birthplace of father (State or foreign country) VIET NAM
   (b) Full maiden name of applicant's mother DAI T NGUYEN
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) IN
   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 ✕ Quang N. Ho Date 6/25/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed ✕ Quang N. Ho
New Address Same
Subscribed and sworn to before me this 25 day of June, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

FEMALE APPLICANT

Name: First Quyen Middle NGOC Last Tran
Date of Birth: Month 5 Day 6 Year 77
Place of Birth (State or foreign country) Viet Nam
Residence Address: Street or R.R. 3324 Stonebrook Drive City South Bend County St. Joseph State IN
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Hank Tran
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Viet Nam
   (b) Full maiden name of applicant's mother Lan Vo
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   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 ✕ Quyen Date 6/26/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
✕ Signed Quyen 6/26/03
New Address Same as groom
✕ Subscribed and sworn to before me this 26 day of June, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 25, 2003, authorizing the marriage of Quang Nhat Ho and Quyen Ngoc Tran.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on June 26, 2003 (date), at Danville in Hendricks County, Indiana, Quang Nhat Ho of Hendricks County, Indiana (state), and Quyen Ngoc Tran 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 June 25, 2003. Signed by: Janet S. Smith, Hend Co Deputy Clerk (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on June 26, 2003 (date).

Sharon Dugan
Signed _____ Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 67
Page 402
6-25-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 6-25-03
Name of Physician David Dadley MD

MALE APPLICANT

Name: First Johnathan Middle Jerimiah Last Hillman
Date of Birth: Month 3 Day 29 Year 79
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1154 Pinewood Dr, City Apt C Plfld 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 Rick Hillman
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) N/A
   (b) Full maiden name of applicant's mother Kathleen Jean Gill
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
X Signature of Applicant [signature] Date 6/25/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 [illegible]
Subscribed and sworn to before me this 25 day of June, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

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 Lynn Last Dailey
Date of Birth: Month 7 Day 11 Year 81
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1154 Pinewood Dr Apt C 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 male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 Allen Dailey
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Terri Lynn Purvis
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
X Signature of Applicant Heather L Dailey Date 6/25/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 L Dailey
X New Address SAME
Subscribed and sworn to before me this 25 day of June, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 25, 2003, authorizing the marriage of Johnathan Jerimiah Hillman and Heather Lynn Dailey.
I further certify that the following marriage certificate was filed in my office: I, Rev. Arnold R. Andrews (name), certify that on August 2, 2003 (date), at Indianapolis in Marion County, Indiana, Johnathan Jerimiah Hillman of Hendricks County, Indiana (state), and Heather Lynn Dailey of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 25, 2003. Signed by: Rev. Arnold R. Andrews, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on August 14, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 67
Page 403
6-26-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☑ Yes ☐
If No, Medical Examination or Report Dated 6-10-03
Name of Physician Alan Johnston MD

MALE APPLICANT

Name: First Dwight Middle Cal Last Burleson
Date of Birth: Month 12 Day 14 Year 49
Place of Birth (State or foreign country) Ohio
Residence Address: Street or R.R. 300 Sycamore Ridge 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 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. Heather Burleson
6. (a) Full name of applicant's father Mack Burleson
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) North Carolina
   (b) Full maiden name of applicant's mother June Harmony Douglas
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Ohio
   Birthplace of mother (State or foreign country) Massachusetts

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
X Signature of Applicant D. Cal Burleson Date 6-26-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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. Cal Burleson
X New Address (Same)
Subscribed and sworn to before me this 26 day of June, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

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 Lee Last Cole
Date of Birth: Month 3 Day 3 Year 57
Place of Birth (State or foreign country) Ohio
Residence Address: Street or R.R. 300 Sycamore Ridge Ct City Avon County Hend. State In 46123
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 3
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 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. Christine McSmiley, Patrick McSmiley, Teresa McSmiley
6. (a) Full name of applicant's father Duane Allen Ennis
   (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 Shirley Mae Graber
   (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 Jill Lee Cole Date 6-26-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
X Signed Jill Lee Cole
X New Address Same
Subscribed and sworn to before me this 26 day of June, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 26, 2003, authorizing the marriage of Dwight Cal Burleson and Jill Lee Cole.
I further certify that the following marriage certificate was filed in my office: I, Karen E. Devaisher (name), certify that on July 12, 2003 (date), at Avon in Hendricks County, Indiana, Dwight Cal Burleson of Hendricks County, Indiana (state), and Jill Lee 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 June 26, 2003. Signed by: Karen E. Devaisher, Clergy (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 22, 2003 (date).

Sharon Dugan
Signed _____ Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 67
Page 404
6-26-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 6-23-03
Name of Physician Dr. Jason Cooper

MALE APPLICANT

Name: First Charles Middle Michael Last Johnson
Date of Birth: Month 12 Day 15 Year 76
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 7448 Halsted Dr. City Indpls County Marion State In 46214
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify)

Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Robert 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 Elizabeth Lynn Williams
   (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 Denise Middle Danielle Last Linn
Date of Birth: Month 10 Day 17 Year 78
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1067 Woodridge 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 Neil Eddy Linn
   (If adopted, list adoptive parents only)
   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 Tedrowpill
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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. Johnson Date 6/26/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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. Johnson
New Address 6740 Wilton Ct. Indpls, IN 46214
Subscribed and sworn to before me this 26 day of June, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of 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 D. Linn Date 6-26-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 D Linn
New Address 6740 Wilton Ct. Indpls, IN 46214
Subscribed and sworn to before me this 26 day of June, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 26, 2003, authorizing the marriage of Charles Michael Johnson and Denise Danielle Linn.
I further certify that the following marriage certificate was filed in my office: I, Darren Cushman Wood (name), certify that on August 9, 2003 (date), at Indianapolis in Marion County, Indiana, Charles Michael Johnson of Marion County, Indiana (state), and Denise Danielle Linn of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 26, 2003. Signed by: Darren Cushman Wood, Reverend (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on August 14, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 67
Page 405
6-26-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 6-23-03
Name of Physician Betty Raney

MALE APPLICANT	FEMALE APPLICANT
Name: First Daniel, Middle Edward, Last Bond	Name: First Susan, Middle Lorrain, Last Etter
Date of Birth: Month 12, Day 25, Year 57	Date of Birth: Month 12, Day 13, Year 67
Place of Birth (State or foreign country): Indiana	Place of Birth (State or foreign country): Indiana
Residence Address: 416 E. College Ave. Brownsburg Ind IN 46112	Residence Address: 3840 Constitution Dr. Carmel Hamilton In 46032
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 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. Mary C. Bond, Mark D. Bond	5. List the full names of any dependent children.
6. (a) Full name of applicant's father Richard A. Bond	6. (a) Full name of applicant's father David Etter
(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 JoAnn Thune	(b) Full maiden name of applicant's mother Eleanor Pfleeger
(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 [signature] Date 6/26/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)

I swear/affirm that the information given in this application is true and correct.

X Signed [signature]
X New Address Same

Subscribed and sworn to before me this 26 day of June, 2003

Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of 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 Susan L. Etter Date 6/26/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of 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 L. Etter
X New Address 416 E. College Ave Brownsburg IN 46112

Subscribed and sworn to before me this 26 day of June, 2003

Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)

Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 26, 2003, authorizing the marriage of Daniel Edward Bond and Susan Lorrain Etter.

I further certify that the following marriage certificate was filed in my office: I, Glenn W. McDonald (name), certify that on June 27, 2003 (date), at Indianapolis in Marion County, Indiana, Daniel Edward Bond of Hendricks County, Indiana (state), and Susan Lorrain Etter of Hamilton County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 26, 2003. Signed by: Glenn W. McDonald, Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on July 10, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 67
Page 406
6-26-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 6-26-03
Name of Physician Ronald Stegmoller

MALE APPLICANT

Name: First TODD Middle J Last LINDEMAN
Date of Birth: Month 9 Day 23 Year 1972
Place of Birth (State or foreign country) WI
Residence Address: Street or R.R. 2044 WOODSTREAM DR. City AVON County HENDRICKS State IN
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) DRIVERS License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father James Lindeman
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) IN
   Birthplace of father (State or foreign country) MI
   (b) Full maiden name of applicant's mother Susan Behling
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) IN
   Birthplace of mother (State or foreign country) WI

FEMALE APPLICANT

Name: First DAWN Middle M Last Huser
Date of Birth: Month 7 Day 11 Year 1974
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. 2044 Woodstream Dr City Avon County Hend. State IN 46123
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Robert Huser
   (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 Deborah Horrar
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) IN
   Birthplace of mother (State or foreign country) KY

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Todd J Lin Date 6-26-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 J Lin
New Address Same
Subscribed and sworn to before me this _____ day of _____
Sharon Dugan Clerk of the Hendricks Circuit Court

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Dawn Huser Date 6-26-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Huser
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 June 26, 2003, authorizing the marriage of Todd J. Lindeman and Dawn M. Huser.
I further certify that the following marriage certificate was filed in my office: I, Rev. D. Michael Welch (name), certify that on July 12, 2003 (date), at Speedway in Marion County, Indiana, Todd J. Lindeman of Hendricks County, Indiana (state), and Dawn M. Huser of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 26, 2003. Signed by: Rev. D. Michael Welch, Priest (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 22, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 67
Page 407
6-26-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage 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 Scott Middle Alan Last Gerard
Date of Birth: Month 4 Day 25 Year 63
Place of Birth (State or foreign country) Milwaukee
Residence Address: Street or R.R. 5805 Amber Lane 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) Washington Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 George Gerard
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) Washington
   Birthplace of father (State or foreign country) Milwaukee
   (b) Full maiden name of applicant's mother Sharon Patricia Harmon
   (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 Scott A Gerard Date 6-26-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 A. Gerard
X New Address Same
Subscribed and sworn to before me this 26 day of June, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

FEMALE APPLICANT

Name: First Vicky Middle Ann Last Chavez
Date of Birth: Month 11 Day 25 Year 52
Place of Birth (State or foreign country) California
Residence Address: Street or R.R. 5805 Amber Lane 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 1988
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 Ralph Jarrill
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) California
   (b) Full maiden name of applicant's mother Barbara Boyd
   (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).
X Signature of Applicant Vicky Chavez Date 6/26/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
X Signed Vicky Chavez
X New Address Same
Subscribed and sworn to before me this 26 day of June, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 26, 2003, authorizing the marriage of Scott Alan Gerard and Vicky Ann Chavez.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on June 26, 2003 (date), at Danville in Hendricks County, Indiana, Scott Alan Gerard of Hendricks County, Indiana (state), and Vicky Ann Chavez of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 26, 2003. Signed by: Janet S. Smith, Hend Co Deputy Clerk (official designation) Filed and recorded in accordance with the laws of the State of Indiana on June 26, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 67
Page 408
6-26-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 6-26-03
Name of Physician Mark Wyant, MD

MALE APPLICANT

Name: First Ronald Middle Paul Last Richardson
Date of Birth: Month 4 Day 12 Year 60
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 8490 S. Old 350 W. City Stilesville County Hendricks State 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 female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Paul Richardson
6. (a) Full name of applicant's father Paul Eugene Richardson
   (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 Violet Opal Heskett
   (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 Ronald P Richardson Date 6/26/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 P Richardson
X New Address SAME
Subscribed and sworn to before me this 26 day of June, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

FEMALE APPLICANT

Name: First Melinda Middle Joy Last Dowell
Date of Birth: Month 2 Day 4 Year 74
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 8490 S. Old 350 W. City Stilesville County Hendricks State 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. Danny Dowell, Andrew Stanfield
6. (a) Full name of applicant's father Eric Francis Bedelman
   (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 Nancy Marlenna Cox
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Ohio

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
X Signature of Applicant Melinda J. Dowell Date 6/26/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
X Signed Melinda J. Dowell
X New Address Same
Subscribed and sworn to before me this 26 day of June, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated _____, authorizing the marriage of _____ and _____.
I further certify that the following marriage certificate was filed in my office: I, _____ (name), certify that on _____ (date), at _____ in _____ County, Indiana, _____ of _____ County, _____ (state), and _____ of _____ County, _____ (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated _____. Signed by: _____, _____ (official designation) Filed and recorded in accordance with the laws of the State of Indiana on _____ (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 67
Page 409
6-27-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 6-25-03
Name of Physician Immediate Care

MALE APPLICANT

Name First: John Middle: A. Last: Darlington IV
Date of Birth Month: 11 Day: 29 Year: 1984
Place of Birth (State or foreign country): Indiana
Residence Address: 74 Penn Dr. Apt A Street or R.R.: Aven City: Hendricks County: IN State: 46123
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify)
Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Trenton Ardell Darlington
6. (a) Full name of applicant's father John A. Darlington III
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Kathy Dunn
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that 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 A Darlington Date 6-27-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 A Darlington
New Address Same
Subscribed and sworn to before me this 27 day of June 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____

State of Indiana)
County of Hendricks)
Father ____ ID # ____
Mother ____ ID # ____
Subscribed and sworn to before me this ____ day of ____
____ Clerk

FEMALE APPLICANT

Name First: Toni Middle: Marie Last: Richardson
Date of Birth Month: 10 Day: 03 Year: 1983
Place of Birth (State or foreign country): Indiana
Residence Address: 74 Penn Dr. Apt A Street or R.R.: Aven City: Hendricks County: IN State: 46123
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify)
Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Trenton Ardell Darlington
6. (a) Full name of applicant's father Orville 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 Kelli Parrott
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
X Signature of Applicant Toni Richardson Date 6-27-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court ____ Date ____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
X Signed Toni Richardson
New Address same
Subscribed and sworn to before me this 27 day of June 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____

State of Indiana)
County of Hendricks)
Father ____ ID # ____
Mother ____ ID # ____
Subscribed and sworn to before me this ____ day of ____
____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ____ County ____ Court, by written order issued ____ and filed in ____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 27, 2003, authorizing the marriage of John A. Darlington IV and Toni Marie Richardson.
I further certify that the following marriage certificate was filed in my office: I, Rev. Ted D. Stephenson (name), certify that on July 19, 2003 (date), at Indianapolis in Marion County, Indiana, John A. Darlington IV of Hendricks County, Indiana (state), and Toni Marie Richardson of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 27, 2003. Signed by: Rev. Ted D. Stephenson, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 25, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 67
Page 410
6-26-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 1-13-03
Name of Physician Azanias Dorlerger MD

MALE APPLICANT

Name: First Robert Middle Allen Last Cloyd III
Date of Birth: Month 3 Day 7 Year 73
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 10352 Lantern Court City Indpls County Hend State In 46234
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Katelynne Nicole Dandy
6. (a) Full name of applicant's father Robert Allen Cloyd, 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 Jackie Howard
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
✗ Signature of Applicant Robt A Cloyd III Date 6-26-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court ____ Date ____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
✗ Signed Robt A Cloyd III
✗ New Address Same
Subscribed and sworn to before me this 26 day of June, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____

State of Indiana)
County of Hendricks)
Father ____ ID # ____
Mother ____ ID # ____
Subscribed and sworn to before me this ____ day of ____
____ Clerk

FEMALE APPLICANT

Name: First Kati Middle Nicole Last Ashley
Date of Birth: Month 1 Day 17 Year 80
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 10352 Lantern Court City Indpls County Hend State In 46234
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 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 Alan Ashley
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Carey Lynn Stinson
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
✗ Signature of Applicant Kati Ashley Date 6-20-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court ____ Date ____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
✗ Signed Kati Ashley
✗ New Address Same
Subscribed and sworn to before me this 26 day of June, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____

State of Indiana)
County of Hendricks)
Father ____ ID # ____
Mother ____ ID # ____
Subscribed and sworn to before me this ____ day of ____
____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ____ County ____ Court, by written order issued ____ and filed in ____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 26, 2003, authorizing the marriage of Robert Allen Cloyd III and Kati Nicole Ashley.
I further certify that the following marriage certificate was filed in my office: I, Charles E. Hostetter (name), certify that on June 27, 2003 (date), at Brownsburg in Hendricks County, Indiana, Robert Allen Cloyd III of Hendricks County, Indiana (state), and Kati Nicole Ashley of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 26, 2003. 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 July 3, 2003 (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 67
Page 411
6-27-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐ If No, Medical Examination or Report Dated 6/30/03
Name of Physician Dr. Freida Thompson

MALE APPLICANT

Name First: Jason Middle: Ryan Last: Reeves
Date of Birth Month: 8 Day: 31 Year: 77
Place of Birth (State or foreign country): Indiana
Residence Address: 10758 Bakeway Dr. Street or R.R. City: Indpls County: Hendricks State: IN
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Brian Reeves
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Jay Irene Eggers
   (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: Melissa Middle: Ann Last: Faulkenberg
Date of Birth Month: 5 Day: 5 Year: 79
Place of Birth (State or foreign country): Indiana
Residence Address: 1711 Ellen Drive Street or R.R. City: Speedway County: Marion State: IN
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. NO
6. (a) Full name of applicant's father Dennis Edward Faulkenberg
   (If adopted, list adoptive parents only)
   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 Lee Brown
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [signature] Date 6/27/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 1711 Ellen Drive Speedway 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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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. Faulkenberg Date 6-27-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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. Faulkenberg
New Address 1711 Ellen 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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 27, 2003, authorizing the marriage of Jason Ryan Reeves and Melissa Ann Faulkenberg.
I further certify that the following marriage certificate was filed in my office: I, Steven T. Reeves (name), certify that on July 26, 2003 (date), at Indianapolis in Marion County, Indiana, Jason Ryan Reeves of Hendricks County, Indiana (state), and Melissa Ann Faulkenberg of Marion County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 27, 2003. Signed by: Steven T. Reeves, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on August 1, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 67
Page 412
6-27-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 6-13-03
Name of Physician Linda S. Martin MD

MALE APPLICANT

Name: First Josh Middle Matthew Last Harmon
Date of Birth: Month 2 Day 28 Year 64
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 936 N. CoRd 500 E. City Avon County Hend State In 46123
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 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. Natalee Christine Burgess
6. (a) Full name of applicant's father Raymond Harmon, Jr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Kentucky
   (b) Full maiden name of applicant's mother Beverly Jo Lewis
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) West Virginia

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
✗ Signature of Applicant Josh Harm Date 6/27/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
✗ Signed Josh Harm
✗ New Address 936 N. CR 500 EAST, AVON, IN
Subscribed and sworn to before me this 27 day of June, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

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 Dawn Last Hannon
Date of Birth: Month 8 Day 30 Year 62
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 936 N. CoRd 500 E City Avon County Hend State In 46123
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 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. Connor Wade Hannon, Hailey Noel Hannon, Marshall Douglas Hannon
6. (a) Full name of applicant's father Willard Dean Cheatham
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Kentucky
   (b) Full maiden name of applicant's mother Mary Rose Birdsell
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Dawn Hannon Date 6/27/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Dawn Hannon
✗ New Address Same
Subscribed and sworn to before me this 27 day of June, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 26, 2003, authorizing the marriage of Josh Matthew Harmon and Lisa Dawn Hannon.
I further certify that the following marriage certificate was filed in my office: I, Bob Fishburn (name), certify that on July 11, 2003 (date), at Avon in Hendricks County, Indiana, Josh Matthew Harmon of Marion County, Indiana (state), and Lisa Dawn Hannon of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 26, 2003. Signed by: Bob Fishburn, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 25, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 67
Page 413
6-27-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 6-27-03
Name of Physician Dr. Hadley

MALE APPLICANT

Name First: Michael Middle: L Last: Anderson
Date of Birth Month: 2 Day: 6 Year: 1971
Place of Birth (State or foreign country): IN
Residence Address: 731 Apple Lane Street or R.R. Brownsburg City Hend. County IN State 46112
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date 2-24-03
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Rachael Lee Anderson
6. (a) Full name of applicant's father James R Anderson
   (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 Mary Lou Adams
   (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 L Anderson Date 6/27/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed X Michael L Anderson
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

FEMALE APPLICANT

Name First: Stacey Middle: L Last: Burkhard
Date of Birth Month: 10 Day: 14 Year: 1971
Place of Birth (State or foreign country): IN
Residence Address: 7165 Eagle Cove So Dr Street or R.R. Indpls City Marion County IN State 46254
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
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 male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 R Burkhard
   (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 Rebecca V. Kay
   (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 Stacey L Burkhard Date 6/27/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Stacey L Burkhard
New Address X 731 Apple Ln., Brownsburg, IN 46112
Subscribed and sworn to before me this _____ day of _____
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 27, 2003, authorizing the marriage of Michael Lee Anderson and Stacey Lynn Burkhard.
I further certify that the following marriage certificate was filed in my office: I, Ulla Riitta (name), certify that on June 28, 2003 (date), at Nashville in Brown County, Indiana, Michael Lee Anderson of Hendricks County, Indiana (state), and Stacey Lynn Burkhard of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 27, 2003. Signed by: Ulla Riitta, Clergy (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 3, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 67
Page 414
6-27-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 6-25-03
Name of Physician David Dadley MD.

MALE APPLICANT

Name: First Donald Middle Eugene Last Ward
Date of Birth: Month 4 Day 24 Year 65
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 4209 Allen 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 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 Othel Francis Ward
   (If adopted, list adoptive parents only) —
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Davey Jan Mouser
   (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 Donald E. Ward Date 6/27/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
✗ Signed Donald E. Ward
✗ New Address Same
Subscribed and sworn to before me this 27 day of June 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

FEMALE APPLICANT

Name: First Delana Middle Rachelle Last Kinnaman
Date of Birth: Month 5 Day 5 Year 72
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 4209 Allen Drive City Brownsburg County Hendricks State IN 46112
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 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 Gerald C. Shepherd
   (If adopted, list adoptive parents only) —
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Patricia M. 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 Delana R Kinnaman Date 6/27/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
✗ Signed Delana R Kinnaman
✗ New Address same
Subscribed and sworn to before me this 27 day of June 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 27, 2003, authorizing the marriage of Donald Eugene Ward and Delana Rachelle Kinnaman.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on June 27, 2003 (date), at Danville in Hendricks County, Indiana, Donald Eugene Ward of Hendricks County, Indiana (state), and Delana Rachelle Kinnaman of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 27, 2003. 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 3, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 67
Page 415
6-27-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 6-13-03
Name of Physician T E Ludwig, MD

MALE APPLICANT

Name: First Adam; Middle Joseph; Last Adler

Date of Birth: Month 4; Day 20; Year 81

Place of Birth (State or foreign country): Indiana

Residence Address: Street or R.R. 59 Lakeshore Circle; City Bronaugh Heights; County Porter; 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 David Joseph Adler
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Linda Sue 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).

X Signature of Applicant A J A Date 6-27-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court ____ Date ____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
X Signed A J A
X New Address 1150 Coppermill Lane Apt 2G Indianapolis, IN 46234
Subscribed and sworn to before me this 27 day of June, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____

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 Elaine; Last Raschke

Date of Birth: Month 2; Day 8; Year 81

Place of Birth (State or foreign country): Indiana

Residence Address: Street or R.R. 1305 Buck St.; City Valparaiso; County Porter; State IN 46383

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____

Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Raschke
   (If adopted, list adoptive parents only) ____
   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 Altendorf
   (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 Stephanie Raschke Date 6-27-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court ____ Date ____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
X Signed Stephanie Raschke
X New Address 1150 Coppermill Lane Apt 2G Indianapolis, IN 46234
Subscribed and sworn to before me this 27 day of June, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____

State of Indiana)
County of Hendricks)
Father ____ ID # ____
Mother ____ ID # ____
Subscribed and sworn to before me this ____ day of ____
____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ____ County ____ Court, by written order issued ____ and filed in ____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 27, 2003, authorizing the marriage of Adam Joseph Adler and Stephanie Elaine Raschke.
I further certify that the following marriage certificate was filed in my office: I, Rev. Robert E. Duncan (name), certify that on July 11, 2003 (date), at Valparaiso in Porter County, Indiana, Adam Joseph Adler of Hendricks County, Indiana (state), and Stephanie Elaine Raschke of Porter County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 27, 2003. Signed by: Rev. Robert E. Duncan, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 25, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 67
Page 416
6-27-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 6-27-03
Name of Physician Dr. Stevens

MALE APPLICANT

Name: First George Middle S Last Pichon Jr
Date of Birth: Month 5 Day 6 Year 1981
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. 6903 Riveria Dr City Avon County Hend State IN 46123
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages —
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date —
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify)
Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father George Pichon Sr
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) IN
   Birthplace of father (State or foreign country) Rhode Island
   (b) Full maiden name of applicant's mother Julie Ann Laycock
   (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 Sarah Middle M Last Jones
Date of Birth: Month 3 Day 20 Year 1980
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. 10315 Iownee 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 Michael S. Jones
   (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 Pamela Kay Utterback
   (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 —

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 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 X Sarah M. Jones Date 6-27-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Sarah M. Jones
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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the — County — Court, by written order issued — and filed in —, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 27, 2003, authorizing the marriage of George Steven Pichon, Jr. and Sarah Michelle Jones.
I further certify that the following marriage certificate was filed in my office: I, Kenneth J. Woods (name), certify that on June 28, 2003 (date), at Indianapolis in Marion County, Indiana, George Steven Pichon, Jr of Hendricks County, Indiana (state), and Sarah Michelle 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 June 27, 2003. Signed by: Kenneth J. Woods, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 10, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 67
Page 417
6-27-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☑ Yes ☐
If No, Medical Examination or Report Dated 6-27-03
Name of Physician DAVID HADLEY

MALE APPLICANT

Name: First ERIC Middle THOMAS Last KNOP

Date of Birth: Month 7 Day 18 Year 1968

Place of Birth (State or foreign country) MO

Residence Address: Street or R.R. 1705 Beechwood 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. COLIN RICHARD LEE KNOP
6. (a) Full name of applicant's father Eugene KNOP
   (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 LORETTA ALICE LEE
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) ____
   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 Eric T. Knop Date 6-27-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 T. Knop
New Address SAME
Subscribed and sworn to before me this 27th day of June
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____

State of Indiana)
County of Hendricks)
Father ____ ID # ____
Mother ____ ID # ____
Subscribed and sworn to before me this ____ day of ____
____ Clerk

FEMALE APPLICANT

Name: First TYLENA Middle LAGINA Last GRIFFITH

Date of Birth: Month 9 Day 30 Year 1976

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 1705 Beechwood DR. City PLAINFIELD County HENDRICKS State IND

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 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. COLIN RICHARD LEE KNOP
   ELIZAH MONAI GRIFFITH
6. (a) Full name of applicant's father Lovell MARION SHOULTS JR.
   (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 ALNEDIA DEE Willoughby
   (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 Tylena L. Griffith Date 6-27-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Tylena L. Griffith
New Address SAME
Subscribed and sworn to before me this 27 day of June
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____

State of Indiana)
County of Hendricks)
Father ____ ID # ____
Mother ____ ID # ____
Subscribed and sworn to before me this ____ day of ____
____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ____ County ____ Court, by written order issued ____ and filed in ____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 27, 2003, authorizing the marriage of Eric Thomas Knop and Tylena Lagina Griffith.
I further certify that the following marriage certificate was filed in my office: I, Gregory Smith (name), certify that on July 19, 2003 (date), at Plainfield in Hendricks County, Indiana, Eric Thomas Knop of Hendricks County, Indiana (state), and Tylena Lagina Griffith of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 27, 2003. Signed by: Gregory Smith, Reverend (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on August 1, 2003 (date).

Sharon Dugan
Signed ____ Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 67
Page 418
6-30-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 6-12-03
Name of Physician Ronald Stegmoller

MALE APPLICANT

Name: First David Middle Glen Last Kile
Date of Birth: Month 6 Day 6 Year 60
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 441 Hawley 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) 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. Sarah Nicole Kile
6. (a) Full name of applicant's father Glen Kile
   (If adopted, list adoptive parents only)
   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 Margaret Vance
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Kentucky

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant David Kile Date 6-30-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Kile
New Address same
Subscribed and sworn to before me this 30 day of June, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

FEMALE APPLICANT

Name: First Lee Middle Ann Last Cummings
Date of Birth: Month 4 Day 15 Year 56
Place of Birth (State or foreign country) Utah
Residence Address: Street or R.R. 441 Hawley 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) Indiana Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
5. List the full names of any dependent children. _____
6. (a) Full name of applicant's father Edwin Monroe Ellis
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) New Jersey
   (b) Full maiden name of applicant's mother Zelda Ellen Hall
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Utah

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Lee Ann Cummings Date 6-30-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Lee Ann Cummings
New Address same
Subscribed and sworn to before me this 30 day of June, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 30, 2003, authorizing the marriage of David Glen Kile and Lee Ann Cummings.
I further certify that the following marriage certificate was filed in my office: I, Kyle M. Johnson (name), certify that on July 5, 2003 (date), at Danville in Hendricks County, Indiana, David Glen Kile of Hendricks County, Indiana (state), and Lee Ann Cummings of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 30, 2003. Signed by: Kyle M. Johnson, Bishop (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 22, 2003 (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 67
Page 419
6-30-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 6-30-03
Name of Physician David Dadley MD

MALE APPLICANT

Name: First Wade Middle Alan Last Reichart
Date of Birth: Month 1 Day 7 Year 79
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 13761 Ashwood Lane City Fishers County Hamilton State IN 46038
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Gary Brent Reichart
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Robbin Dianna Yackley
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant Wade Reichart Date 6/30/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
X Signed Wade Reichart
X New Address SAME
Subscribed and sworn to before me this 30 day of June, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

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 Rae Last Hacker
Date of Birth: Month 6 Day 25 Year 82
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1221 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) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Michael Ray Hacker
   (If adopted, list adoptive parents only)
   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 Kay Spickler
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant Emily Rae Hacker Date 6/30/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
X Signed Emily Rae Hacker
X New Address 13761 Ashwood Lane, Fishers, IN 46038
Subscribed and sworn to before me this 30 day of June, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 30, 2003, authorizing the marriage of Wade Alan Reichart and Emily Rae Hacker.
I further certify that the following marriage certificate was filed in my office: I, J. Tracy Thomas (name), certify that on July 19, 2003 (date), at Zionsville in Boone County, Indiana, Wade Alan Reichart of Hamilton County, Indiana (state), and Emily Rae Hacker of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 30, . Signed by: J. Tracy Thomas, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 25, 2003 (date).

Sharon Dugan
Signed _____ Clerk
Hendricks Circuit Court

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 67
Page 420
7-1-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 6-17-03
Name of Physician Fran Newton

MALE APPLICANT	FEMALE APPLICANT
Name: First Michael Middle Wayne Last Williams	Name: First Myia Middle Sue Last Poole
Date of Birth: Month 5 Day 9 Year 75	Date of Birth: Month 11 Day 8 Year 76
Place of Birth (State or foreign country): Indiana	Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 167 S. CR 200 E. City Danville County Hend State In 46122	Residence Address: Street or R.R. 115 N. Jefferson St. City Danville County Hend State In 46122
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages	Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
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 James D. Williams	6. (a) Full name of applicant's father Norman D. Poole
(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 Diana Sue Price	(b) Full maiden name of applicant's mother Helen W. Dillow
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Indiana	Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana	Birthplace of mother (State or foreign country) Kentucky

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant [signature] Date 7.01.03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of 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 115 N. JEFFERSON ST.

Subscribed and sworn to before me this 1 day of July, 2003

Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of 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 Myia Poole Date 7/1/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)

I swear/affirm that the information given in this application is true and correct.

X Signed Myia Poole
X New Address same

Subscribed and sworn to before me this 1 day of July, 2003

Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)

Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 1, 2003, authorizing the marriage of Michael Wayne Williams and Myia Sue Poole.

I further certify that the following marriage certificate was filed in my office: I, Rev. Kenneth D. Wells (name), certify that on July 19, 2003 (date), at Avon in Hendricks County, Indiana, Michael Wayne Williams of Hendricks County, Indiana (state), and Myia Sue Poole of Hendricks County, Indiana (state) were 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 1, 2003. Signed by: Rev. Kenneth D. Wells, Elder (official designation) Filed and recorded in accordance with the laws of the State of Indiana on July 25, 2003 (date).

Sharon Dugan
Signed _____ Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 67
Page 421
7-1-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☑ Yes ☐ 7-1-03
If No, Medical Examination or Report Dated _____
Name of Physician DAVID HADLEY

MALE APPLICANT

Name: First STEPHEN Middle FREDERICK Last ROST
Date of Birth: Month 4 Day 29 Year 1978
Place of Birth (State or foreign country) IN
Residence Address: 132 PENN DRIVE APT B City AVON County HENDRICKS State IN
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date _____
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify)
DRIVERS LICENSE

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. _____
6. (a) Full name of applicant's father THOMAS JOSEPH ROST
   (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 Carol Lynn Boston
   (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 MELISSA Middle LEIGH Last DILLEY
Date of Birth: Month 5 Day 17 Year 1979
Place of Birth (State or foreign country) IN
Residence Address: 2882 S.CR 475 E. City PLAINFIELD County Hendricks State IN
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date _____
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify)
DRIVERS LICENSE

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. _____
6. (a) Full name of applicant's father LEON EVERETT DILLEY
   (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 CONNIE Lynn Reese
   (If adopted, list adoptive parents only) _____
   Residence of mother (if deceased, so state) IN
   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 Stephen F. Rost Date 7/1/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed X Stephen F. Rost
New Address 3205 Prairie View Circle Apt. G, 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 X Melissa L. Dilley Date 7-1-2003

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 L. Dilley
New Address 3205 Prairie View Circle Apt G, 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 July 1, 2003, authorizing the marriage of Stephen Frederick Rost and Melissa Leigh Dilley.
I further certify that the following marriage certificate was filed in my office: I, Mark A. McKinney (name), certify that on July 26, 2003 (date), at Danville in Hendricks County, Indiana, Stephen Frederick Rost of Hendricks County, Indiana (state), and Melissa Leigh Dilley of Hendricks County, Indiana (state) were 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 1, 2003. Signed by: Mark A. McKinney, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on August 20, 2003 (date).

Sharon Dugan
Signed _____ Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 67
Page 422
7-1-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 7-1-03
Name of Physician David Hadley MD

MALE APPLICANT

Name: First Brandon Middle Ross Last Cauldwell
Date of Birth: Month 5 Day 24 Year 73
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 894 Polley Dr. City Danville County Hend. State IN 46122
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Ross Cauldwell
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Sherri Lynn Phillabaum
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
✗ Signature of Applicant Brandon Cauldwell Date 7-01-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
✗ Signed Brandon Cauldwell
✓ New Address Same
Subscribed and sworn to before me this 1 day of July 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

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 Diane Last Parman
Date of Birth: Month 10 Day 25 Year 67
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 91 Penn Dr. Apt A 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 George William Parman
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Eleanor Louise Bottenfield
   (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 Rebecca D. Parman Date 7/1/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 D. Parman
✓ New Address 894 Polley Drive, Danville IN 46122
Subscribed and sworn to before me this 1 day of July 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 1, 2003, authorizing the marriage of Brandon Ross Cauldwell and Rebecca Diane Parman.
I further certify that the following marriage certificate was filed in my office: I, Douglas A. Litsey (name), certify that on August 9, 2003 (date), at Avon in Hendricks County, Indiana, Brandon Ross Cauldwell of Hendricks County, Indiana (state), and Rebecca Diane Parman of Hendricks County, Indiana (state) were 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 1, 2003. Signed by: Douglas A. Litsey, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on August 14, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 67
Page 423
7-1-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 6-23-03
Name of Physician Jason Cooper

MALE APPLICANT

Name: First Richard Middle David Adkison Last III
Date of Birth: Month 11 Day 30 Year 66
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 153 Idlewood Dr. 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 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. Alexus Christine Adkison, Mykaela Christine Adkison
6. (a) Full name of applicant's father Richard David Adkison III
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Sondra Kay Graves
   (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 Dianna Middle Lynn Last Bennett
Date of Birth: Month 7 Day 13 Year 66
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 153 Idlewood Dr. 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 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. Ashley Michele Bennett, Cory James Bennett
6. (a) Full name of applicant's father Richard 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 Margaret Reeder
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Richard D Adkison III Date 7-1-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Richard D Adkison III
New Address SAME
Subscribed and sworn to before me this 1 day of July 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Dianna L. Bennett Date 7-1-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Dianna L. Bennett
New Address Same
Subscribed and sworn to before me this 1 day of July, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 1, 2003, authorizing the marriage of Richard David Adkison and Dianna Lynn Bennett.
I further certify that the following marriage certificate was filed in my office: I, James K. Noble III (name), certify that on August 22, 2003 (date), at Indianapolis in Marion County, Indiana, Richard David Adkison of Hendricks County, Indiana (state), and Dianna Lynn Bennett of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 1, 2003. Signed by: James K. Noble III, Reverend (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on August 28, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 67
Page 424
7-2-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 6-26-03
Name of Physician Catherine Waterfield MD

MALE APPLICANT

Name: First John Middle Robert Last Davis
Date of Birth: Month 10 Day 11 Year 76
Place of Birth (State or foreign country) Ohio
Residence Address: Street or R.R. 2649 Annelane Blvd City Columbus County Franklin State Ohio 43235
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Ohio Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Davis
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Ohio
   Birthplace of father (State or foreign country) Ohio
   (b) Full maiden name of applicant's mother Carol Rogers
   (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 John Robert Davis Date 7-2-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Robert Davis
New Address Same
Subscribed and sworn to before me this 2 day of July, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

FEMALE APPLICANT

Name: First Christa Middle Susanne Last Osborne
Date of Birth: Month 3 Day 24 Year 73
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 2649 Annelane Blvd City Columbus County Franklin State Ohio 43235
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Ohio Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Jackie 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 Evelyn Faith Burnett
   (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 Christa Susanne Osborne Date 7-2-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Christa Susanne Osborne
New Address Same
Subscribed and sworn to before me this 2 day of July, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 2 2003, authorizing the marriage of John Robert Davis and Christa Susanne Osborne.
I further certify that the following marriage certificate was filed in my office: I, Rev. David E. Land (name), certify that on July 5, 2003 (date), at Avon in Hendricks County, Indiana, John Robert Davis of Franklin County, Ohio (state), and Christa Susanne Osborne of Franklin County, Ohio (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 2, 2003. Signed by: Rev. David E. Land, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 14, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

Book 67
Page 425
7-3-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 6-16-03
Name of Physician Dr. Jason Cooper

MALE APPLICANT

Name: First Steven Middle Foster Last Thompson
Date of Birth: Month 3 Day 6 Year 73
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 603 Shortleaf 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 female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Cathy Joyce 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 Steve Thompson Date 7-3-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Thompson
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 Dina Middle Margaret Last Duyvaert
Date of Birth: Month 8 Day 12 Year 73
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 603 Shortleaf 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 99
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Robert Norman Duyvaert
   (If adopted, list adoptive parents only) —
   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 Jan Vanderbosch
   (If adopted, list adoptive parents only) —
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Dina Duyvaert Date 7-3-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court ____ Date ____

State of Indiana)
County of Hendricks) I swear/affirm that the information given in this application is true and correct.
Signed Dina Duyvaert
New Address ____
Subscribed and sworn to before me this ____ day of ____
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____

State of Indiana)
County of Hendricks)
Father ____ ID # ____
Mother ____ ID # ____
Subscribed and sworn to before me this ____ day of ____
____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ____ County ____ Court, by written order issued ____ and filed in ____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated ____, authorizing the marriage of ____ and ____.
I further certify that the following marriage certificate was filed in my office: I, ____ (name), certify that on ____ (date), at ____ in ____ County, Indiana, ____ of ____ County, ____ (state), and ____ of ____ County, ____ (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated ____. Signed by: ____, ____ (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on ____ (date).

Sharon Dugan
Signed ____ Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 67
Page 426
7-3-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 7-6-03
Name of Physician Dr Hadley

MALE APPLICANT

Name: First Brian Middle Alan Last Parsons
Date of Birth: Month 5 Day 26 Year 74
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1765 Cold Springs Dr. City B'burg County Hend State IN 46112
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) drivers license

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. NA
6. (a) Full name of applicant's father Danny Ray Parsons
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Eileen Patricia O'Donnell
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) New York

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Alan Parsons Date 7-3-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Alan Parsons
New Address same
Subscribed and sworn to before me this 3 day of July, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

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 E Last Weems
Date of Birth: Month 2 Day 24 Year 1974
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. 1765 Cold Springs 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 James Randolph Weems
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) IN
   Birthplace of father (State or foreign country) GA
   (b) Full maiden name of applicant's mother Margaret Mary 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 Lisa E. Weems Date 7-3-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 E. Weems
New Address Same
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 3, 2003, authorizing the marriage of Brian Alan Parsons and Lisa Elizabeth Weems.
I further certify that the following marriage certificate was filed in my office: I, /s/ Thomas K. Stepanski (name), certify that on July 19, 2003 (date), at Danville in Hendricks County, Indiana, Brian Alan Parsons of Hendricks County, Indiana (state), and Lisa Elizabeth Weems of Hendricks County, Indiana (state) were 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 3, 2003. Signed by: /s/ Thomas K. Stepanski, Catholic Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 22, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 67
Page 427
7-3-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 7-1-03
Name of Physician Boone Co Health Dept

MALE APPLICANT

Name: First Paul Middle Jeffrey Last Laney

Date of Birth: Month 9 Day 27 Year 58

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 406 W. Main St. City Lizton County Hendricks State Ind 46149

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. Daniel Laney, Samantha Laney, Lyan Laney
6. (a) Full name of applicant's father Charles Bobby Laney
   (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 Mildred Groves
   (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 Paul J. Laney Date 7-3-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 J. Laney
New Address SAME
Subscribed and sworn to before me this 3 day of July, 2003
Sharon Dugan, Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

FEMALE APPLICANT

Name: First Phyllis Middle Ann Last Ridge

Date of Birth: Month 3 Day 3 Year 68

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 406 W. Main St. City Lizton County Hendricks State Ind 46149

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 2000

Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Joseph Davidson
6. (a) Full name of applicant's father Philip A. Ridge
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Martha J. Merritt
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant Phyllis A. Ridge Date 7-3-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Phyllis A. Ridge
New Address SAME
Subscribed and sworn to before me this 3 day of July, 2003
Sharon Dugan, Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 3, 2003, authorizing the marriage of Paul Jeffrey Laney and Phyllis Ann Ridge.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on July 3, 2003 (date), at Danville in Hendricks County, Indiana, Paul Jeffrey Laney of Hendricks County, Indiana (state), and Phyllis Ann Ridge of Hendricks County, Indiana (state) were 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 3, 2003. 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 14, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 67
Page 428
7-3-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 7-3-03
Name of Physician David Hadley MD

MALE APPLICANT

Name: First Thomas Middle James Last Pierski
Date of Birth: Month 12 Day 1 Year 70
Place of Birth (State or foreign country) Illinois
Residence Address: Street or R.R. 2603 Sheehan Ct No 101 City Naperville County Will State Illinois 60564
Previous Marital Status: 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 Robert Joseph Pierski
   (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 Caroline Rose Czarnik
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Illinois
   Birthplace of mother (State or foreign country) Illinois

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
X Signature of Applicant Thomas J. Pierski Date 7-3-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
X Signed Thomas J. Pierski
X New Address SAME
Subscribed and sworn to before me this 3 day of July 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

FEMALE APPLICANT

Name: First Sueann Middle Rochel Last Lucas
Date of Birth: Month 7 Day 2 Year 70
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1570 Cold Spring Dr City Brownsburg County Hendricks State IN 46112
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father William Herman Lucas, Jr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Linda Sue Marlatt
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
X Signature of Applicant Sueann R. Lucas Date 7/3/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
X Signed Sueann R. Lucas
X New Address 2603 Sheehan Ct #101 Naperville, IL 60564
Subscribed and sworn to before me this 3 day of July, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 3, 2003, authorizing the marriage of Thomas James Pierski and Sueann Rochel Lucas.
I further certify that the following marriage certificate was filed in my office: I, Charles Kline (name), certify that on July 19, 2003 (date), at Attica in Fountain County, Indiana, Thomas James Pierski of Will County, Illinois (state), and Sueann Rochel Lucas of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 3, 2003. Signed by: Charles Kline, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 24, 2003 (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 67
Page 429
7-3-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☑ Yes ☐
If No, Medical Examination or Report Dated 4-28-03
Name of Physician Dr. Hasbrook

MALE APPLICANT

Name First Michael Middle K. Last Wynne
Date of Birth Month 5 Day 4 Year 1954
Place of Birth (State or foreign country) New Mexico 46268
Residence Address Street or R.R. 8223 Quetico Dr. City Indpls. County Marion State IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 6-03
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify)
Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 M. Wynne, Alexandra E. Wynne, Morgan B. Wynne
6. (a) Full name of applicant's father E. Jack Hunkapillar
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) California
   Birthplace of father (State or foreign country) Oklahoma
   (b) Full maiden name of applicant's mother Eleanor Wynne
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) California
   Birthplace of mother (State or foreign country) New Mexico

FEMALE APPLICANT

Name First Leslie Middle A. Last Allee
Date of Birth Month 8 Day 15 Year 1954
Place of Birth (State or foreign country) Indiana 46112
Residence Address Street or R.R. 88 Bradford Ct. 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 12-02
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 male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 R. Bennett Jr.
6. (a) Full name of applicant's father James W. Allee
   (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 E. Roberts
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) deceased
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Michael K Wynne Date 7/3/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Michael K Wynne
New Address 9397 Gladstone Pittsboro IN 46167
Subscribed and sworn to before me this 3 day of July 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Leslie A Allee Date 7/3/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Leslie A Allee
New Address 9397 Gladstone Pittsboro IN 46167
Subscribed and sworn to before me this 3 day of July 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.

A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 3, 2003, authorizing the marriage of Michael Keith Wynne and Leslie A. Allee.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on July 3, 2003 (date), at Danville in Hendricks County, Indiana, Michael Keith Wynne of Hendricks County, Indiana (state), and Leslie A. Allee of Hendricks County, Indiana (state) were 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 3, 2003. 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 14, 2003 (date).

Sharon Dugan
Signed _____ Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 67
Page 430
7-3-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 5-21-03
Name of Physician J. Frank Vormohr MD

MALE APPLICANT

Name: First Edward Middle Paul Last Keith
Date of Birth: Month 10 Day 8 Year 75
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 10111 Split Rock Way City Indianapolis County Hendricks 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 female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Bruce Keith
   (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 Cecelia Lu Ann Silcox
   (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 E. Plante Date 7-3-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
✗ Signed E Plante
✓ New Address same
Subscribed and sworn to before me this 3 day of July 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

FEMALE APPLICANT

Name: First Sarah Middle Jane Last Weaver
Date of Birth: Month 3 Day 24 Year 80
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 10111 Split Rock Way City Indianapolis County Hendricks 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.
6. (a) Full name of applicant's father Larry Joe Weaver
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Pamela Sue Stoffner
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

✗ Signature of Applicant Sarah J. Weaver Date 7/3/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
✗ Signed Sarah J Weaver
✓ New Address same
Subscribed and sworn to before me this 3 day of July 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 3, 2003, authorizing the marriage of Edward Paul Keith and Sarah Jane Weaver.
I further certify that the following marriage certificate was filed in my office: I, C. David Zollars (name), certify that on July 12, 2003 (date), at Indianapolis in Hendricks County, Indiana, Edward Paul Keith of Hendricks County, Indiana (state), and Sarah Jane Weaver of Hendricks County, Indiana (state) were 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 3, 2003. Signed by: C. David Zollars, Clergyman (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 22, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 67
Page 431
Date of Application 7-3-03

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☐ Yes ☒ 7-3-94
If No, Medical Examination or Report Dated
Name of Physician 8240 Naab Rd ste 450 Indpls

MALE APPLICANT

Name: First Ray Middle Richard Last Moreno
Date of Birth: Month 4 Day 4 Year 69
Place of Birth (State or foreign country) Texas
Residence Address: Street or R.R. 401 Watercress Way City Bburg County Hend State IN 46112
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 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.
   Seth Allen Moreno
   Dane Daniel Moreno
6. (a) Full name of applicant's father Ramon Moreno
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) N. Carolina
   Birthplace of father (State or foreign country) Texas
   (b) Full maiden name of applicant's mother Maria L. Moreno
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Texas
   Birthplace of mother (State or foreign country) Texas

FEMALE APPLICANT

Name: First Christine Middle Rene Last Stafford
Date of Birth: Month 3 Day 24 Year 65
Place of Birth (State or foreign country) Ohio
Residence Address: Street or R.R. 401 Watercress Way City Bburg County Hend State IN 46112
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date 1997
Date of Birth Verified By: ☒ Birth Certificate ☐ Other (Specify) drivers license

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
   Emily Alise Stafford
   Hillery Lene Stafford
   Samuel Hunter Stafford
   Andrew Quinton Stafford
6. (a) Full name of applicant's father James E Weir
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Cheryl A Weir
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Kentucky

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [signature] Date 7/3/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 3 day of July, 2003
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 Christine Stafford Date 7/3/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Stafford
New Address same
Subscribed and sworn to before me this 3 day of July, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 3, 2003, authorizing the marriage of Ray Richard Moreno and Christine Rene Stafford.
I further certify that the following marriage certificate was filed in my office: I, /s/ Jerry C. Fox (name), certify that on July 5, 2003 (date), at Indianapolis in Marion County, Indiana, Ray Richard Moreno of Lubbock County, Texas (state), and Christine Rene Stafford of Hendricks County, Indiana (state) were 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 3, 2003. Signed by: /s/ Jerry C. Fox, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 25, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 67
Page 432
7-3-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 6-30-03
Name of Physician Freida Thompson

MALE APPLICANT

Name: First Butch Middle — Last Petty
Date of Birth: Month 5 Day 24 Year 63
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 2132 Westmere 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 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. Jordan Marie Scott
6. (a) Full name of applicant's father Warren S. Petty
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Mississippi
   (b) Full maiden name of applicant's mother Mandy L. Davidson
   (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 Gina Middle Marie Last Scott
Date of Birth: Month 4 Day 30 Year 72
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 2132 Westmere 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. Jordan Marie Scott
6. (a) Full name of applicant's father David Scott
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Jerri Northam
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
X Signature of Applicant Butch Petty Date 7-3-3

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
X Signed Butch Petty
X New Address SAME
Subscribed and sworn to before me this 3 day of July 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of 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 Scott Date 7-3-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 Scott
X New Address SAME
Subscribed and sworn to before me this 3 day of July, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 3, 2003, authorizing the marriage of Butch Petty and Gina Marie Scott.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on July 3, 2003 (date), at Danville in Hendricks County, Indiana, Butch Petty of Hendricks County, Indiana (state), and Gina Marie Scott of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 3, 2003. 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 14, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 67
Page 433
7-3-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 7-3-03
Name of Physician David Hadley MD

MALE APPLICANT

Name: First William Middle Theodore Last Gray II
Date of Birth: Month 7 Day 14 Year 68
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 5816 Henderson Dr. City Brownsburg County Hend. State IN 46112
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 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 William Theodore Gray
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Sylvia Sams
   (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 William T. Gray II Date 7-3-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 T. Gray II
✗ New Address 5765 ACRES Rd. SYLVANIA OH 43560
Subscribed and sworn to before me this 3 day of July 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

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 Kay Last Ketring
Date of Birth: Month 5 Day 23 Year 63
Place of Birth (State or foreign country) Ohio
Residence Address: Street or R.R. 5765 Acres Rd City Sylvania County Lucas State Ohio 43560
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) Ohio Dr. License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father David Allen Ketring
   (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 Sandra Kay Schesger
   (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 Kimberly K. Ketring Date 7/03/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 K. Ketring
✗ New Address SAME
Subscribed and sworn to before me this 3 day of July, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 3, 2003, authorizing the marriage of William Theodore Gray II and Kimberly Kay Ketring.
I further certify that the following marriage certificate was filed in my office: I, Rev. M. Frank Sams (name), certify that on July 4, 2003 (date), at Avon in Hendricks County, Indiana, William Theodore Gray II of Hendricks County, Indiana (state), and Kimberly Kay Ketring of Lucas 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 July 3, 2003. Signed by: Rev. M. Frank Sams, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 14, 2003 (date).

Sharon Dugan
Signed _____ Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 67
Page 434
7-3-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 7-3-03
Name of Physician Dr. Lorall

MALE APPLICANT

Name: First Brent Middle W Last Foster
Date of Birth: Month 7 Day 5 Year 1981
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. 4907 N Co Rd 25E City Pittsboro County Hend State IN 46167
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Kaylie Foster
6. (a) Full name of applicant's father Jim Foster
   (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 Dawn M Payton
   (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 Brent Foster Date 7/03/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Brent Foster
New Address 482 Cedar Glen Dr
Subscribed and sworn to before me this 3rd day of July 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

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 Garrard
Date of Birth: Month 5 Day 16 Year 1980
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. 6426 Maidstone Rd City Indpls County Marion State IN 46254
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Kaylie Foster
6. (a) Full name of applicant's father Arthur Garrard
   (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 Marcella Hawn
   (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 Kelly Garrard Date 7-3-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Kelly Garrard
New Address X 482 Cedar Glen Dr, Avon, IN 46123
Subscribed and sworn to before me this 3rd day of July 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 3, 2003, authorizing the marriage of Brent William Foster and Kelly Renee Garrard.
I further certify that the following marriage certificate was filed in my office: I, Shelby L. Smith (name), certify that on July 5, 2003 (date), at Brownsburg in Hendricks County, Indiana, Brent William Foster of Hendricks County, Indiana (state), and Kelly Renee Garrard of Hendricks County, Indiana (state) were 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 3, 2003. Signed by: Shelby L. Smith, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 25, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 67
Page 435
7-3-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 7-3-03
Name of Physician Dr. Gaddy

MALE APPLICANT

Name: First James Middle Allan Last Trofatter
Date of Birth: Month 9 Day 24 Year 61
Place of Birth (State or foreign country) New Jersey
Residence Address: Street or R.R. 5591 Royal Troon Way City Hend County State IN 46123
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) drivers license

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Kenneth Frank Trofatter
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) deceased
   Birthplace of father (State or foreign country) Maine
   (b) Full maiden name of applicant's mother Lorraine Lewald
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) New Jersey
   Birthplace of mother (State or foreign country) New York

FEMALE APPLICANT

Name: First Jill Middle Renee Last Murrell
Date of Birth: Month 10 Day 17 Year 64
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 5591 Royal Troon Way 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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Harrison Murrell
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Ginger Sue Layman
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant James A Trofatter Date 7-3-2003

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court ____ Date ____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed James A Trofatter
New Address same
Subscribed and sworn to before me this 3 day of July, 2003
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 Jill Renee Murrell Date 7/3/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Renee Murrell
New Address same
Subscribed and sworn to before me this 3 day of July, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____

State of Indiana)
County of Hendricks)
Father ____ ID # ____
Mother ____ ID # ____
Subscribed and sworn to before me this ____ day of ____
____ Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____

State of Indiana)
County of Hendricks)
Father ____ ID # ____
Mother ____ ID # ____
Subscribed and sworn to before me this ____ day of ____
____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ____ County ____ Court, by written order issued ____ and filed in ____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 3, 2003, authorizing the marriage of James Allan Trofatter and Jill Renee Murrell.
I further certify that the following marriage certificate was filed in my office: I, Rev. Valerie E. Wilson (name), certify that on July 19, 2003 (date), at Indianapolis in Marion County, Indiana, James Allan Trofatter of Hendricks County, Indiana (state), and Jill Renee Murrell of Hendricks County, Indiana (state) were 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 3, 2003. Signed by: Rev. Valerie E. Wilson, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 25, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 67
Page 436
7-1-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 7-1-03
Name of Physician David Hadley MD

MALE APPLICANT

Name: First Zachary Middle Barrett Last Jones
Date of Birth: Month 12 Day 25 Year 76
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 10201 Split Rock 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 female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. ____
6. (a) Full name of applicant's father Russell Dean 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 Kerisa Barrett
   (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 Zachary Jones Date 7/7/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court ____ Date ____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
✓ Signed Zachary Jones
✓ New Address same
Subscribed and sworn to before me this 7 day of July, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____

State of Indiana)
County of Hendricks)
Father ____ ID # ____
Mother ____ ID # ____
Subscribed and sworn to before me this ____ day of ____
____ Clerk

FEMALE APPLICANT

Name: First Jeralyn Middle Ann Last Thompson
Date of Birth: Month 6 Day 8 Year 76
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 10201 Split Rock 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 Jerry L. 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 Carol Sue Blake
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

✓ Signature of Applicant Jeralyn L Thompson Date 7-7-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court ____ Date ____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
✓ Signed Jeralyn L Thompson
✓ New Address same
Subscribed and sworn to before me this 7 day of July, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____

State of Indiana)
County of Hendricks)
Father ____ ID # ____
Mother ____ ID # ____
Subscribed and sworn to before me this ____ day of ____
____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ____ County ____ Court, by written order issued ____ and filed in ____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 7, 2003, authorizing the marriage of Zachary Barrett Jones and Jeralyn Ann Thompson.
I further certify that the following marriage certificate was filed in my office: I, Rev. H. Jason Reed / Dr. Lelan D. McReynolds (name), certify that on August 30, 2003 (date), at Brookston in White County, Indiana, Zachary Barrett Jones of Hendricks County, Indiana (state), and Jeralyn Ann Thompson of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 7, 2003. Signed by: Rev. H. Jason Reed/Dr. Lelan D. McReynolds Ministers (official designation) Filed and recorded in accordance with the laws of the State of Indiana on September 4, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 67
Page 437
7-3-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 7-3-03
Name of Physician Dr. Kennedy

MALE APPLICANT

Name: First Walter Middle Allen Last Harney
Date of Birth: Month 12 Day 10 Year 1965
Place of Birth (State or foreign country) OH
Residence Address: Street or R.R. 8503 SW 202nd St City Newberry County Alachua State FL 32669
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. Bobby, Walt, Tyler Harney
6. (a) Full name of applicant's father Walter Harney
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Ky
   Birthplace of father (State or foreign country) Ky
   (b) Full maiden name of applicant's mother Carol Williams
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Oz
   Birthplace of mother (State or foreign country) OH

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [signature] Date 7-3-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 73 CEDAR RUN DRIVE 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 Jean Middle M Last Strong
Date of Birth: Month 11 Day 30 Year 1970
Place of Birth (State or foreign country) FL
Residence Address: Street or R.R. 73 Cedar Run 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) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 McGuire Tyler Harney
6. (a) Full name of applicant's father Roy M Strong
   (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 Judith Ann Dezmain
   (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 [signature] Date 7.3.03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 73 Cedar Run Dr. Bburg IN 46112
Subscribed and sworn to before me this _____ day of _____
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 3, 2003, authorizing the marriage of Walter Allen Harney Jr. and Jean Marie Strong.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on July 15, 2003 (date), at Danville in Hendricks County, Indiana, Walter Allen Harney Jr. of Hendricks County, Indiana (state), and Jean Marie 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 July 3, 2003. 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 15, 2003 (date).

Sharon Dugan
Signed _____ Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 67
Page 438
7-7-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 7-2-03
Name of Physician Barry Freeman

MALE APPLICANT

Name: First Lloyd Middle James Last Effner II
Date of Birth: Month 7 Day 9 Year 82
Place of Birth (State or foreign country) Wisconsin
Residence Address: Street or R.R. 140 Penn Dr, Apt D 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 Randall Lloyd Effner
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Illinois
   (b) Full maiden name of applicant's mother Donna Kipp Buss
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Illinois

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

✗Signature of Applicant [signature] Date 7/1/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 7 day of July, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

FEMALE APPLICANT

Name: First Kristin Middle Rene Last Clements
Date of Birth: Month 2 Day 11 Year 82
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1003 Cedar Glen Dr. S. 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 Kenneth 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 Teresa Jo Goodnight
   (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 Kristin Clements Date 7/7/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
✗Signed Kristin Clements
✗New Address 140 Penn Dr Apt D Avon, IN 46123
Subscribed and sworn to before me this 7 day of July, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 7, 2003, authorizing the marriage of Lloyd James Effner II and Kristin Rene Clements.
I further certify that the following marriage certificate was filed in my office: I, Rev. William H. Steinke (name), certify that on July 26, 2003 (date), at Brownsburg in Hendricks County, Indiana, Lloyd James Effner II of Hendricks County, Indiana (state), and Kristin Rene Clements of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 7, 2003. Signed by: Rev. William H. Steinke, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on August 1, 2003 (date).

Sharon Dugan
Signed _____ Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 67
Page 439
7-7-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐ 7-1-03
If No, Medical Examination or Report Dated
Name of Physician Charles F. Hasbrook

MALE APPLICANT

Name: First Darnell Middle Douglas Last Moffitt
Date of Birth: Month 5 Day 24 Year 77
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 8624 Captain 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 Douglas Moffitt
   (If adopted, list adoptive parents only)
   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 Pea
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
X Signature of Applicant Darnell Moffitt Date 7-7-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
X Signed Darnell Moffitt
X New Address SAME
Subscribed and sworn to before me this 7 day of July 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of Hendricks)
Father ID #
Mother ID #
Subscribed and sworn to before me this day of
Clerk

FEMALE APPLICANT

Name: First Tandy Middle Richelle Last Pea
Date of Birth: Month 9 Day 16 Year 77
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 8624 Captain 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 Danny Pea
   (If adopted, list adoptive parents only)
   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 Lynn Hawkes
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
X Signature of Applicant Tandy Richelle Pea Date 7/7/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
X Signed Tandy R Pea
X New Address Same
Subscribed and sworn to before me this 7 day of July, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of Hendricks)
Father ID #
Mother ID #
Subscribed and sworn to before me this day of
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 7, 2003, authorizing the marriage of Darnell Douglas Moffitt and Tandy Richelle Pea.
I further certify that the following marriage certificate was filed in my office: I, David Bourne (name), certify that on August 9, 2003 (date), at Whitestown in Boone County, Indiana, Darnell Douglas Moffitt of Hendricks County, Indiana (state), and Tandy Richelle Pea of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 7, 2003. Signed by: David Bourne, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on August 14, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 67
Page 440
7-7-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 1-23-03
Name of Physician Holly Cooper MD

MALE APPLICANT

Name: First Michael Middle Lee Last Hendershot
Date of Birth: Month 8 Day 10 Year 61
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1854 Park Meadows Ct City Brownsburg County Hendricks State IN 46112
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 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. Mallory Hendershot, Carli Hendershot
6. (a) Full name of applicant's father Lloyd Lee Hendershot
   (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 Virginia Marie Wall
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

✗ Signature of Applicant Michael L. Hendershot Date 7-7-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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. Hendershot
✗ New Address Same
Subscribed and sworn to before me this 7 day of July, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

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 Kathleen Last Adkins
Date of Birth: Month 7 Day 4 Year 57
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1854 Park Meadows Ct City Brownsburg County Hend State IN 46112
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 4
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 2001
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 W. Lucas
   (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 Lois Beal Hicks
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 K. Adkins Date 7-7-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 K. Adkins
✗ New Address Same
Subscribed and sworn to before me this 7 day of July, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 7, 2003, authorizing the marriage of Michael Lee Hendershot and Patricia Kathleen Adkins
I further certify that the following marriage certificate was filed in my office: I, Alex Murphy (name), certify that on July 25, 2003 (date), at Indianapolis in Marion County, Indiana, Michael Lee Hendershot of Hendricks County, Indiana (state), and Patricia Kathleen Adkins of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 7, 2003. Signed by: Alex Murphy, Judge (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on August 1, 2003 (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 67
Page 441
7-7-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐ 7-7-03
If No, Medical Examination or Report Dated
Name of Physician Dr. Hostetler

MALE APPLICANT

Name: First Bobby Middle J Last Smith
Date of Birth: Month 9 Day 5 Year 1951
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. 176 Brooks Way 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 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. Maxwell Smith
6. (a) Full name of applicant's father Bobby Smith
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) deceased
   Birthplace of father (State or foreign country) KY
   (b) Full maiden name of applicant's mother Jewell Muse
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) IN
   Birthplace of mother (State or foreign country) KY

FEMALE APPLICANT

Name: First Jodie Middle S Last Mills
Date of Birth: Month 3 Day 6 Year 1976
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. 505 N Maple St 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) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Maxwell Smith
   Mitch & Madison Mills
6. (a) Full name of applicant's father Ronald L Suiter
   (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 Sally A Carver
   (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 Bobby J Smith Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Bobby J Smith
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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Jodie Mills Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Jodie Mills
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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 7, 2003, authorizing the marriage of Bobby Joe Smith and Jodie Suzanne Mills.
I further certify that the following marriage certificate was filed in my office: I, Rev. Don G. Lambert (name), certify that on July 12, 2003 (date), at Pittsboro in Hendricks County, Indiana, Bobby Joe Smith of Hendricks County, Indiana (state), and Jodie Suzanne Mills of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 7, 2003. Signed by: Rev. Don G. Lambert, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 22, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 67
Page 442
1-8-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☐ Yes ☐
If No, Medical Examination or Report Dated 9-18-91
Name of Physician J.R. Reynolds MD

MALE APPLICANT

Name: First Steven Middle Wayne Last Dwyer
Date of Birth: Month 11 Day 25 Year 67
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 508 Linden 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 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. Stephen Michael Dwyer
6. (a) Full name of applicant's father Donald C Dwyer
   (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 Rose Marie Mullison
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that 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 7-8-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 8 day of July, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

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 Lee Last Denny
Date of Birth: Month 11 Day 7 Year 79
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 508 Linden 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) 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. Anastasia Nichole Denny, Stephen Michael Dwyer
6. (a) Full name of applicant's father John Wilson Denny
   (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 Kathleen Frances Mary 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).

X Signature of Applicant Cassandra L. Denny Date 7-8-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 L. Denny
X New Address Same
Subscribed and sworn to before me this 8 day of July, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 8, 2003, authorizing the marriage of Steven Wayne Dwyer and Cassandra Lee Denny.
I further certify that the following marriage certificate was filed in my office: I, Donald C. Dwyer (name), certify that on July 12, 2003 (date), at Spencer in Owen County, Indiana, Steven Wayne Dwyer of Hendricks County, Indiana (state), and Cassandra Lee Denny of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 8, 2003. Signed by: Donald C. Dwyer, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 22, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 67
Page 444
7-7-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 6-7-03
Name of Physician Dr. Kenneth Young

MALE APPLICANT

Name: First Paul Middle Christopher Last Gonterman
Date of Birth: Month 10 Day 9 Year 67
Place of Birth (State or foreign country) Illinois
Residence Address: Street or R.R. 1171 Valley Forge Dr. City Naples County Hendricks State IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 7-202
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Gonterman, Emily Gonterman
6. (a) Full name of applicant's father John Edward Gonterman
   (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 Diane Elizabeth Byrd
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Illinois
   Birthplace of mother (State or foreign country) New York

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Paul C. Gonterman Date 7-7-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 C. Gonterman
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 Danyl Middle Patrice Last McDivitt
Date of Birth: Month 5 Day 29 Year 69
Place of Birth (State or foreign country) New Jersey
Residence Address: Street or R.R. 1171 Valley Forge Dr City Naples 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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Curry McDivitt
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Pennsylvania
   (b) Full maiden name of applicant's mother Bonnie Jean Bryson
   (If adopted, list adoptive parents only) _____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Danyl P. McDivitt Date 7-7-03.

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Danyl P. McDivitt
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 July 7, 2003, authorizing the marriage of Paul Christopher Gonterman and Danyl Patrice McDivitt.
I further certify that the following marriage certificate was filed in my office: I, Jerry L. Williams (name), certify that on August 23, 2003 (date), at Indianapolis in Marion County, Indiana, Paul Christopher Gonterman of Hendricks County, Indiana (state), and Danyl Patrice McDivitt of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 7, 2003. Signed by: Jerry L. Williams, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on August 28, 2003 (date).

Sharon Dugan
Signed _____ Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 67
Page 445
7-8-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 7-8-03
Name of Physician Dr. Hadley

MALE APPLICANT	FEMALE APPLICANT
Name: First Michael Middle Thomas Last Cones	Name: First Tiffany Middle N Last Logston
Date of Birth: Month 1 Day 13 Year 1974	Date of Birth: Month 8 Day 15 Year 1978
Place of Birth (State or foreign country) IN	Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. 216 Rosegate 101 City Virginia Beach County VA State 23452	Residence Address: Street or R.R. 247 Millrun Dr Apt B City Plainfield County Hend. State IN 46168
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1	Previous Marital Status: Never Married ☐ OR No. of Previous Marriages —
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 2003	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. Savannah Cones	5. List the full names of any dependent children. Katelyn Logston
6. (a) Full name of applicant's father Richard Cones	6. (a) Full name of applicant's father Bernard Logston
(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 Mary Merrell	(b) Full maiden name of applicant's mother Marlene Adams
(If adopted, list adoptive parents only) —	(If adopted, list adoptive parents only) —
Residence of mother (if deceased, so state) AZ	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 [signature] Date 8JUL03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk 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 614 HANLEY RD. 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 [signature] Date 7-8-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)

I swear/affirm that the information given in this application is true and correct.

Signed [signature]
New Address [illegible]

Subscribed and sworn to before me this _____ day of _____

Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)

Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 8, 2003, authorizing the marriage of Michael Thomas Cones and Tiffany Nicole Logston.

I further certify that the following marriage certificate was filed in my office: I, Hubert Greer (name), certify that on July 19, 2003 (date), at Plainfield in Hendricks County, Indiana, Michael Thomas Cones of Hendricks County, Indiana (state), and Tiffany Nicole Logston of Hendricks County, Indiana (state) were 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 8, 2003. Signed by: Hubert Greer, Pastor (official designation) Filed and recorded in accordance with the laws of the State of Indiana on August 8, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 167
Page 446
July 8 2003
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 7-8-03
Name of Physician Dr. Gaddy

MALE APPLICANT

Name First: Jeremy Middle: Shane Last: Patrick
Date of Birth Month: 2 Day: 15 Year: 1975
Place of Birth (State or foreign country): Indiana
Residence Address Street or R.R.: 7255 Griffith Rd. 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 female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Patrick
   (If adopted, list adoptive parents only)
   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 A. Bloom
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [signature] Date 7-8-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 7255 GRIFFITH RD. Indpls, IN 46227
Subscribed and sworn to before me this 8th day of July 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

FEMALE APPLICANT

Name First: Brandy Middle: Danielle Last: Dellinger
Date of Birth Month: 4 Day: 21 Year: 1981
Place of Birth (State or foreign country): Indiana
Residence Address Street or R.R.: 3183 E Co. Rd. 200S City: Danville County: Hendricks State: IN
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Lowell Dellinger
   (If adopted, list adoptive parents only)
   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 Watson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [signature] Date 7/8/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 groom
Subscribed and sworn to before me this 8th day of July 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 8, 2003, authorizing the marriage of Jeremy S. Patrick and Brandy Danielle Dellinger.
I further certify that the following marriage certificate was filed in my office: I, John P. Roof (name), certify that on July 26, 2003 (date), at Danville in Hendricks County, Indiana, Jeremy S. Patrick of Marion County, Indiana (state), and Brandy Danielle Dellinger of Hendricks County, Indiana (state) were 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 8, 2003. Signed by: John P. Roof, Priest (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on August 1, 2003 (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 67
Page 447
7-9-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 7-8-03
Name of Physician Dr. Thompson

MALE APPLICANT

Name: First Keatrick Middle L Last Johnson
Date of Birth: Month 4 Day 20 Year 1974
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. 6110 Big Stone Dr City Indpls. County Hend. State IN 46234
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Bruce Johnson
   (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 Ellen Kay Anderson
   (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 K Keatrick Johnson Date 7/9/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed K Keatrick Johnson
New Address 6110 Big Stone Dr Indpls, IN 46234
Subscribed and sworn to before me this _____ day of _____
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

FEMALE APPLICANT

Name: First Robin Middle L Last Stewart
Date of Birth: Month 2 Day 6 Year 1976
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. 6417 Stockport Rd 1181 City Indpls. County Marion State IN 46254
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Stewart
   (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 J. Strunck
   (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 Robin Stewart Date 7/9/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed X Robin Stewart
New Address 6110 Big Stone Dr. Indpls. In 46234
Subscribed and sworn to before me this _____ day of _____
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 9, 2003, authorizing the marriage of Keatrick Laval Johnson and Robin Lee Stewart.
I further certify that the following marriage certificate was filed in my office: I, Saint Samuel Johnson (name), certify that on July 12, 2003 (date), at Indianapolis in Marion County, Indiana, Keatrick Laval Johnson of Hendricks County, Indiana (state), and Robin Lee 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 July 9, 2003. Signed by: Saint Samuel Johnson, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 22, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 67
Page 448
July 9 2003
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 3/21/03
Name of Physician Dr. Donald Johnson

MALE APPLICANT

Name First George Middle Matthew Last Cowin
Date of Birth Month 9 Day 2 Year 1982
Place of Birth (State or foreign country) Louisiana
Residence Address 212 East Maple Rich Hill City Bates County MO State 64779
Previous Marital Status: 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 Allen Deane Cowin
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Missouri
   Birthplace of father (State or foreign country)
   (b) Full maiden name of applicant's mother Stormey Adams
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Missouri
   Birthplace of mother (State or foreign country)

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
X Signature of Applicant [signature] Date 7/9/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
X Signed [signature]
New Address Same as here
Subscribed and sworn to before me this _____ day of _____
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

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 Lyn Last Cook
Date of Birth Month 9 Day 8 Year 1977
Place of Birth (State or foreign country) Indiana
Residence Address 1719 Beech Drive N. Street or R.R. Plainfield City Hendricks County IN State
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 D. Cook
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Sue 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).
X Signature of Applicant Heather L. Cook Date 7-9-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Heather L. Cook dmy Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
X Signed Heather L Cook
New Address 1604 S. Ellis #48 Webb City MO 64870
Subscribed and sworn to before me this _____ day of _____
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 9, 2003, authorizing the marriage of George Matthew Cowin and Heather Lyn Cook.
I further certify that the following marriage certificate was filed in my office: I, Jeffrey A. Mulpas (name), certify that on July 12, 2003 (date), at Avon in Hendricks County, Indiana, George Matthew Cowin of Bates County, Missouri (state), and Heather Lyn Cook of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 9, 2003. Signed by: Jeffrey A. Mulpas, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 25, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 67
Page 449
7-9-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 7-9-03
Name of Physician Dr. Steymoller

MALE APPLICANT	FEMALE APPLICANT
Name: First William Middle C Last Ailes Jr.	Name: First Kimberly Middle Dawn Last Cooper
Date of Birth: Month 12 Day 24 Year 1962	Date of Birth: Month 6 Day 12 Year 1972
Place of Birth (State or foreign country) IN	Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. 1443 S Kiel Ave City Indpls County Marion State IN 46241	Residence Address: Street or R.R. 525 Waterford Way City Danville County Hend State IN 46122
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1	Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1997	Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1997
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License	Date of Birth Verified By: ☐ Birth Certificate ☐ Other (Specify) Drivers License
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐	1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐	If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐	2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐	3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐	4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Brett, Dravin Ailes	5. List the full names of any dependent children. Christopher Cooper Jr Jonathan Cooper
6. (a) Full name of applicant's father William C Ailes	6. (a) Full name of applicant's father Nicholas & Porter 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) 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 Hazel Hicks	(b) Full maiden name of applicant's mother Frances M Williams
(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) AL
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 ✗ William C. Ailes Date _____

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk 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 C. Ailes
New Address ✗ 525 WATERFORD WAY DANVILLE IN.

Subscribed and sworn to before me this _____ day of _____

Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____

_____ Clerk

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant ✗ Kimberly D Cooper Date _____

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk 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 D Cooper
New Address ✗ 525 Waterford Way 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 July 9, 2003, authorizing the marriage of William Charles Ailes Jr. and Kimberly Dawn Cooper.

I further certify that the following marriage certificate was filed in my office: I, Rev. Gary W. Pitcock (name), certify that on July 11, 2003 (date), at Danville in Hendricks County, Indiana, William Charles Ailes Jr. of Hendricks County, Indiana (state), and Kimberly Dawn Cooper of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 9, 2003. Signed by: Rev. Gary W. Pitcock, Pastor (official designation) Filed and recorded in accordance with the laws of the State of Indiana on July 23, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 67
Page 450
7-10-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 7-10-03
Name of Physician David Hadley MD

MALE APPLICANT

Name: First William Middle Clayton Last Stafford
Date of Birth: Month 11 Day 19 Year 76
Place of Birth (State or foreign country) California
Residence Address: Street or R.R. 651 Masten St. City Plainfield County Hendricks State IN 46168
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Clayton Stafford
   (If adopted, list adoptive parents only) ____
   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 Rhoades
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant William C Stafford Date 7/10/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 C Stafford
New Address 5935 Meadowood DR, Speedway, IN 46224
Subscribed and sworn to before me this 10 day of July, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____

State of Indiana)
County of Hendricks)
Father ____ ID # ____
Mother ____ ID # ____
Subscribed and sworn to before me this ____ day of ____
____ Clerk

FEMALE APPLICANT

Name: First Suzanne Middle Lynn Last Thompson
Date of Birth: Month 3 Day 30 Year 80
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 5935 Meadowood Dr. City Speedway 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 James L. 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 Linda C. May
   (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 Suzanne L Thompson Date 7/10/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court ____ Date ____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Suzanne L Thompson
New Address Same
Subscribed and sworn to before me this 10 day of July 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____

State of Indiana)
County of Hendricks)
Father ____ ID # ____
Mother ____ ID # ____
Subscribed and sworn to before me this ____ day of ____
____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ____ County ____ Court, by written order issued ____ and filed in ____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 10, 2003, authorizing the marriage of William Clayton Stafford and Suzanne Lynn Thompson.
I further certify that the following marriage certificate was filed in my office: I, Rev. Daniel W. Sutherin (name), certify that on July 12, 2003 (date), at Plainfield in Hendricks County, Indiana, William Clayton Stafford of Hendricks County, Indiana (state), and Suzanne Lynn Thompson of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 10, 2003. Signed by: Rev. Daniel W. Sutherin, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 25, 2003 (date).

Sharon Dugan
Signed ____ Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 67
Page 451
7-10-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 7-9-03
Name of Physician Holley Cooper MD

MALE APPLICANT	FEMALE APPLICANT
Name: First David, Middle Jeremy, Last Helseth	Name: First Donna, Middle Ann, Last Fisher
Date of Birth: Month 2, Day 10, Year 70	Date of Birth: Month 11, Day 9, Year 69
Place of Birth (State or foreign country): Connecticut	Place of Birth (State or foreign country): New York
Residence Address: Street or R.R. 10408 Windermere Dr., City Indpls, County Hend, State IN 46234	Residence Address: Street or R.R. 225 College Ave., City Brownsburg, County Hend, State IN 46112
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____	Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____	Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1999
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) 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. Morgan Stephenson, Olivia Stephenson, Colin Stephenson
6. (a) Full name of applicant's father Herbert Halcomb Helseth	(a) Full name of applicant's father Donald Albert Fisher
(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) New Hampshire
Birthplace of father (State or foreign country) California	Birthplace of father (State or foreign country) New York
(b) Full maiden name of applicant's mother Rosemary Bemplen	(b) Full maiden name of applicant's mother Patricia Ann Eastman
(If adopted, list adoptive parents only) ____	(If adopted, list adoptive parents only) ____
Residence of mother (if deceased, so state) Ohio	Residence of mother (if deceased, so state) New Hampshire
Birthplace of mother (State or foreign country) Kentucky	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 David J. Helseth Date 7/10/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of 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 J. Helseth
X New Address 225 College Ave Brownsburg

Subscribed and sworn to before me this 10 day of July, 2003

Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of 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 Donna Ann Fisher Date 7/10/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court ____ Date ____

State of Indiana)
County of Hendricks)

I swear/affirm that the information given in this application is true and correct.

X Signed Donna Ann Fisher
X New Address 225 College Ave

Subscribed and sworn to before me this 10 day of July, 2003

Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____

State of Indiana)
County of Hendricks)

Father ____ ID # ____
Mother ____ ID # ____

Subscribed and sworn to before me this ____ day of ____

____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ____ County ____ Court, by written order issued ____ and filed in ____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 10, 2003, authorizing the marriage of David Jeremy Helseth and Donna Ann Fisher.

I further certify that the following marriage certificate was filed in my office: I, Jonathan Lilly (name), certify that on July 26, 2003 (date), at Brownsburg in Hendricks County, Indiana, David Jeremy Helseth of Hendricks County, Indiana (state), and Donna Ann Fisher of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 10, 2003. Signed by: Jonathan Lilly, Pastor (official designation) Filed and recorded in accordance with the laws of the State of Indiana on August 26, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 67
Page 452
July 10, 2003
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 7-9-03
Name of Physician Dr. David Bain

MALE APPLICANT

Name First: Jeremy Middle: Jon Last: McKinney
Date of Birth Month: 3 Day: 28 Year: 1971
Place of Birth (State or foreign country): Indiana
Residence Address Street or R.R.: 9195 N. Co Rd 75 W. City: Lizton County: Hendricks State: IN 46149
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father John M. McKinney
   (If adopted, list adoptive parents only)
   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 Haggard
   (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 Jeremy J McKinney Date 7/10/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 J McKinney
New Address SAME as above
Subscribed and sworn to before me this 10 day of July 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

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: Renee Last: Leep
Date of Birth Month: 6 Day: 19 Year: 1973
Place of Birth (State or foreign country): Indiana
Residence Address Street or R.R.: 145-B Sterling Ct Pittsboro City: Hendricks County: IN State: 46167
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1/01
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Gavin Leep, Garrett Pugh
6. (a) Full name of applicant's father Terry Leep
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Cheryl Cast
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Jennifer R Leep Date 7/10/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Jennifer R Leep
New Address 145 B Sterling Ct. Pittsboro, IN 46167
Subscribed and sworn to before me this 10 day of July 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 10, 2003, authorizing the marriage of Jeremy Jon McKinney and Jennifer Renee Leep.
I further certify that the following marriage certificate was filed in my office: I, Bro. Walter Beam (name), certify that on July 19, 2003 (date), at Jamestown in Boone County, Indiana, Jeremy Jon McKinney of Hendricks County, Indiana (state), and Jennifer Renee Leep of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 10, 2003. Signed by: Bro. Walter Beam, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 25, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 67
Page 453
7-10-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☑ Yes ☐
If No, Medical Examination or Report Dated 7-9-03
Name of Physician Dr. Brewer

MALE APPLICANT

Name: First Joshua Middle T Last Glaze
Date of Birth: Month April Day 20 Year 1978
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1141 B Windhaven Cir. City Brownsburg County Hendricks State In
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Kayla Dawn Glaze, Jonathon Michael Glaze, Andrew Thomas Glaze
6. (a) Full name of applicant's father Thomas Glaze
   (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 Julia Wamplu
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that 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 T. Glaze Date 07/10/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 T. Glaze
X New Address Hall Apt. same
Subscribed and sworn to before me this 10 day of July, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____

State of Indiana)
County of Hendricks)
Father ____ ID # ____
Mother ____ ID # ____
Subscribed and sworn to before me this ____ day of ____
____ Clerk

FEMALE APPLICANT

Name: First Veronica Middle L Last Boles
Date of Birth: Month July Day 3 Year 1976
Place of Birth (State or foreign country) New Jersey
Residence Address: Street or R.R. 1141 Windhaven Cir Apt B City Brownsburg County Hendricks State In.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 1998
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Victoria Leigh Hooper Jonathon Michael Glaze Andrew Thomas Glaze Alexandria Marie Boles
6. (a) Full name of applicant's father Randall Hooper
   (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 Donna Buechele
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) New Jersey

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
X Signature of Applicant Veronica L Boles Date 07-10-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court ____ Date ____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
X Signed Veronica L Boles
X New Address 1141 Windhaven Circle Apt B Brownsburg
Subscribed and sworn to before me this 10 day of July, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____

State of Indiana)
County of Hendricks)
Father ____ ID # ____
Mother ____ ID # ____
Subscribed and sworn to before me this ____ day of ____
____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ____ County ____ Court, by written order issued ____ and filed in ____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 10, 2003, authorizing the marriage of Joshua Thomas Glaze and Veronica Lynn Boles.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on July 10, 2003 (date), at Danville in Hendricks County, Indiana, Joshua Thomas Glaze of Hendricks County, Indiana (state), and Veronica Lynn Boles of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 10, 2003. 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 10, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 67
Page 454
7-10-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐ 7-9-03
If No, Medical Examination or Report Dated
Name of Physician R. Norman Liebschlutz

MALE APPLICANT	FEMALE APPLICANT
Name: First Richard, Middle Edmond, Last Barker	Name: First Jill, Middle Marie, Last Hayden
Date of Birth: Month 6, Day 25, Year 82	Date of Birth: Month 12, Day 25, Year 82
Place of Birth (State or foreign country): Indiana	Place of Birth (State or foreign country): Indiana
Residence Address: 833 Cedarwood Ct, City Indpls, County Marion, State In 46214	Residence Address: 10560 John Carter Ct, City Lizton, County Hendricks, State In 46149
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages	Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date	Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License	Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐	1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐	If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐	2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐	3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐	4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of applicant's father Gary Lee Barker	6. (a) Full name of applicant's father John Kenneth Hayden
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Indiana	Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana	Birthplace of father (State or foreign country) Illinois
(b) Full maiden name of applicant's mother Mary Del Haas	(b) Full maiden name of applicant's mother Barbara Jane Kellam
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Indiana	Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Tennessee	Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant Richard Barker Date 7/10/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

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 Richard Barker
Y New Address 10560 JOHN CARTER CT LIZTON, IN 46149

Subscribed and sworn to before me this 10 day of July 2003

Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of 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 Jill Marie Hayden Date 7/10/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

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 Jill Marie Hayden
Y New Address same as above

Subscribed and sworn to before me this 10 day of July 2003

Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)

Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 10, 2003, authorizing the marriage of Richard Edmond Barker and Jill Marie Hayden.

I further certify that the following marriage certificate was filed in my office: I, Roger L. Stroup (name), certify that on August 9, 2003 (date), at Lizton in Hendricks County, Indiana, Richard Edmond Barker of Marion County, Indiana (state), and Jill Marie Hayden of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 10, 2003. Signed by: Roger L. Stroup, Pastor (official designation) Filed and recorded in accordance with the laws of the State of Indiana on August 14, 2003 (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 67
Page 455
7-11-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 7-11-03
Name of Physician David Hadley MD

MALE APPLICANT

Name: First Brian Middle Scott Last Portwood
Date of Birth: Month 1 Day 21 Year 81
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 283 W. CR 200 N City Danville County Hendricks State 46122
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Herman Earl Portwood
   (If adopted, list adoptive parents only)
   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 Mae Stafford
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that 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 S. Portwood Date 7/11/2003

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 S. Portwood
X New Address P.O. Box 63 Danville, IN 46122
Subscribed and sworn to before me this 11 day of July 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

FEMALE APPLICANT

Name: First Katherine Middle Elizabeth Last Baldwin
Date of Birth: Month 6 Day 23 Year 82
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 205 N. 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) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Keaton Baldwin
   (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 Patricia Ann Mathews
   (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 Katherine E. Baldwin Date 7/11/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
X Signed Katherine E. Baldwin
X New Address P.O. Box 63 Danville, IN, 46122
Subscribed and sworn to before me this 11 day of July, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 11, 2003, authorizing the marriage of Brian Scott Portwood and Katherine Elizabeth Baldwin.
I further certify that the following marriage certificate was filed in my office: I, Rev. Thomas K. Stepanski (name), certify that on August 2, 2003 (date), at Danville in Hendricks County, Indiana, Brian Scott Portwood of Hendricks County, Indiana (state), and Katherine Elizabeth Baldwin of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 11, 2003. Signed by: Rev. Thomas K. Stepanski, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on August 8, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 67
Page 456
7-11-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 7-11-03
Name of Physician David Hadley MD

MALE APPLICANT

Name: First Eric, Middle Jerome, Last Fruitt
Date of Birth: Month 5, Day 5, Year 69
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 180 Hickorywood at B'Burg, City Westfield, County Hd, 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) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Lee Fruit
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Drena Elaine Wright
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant Eric Fruitt Date 7-11-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
X Signed Eric Fruitt
X New Address 1685 CEDAR MILL DRIVE, AVON, IN, 46123
Subscribed and sworn to before me this 11 day of July, 2003
Sharon Dugan, Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

FEMALE APPLICANT

Name: First Sara, Middle Anne, Last Sparks
Date of Birth: Month 3, Day 18, Year 77
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 1685 Cedar Mill 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. Wendell Mostiller
6. (a) Full name of applicant's father James Emory Sparks, Jr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Susan Lotman
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant Sara A Sparks Date 7/11/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
X Signed Sara A. Sparks
X New Address Same
Subscribed and sworn to before me this 11 day of July 2003
Sharon Dugan, Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 11, 2003, authorizing the marriage of Eric Jerome Fruitt and Sara Anne Sparks.
I further certify that the following marriage certificate was filed in my office: I, Frederick D. Hubert (name), certify that on September 6, 2003 (date), at Speedway in Marion County, Indiana, Eric Jerme Fruitt of Hendricks County, Indiana (state), and Sara Anne Sparks of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 11, 2003. Signed by: Frederick D. Hubert, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on September 23, 2003 (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 67
Page 457
July 11, 2003
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 7-8-03
Name of Physician Dr. Walton

MALE APPLICANT

Name First Carl Middle J. Last Poehler II

Date of Birth Month 9 Day 6 Year 1967

Place of Birth (State or foreign country) Indiana

Residence Address 8585 Captain Dr. Street or R.R. Avon City Hendricks County IN 46123 State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 6/02

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. Tasha Poehler, Anthony Poehler
6. (a) Full name of applicant's father Carl J Poehler
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Georgia
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Shirley P. Hoover
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Georgia
   Birthplace of mother (State or foreign country)

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [signature] Date 7-11-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 ~~8585~~ SAME AS ABOVE
Subscribed and sworn to before me this 11 day of July 2003
Sharon Dugan, Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

FEMALE APPLICANT

Name First Terri Middle L. Last Martin

Date of Birth Month 8 Day 17 Year 1967

Place of Birth (State or foreign country) Indiana

Residence Address 8585 Captain Dr. Street or R.R. Avon City Hendricks County IN 46123 State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 3

Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐ Date 8/18/02

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 male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Richmond, Miranda Pessoland, Mark Richmond
6. (a) Full name of applicant's father Joe Huffman
   (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 Maurine Bennett
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Colorado
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Terri L Martin Date 7-11-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Terri L Martin
New Address same as above
Subscribed and sworn to before me this 11 day of July 2003
Sharon Dugan, Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 11 2003, authorizing the marriage of Carl J. Poehler II and Terri L. Martin.
I further certify that the following marriage certificate was filed in my office: I, Jason D. Bray (name), certify that on July 19, 2003 (date), at Indianapolis in Marion County, Indiana, Carl J. Poehler II of Hendricks County, Indiana (state), and Terri L. Martin of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 11, 2003. Signed by: Jason D. Bray, Judge Pro Tempore (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 31, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 67
Page 458
7-11-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 7-10-03
Name of Physician David O. Baugh, MD

MALE APPLICANT

Name: First Joshua Middle Scott Last Spencer
Date of Birth: Month 3 Day 22 Year 80
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 6637 Dunsdin 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) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Jeffrey Spencer
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Wisconsin
   Birthplace of father (State or foreign country) N/A
   (b) Full maiden name of applicant's mother Deborah Kay Mabott
   (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 Josh Spencer Date 7/11/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
X Signed Josh Spencer
X New Address same
Subscribed and sworn to before me this 11 day of July 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

FEMALE APPLICANT

Name: First Randa Middle Lynn Last Bohanon
Date of Birth: Month 10 Day 22 Year 80
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 6637 Dunsdin 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) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Bohanon
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Penney Sue Johnson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
X Signature of Applicant Randa Bohanon Date 7/11/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
X Signed Randa Bohanon
X New Address same
Subscribed and sworn to before me this 11 day of July 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 11, 2003, authorizing the marriage of Joshua Scott Spencer and Randa Lynn Bohanon.
I further certify that the following marriage certificate was filed in my office: I, Shawn J. Eldridge (name), certify that on July 26, 2003 (date), at Indianapolis in Marion County, Indiana, Joshua Scott Spencer of Hendricks County, Indiana (state), and Randa Lynn Bohanon of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 11, 2003. Signed by: Shawn J. Eldridge, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on August 1, 2003 (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 67
Page 459
7-11-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 7-11-03
Name of Physician David Hadley MD

MALE APPLICANT

Name: First Daniel Middle Logan Last Crawford
Date of Birth: Month 10 Day 9 Year 82
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1841 Marsha Court 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.
6. (a) Full name of applicant's father Jerry Lee Crawford
   (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 Terry Lynn Jessup
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

✗ Signature of Applicant [signature] Date 7/11/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 11 day of July 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

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 Lynn Last McNulty
Date of Birth: Month 2 Day 13 Year 84
Place of Birth (State or foreign country) Illinois
Residence Address: Street or R.R. 4460 Connaught E Dr City Plainfield County Hendricks State IN 46168
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Joseph McNulty Sr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Illinois
   (b) Full maiden name of applicant's mother Susie Ann Lain
   (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 Kathryn McNulty Date 7-11-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 McNulty
✗ New Address 1841 Marsha Dr. Indpls IN. 46214
Subscribed and sworn to before me this 11 day of July 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 11, 2003, authorizing the marriage of Daniel Logan Crawford and Kathryn Lynn McNulty.
I further certify that the following marriage certificate was filed in my office: I, Gary C Black (name), certify that on August 9, 2003 (date), at Stilesville in Hendricks County, Indiana, Daniel Logan Crawford of Marion County, Indiana (state), and Kathryn Lynn McNulty of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 11, 2003. Signed by: Gary C. Black, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on August 26, 2003 (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 67
Page 460
7-11-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐ 7-2-03
If No, Medical Examination or Report Dated
Name of Physician Dr. Stall

MALE APPLICANT

Name First: Michael Middle: J Last: Randolph
Date of Birth Month: 6 Day: 9 Year: 1966
Place of Birth (State or foreign country): IN
Residence Address: 98 Crestwood Dr Street or R.R. Mooresville City Morgan County IN State 46158
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. Kasey Randolph, Brittany Randolph, Christy Blake, Daltyn Stanifer
6. (a) Full name of applicant's father Harold Randolph
   (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 Pat Cosand
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant ℒ Mike Randolph Date 7-11-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed ℒ Mike Randolph
New Address ℒ 131 N. EAST ST
Subscribed and sworn to before me this _____ day of _____
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

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: Lynn Last: Stanifer
Date of Birth Month: 2 Day: 24 Year: 1968
Place of Birth (State or foreign country): IN
Residence Address: 131 N East St Street or R.R. Plainfield City Hend. County IN State 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. Amanda Hix, Darrell Hix, Justice Stanifer, Daltyn Stanifer, Jose Van Buskirk
6. (a) Full name of applicant's father Kendall Lane Stenifer
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Lowenna Mae 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 ℒ Lisa Stanifer Date 7-11-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed ℒ Lisa Stanifer
New Address ℒ 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 11, 2003, authorizing the marriage of Michael J. Randolph and Lisa Lynn Stanifer.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on July 11, 2003 (date), at Danville in Hendricks County, Indiana, Michael J. Randolph of Morgan County, Indiana (state), and Lisa Lynn Stanifer of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 11, 2003. 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 23, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 67
Page 460
7-11-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under

Female Applicant > 50 No ☒ Yes ☐ 7-2-03
If No, Medical Examination or Report Dated
Name of Physician Dr. Stall

#496

U.S. POSTAGE 0.37 H METER 556690
DANVILLE IN JUL 23'03

INSUFFICIENT ADDRESS DO NOT REMAIL IN THE ENVELOPE

RETURN TO SENDER

Mr. & Mrs. Michael Randolph
131 N. East St.
Plainfield, Indiana 46168

SHARON DUGAN, CLERK
HENDRICKS CIRCUIT & SUPERIOR COURTS
P.O. BOX 599
DANVILLE, INDIANA 46122-0599

FEMALE APPLICANT

Name — First: Lisa Middle: Lynn Last: Stanifer

Date of Birth — Month: 2 Day: 24 Year: 1968

Place of Birth (State or foreign country): IN

Residence Address — Street or R.R.: 131 N East St City: Plainfield County: Hend. State: IN 46168

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1996

Date of Birth Verified By: ☐ Birth Certificate ☐ Other (Specify) Drivers license

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Hix Darrell Hix Justice Stanifer Daltyn Stanifer Jose Van Buskirk
6. (a) Full name of applicant's father Kendall Lane Stanifer.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Lowenna Mary 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 Lisa Stanifer Date 7-11-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Stanifer
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

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 11, 2003, authorizing the marriage of Michael J. Randolph and Lisa Lynn Stanifer.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on July 11, 2003 (date), at Danville in Hendricks County, Indiana, Michael J. Randolph of Morgan County, Indiana (state), and Lisa Lynn Stanifer of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 11, 2003. 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 23, 2003 (date).

Sharon Dugan
Signed _____ Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 67
Page 461
7-16-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 7-16-03
Name of Physician David Dadley MD

MALE APPLICANT

Name: First Kristopher Middle Dale Last Keith
Date of Birth: Month 4 Day 16 Year 80
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 10988 Delphi Dr. City Camby County Hend State In 46113
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Kevin Keith
   (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 Brenda Kay 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).

X Signature of Applicant [signature] Date 7-16-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 16 day of July, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

FEMALE APPLICANT

Name: First Kimbralee Middle Rose Last Petrey
Date of Birth: Month 1 Day 11 Year 80
Place of Birth (State or foreign country) Florida
Residence Address: Street or R.R. 10988 Delphi Dr. City Camby County Hend State In 46113
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Jillian Danielle Haley
6. (a) Full name of applicant's father Kenneth Lee Petrey
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Mississi
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Linda Kay Hickam
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant Kimbralee Rose Petrey Date 7-16-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
X Signed Kimbralee Rose Petrey
Y New Address Same
Subscribed and sworn to before me this 16 day of July, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 16, 2003, authorizing the marriage of Kristopher Dale Keith and Kimbralee Rose Petrey.
I further certify that the following marriage certificate was filed in my office: I, John Thompson (name), certify that on July 26, 2003 (date), at Plainfield in Hendricks County, Indiana, Kristopher Dale Keith of Hendricks County, Indiana (state), and Kimbralee Rose Petrey of Hendricks County, Indiana (state) were 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 16, 2003. Signed by: John Thompson, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on August 14, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 67
Page 462
5-20-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 5-20-03
Name of Physician American Health Network

MALE APPLICANT

Name: First Kevin Middle James Last Monahan
Date of Birth: Month 4 Day 15 Year 77
Place of Birth (State or foreign country) Iowa
Residence Address: Street or R.R. 1212 Sherwood Dr. City Danville County Hendricks State IN
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☐ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Kerry Joseph Monahan
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Wisconsin
   (b) Full maiden name of applicant's mother Sharon Kay Beers
   (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 Kevin Monahan Date 7-16-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 Monahan
New Address 104 WOODBERRY DR. - DANVILLE
Subscribed and sworn to before me this day of
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of Hendricks)
Father ID #
Mother ID #
Subscribed and sworn to before me this day of
Clerk

FEMALE APPLICANT

Name: First Alicia Middle Dawn Last Kersey
Date of Birth: Month 4 Day 21 Year 79
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 104 Woodberry Dr. City Danville County Hendricks State IN
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Bennie Maurice Kersey
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Tamara Jean 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 Alicia D. Kersey Date 7-16-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Alicia D. Kersey
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 July 16, 2003, authorizing the marriage of Kevin James Monahan and Alicia Dawn Kersey.
I further certify that the following marriage certificate was filed in my office: I, Roger L. Stroup (name), certify that on July 19, 2003 (date), at Danville in Hendricks County, Indiana, Kevin James Monahan of Hendricks County, Indiana (state), and Alicia Dawn Kersey of Hendricks County, Indiana (state) were 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 16, 2003. Signed by: Roger L. Stroup, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 25, 2003 (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 67
Page 463
7-14-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 7-12-03
Name of Physician Michael Pizzato

MALE APPLICANT

Name: First Shannon Middle Ray Last Barger
Date of Birth: Month 4 Day 11 Year 78
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1388 S. Jefferson St. City Brsg County Hend. State In 46112
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 2003
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Barger, Brayden Barger, Bryce Barger
6. (a) Full name of applicant's father Larry Barger
   (If adopted, list adoptive parents only)
   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 Phillips
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
X Signature of Applicant Shannon Barger Date 7-14-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
X Signed Shannon Barger
X New Address Same
Subscribed and sworn to before me this 14 day of July, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

FEMALE APPLICANT

Name: First Candace Middle Jean Last Lang
Date of Birth: Month 4 Day 27 Year 80
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1388 S. Jefferson St. City Brsg 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. Jocelyn Teckenbrock, Bryce Barger
6. (a) Full name of applicant's father James Lang
   (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 Alyce Kleppe
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Iowa

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
X Signature of Applicant Candace J Lang Date 7-14-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
X Signed Candace J Lang
X New Address Same
Subscribed and sworn to before me this 14 day of July, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 14, 2003, authorizing the marriage of Shannon Ray Barger and Candace Jean Lang.
I further certify that the following marriage certificate was filed in my office: I, Douglas E. Givan (name), certify that on July 19, 2003 (date), at Brownsburg in Hendricks County, Indiana, Shannon Ray Barger of Hendricks County, Indiana (state), and Candace Jean 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 July 14, 2003. Signed by: Douglas E. Givan, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 25, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 67
Page 464
7-15-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 7-1-03
Name of Physician Michael Lorick

MALE APPLICANT

Name: First Wayne Middle Thomas Last Cover
Date of Birth: Month 8 Day 2 Year 79
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 3306 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 Bruce Olivia
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Begonia Lopez Cover
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
X Signature of Applicant Wayne Cover Date 7-15-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
X Signed Wayne Cover
X New Address SAME
Subscribed and sworn to before me this 15 day of July, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

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 Sue Last Wenrick
Date of Birth: Month 7 Day 8 Year 77
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 3306 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 Randall Wenrick
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Dara Sue Eide
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
X Signature of Applicant Kendra S Wenrick Date 7-15-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
X Signed Kendra S Wenrick
X New Address Same
Subscribed and sworn to before me this 15 day of July, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of Hendricks)
Father ID #
Mother ID #
Subscribed and sworn to before me this day of
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued and filed in , authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 15, 2003, authorizing the marriage of Wayne Thomas Cover and Kendra Sue Wenrick.
I further certify that the following marriage certificate was filed in my office: I, D. Keith Kincaid (name), certify that on July 26, 2003 (date), at Rensselaer in Jasper County, Indiana, Wayne Thomas Cover of Hendricks County, Indiana (state), and Kendra Sue Wenrick of Hendricks County, Indiana (state) were 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 15, 2003. Signed by: D. Keith Kincaid, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on August 1, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 67
Page 465
7-15-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 7-5-03
Name of Physician Health Trax Avon

MALE APPLICANT

Name: First Joshua Middle Dale Last Nohren
Date of Birth: Month 9 Day 6 Year 80
Place of Birth (State or foreign country) Illinois
Residence Address: Street or R.R. P.O. Box 269 City Clayton County Hend State In 46118
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. ____

6. (a) Full name of applicant's father Jerry Dale Nohren
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Illinois
   (b) Full maiden name of applicant's mother Janet Marie Youngs
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Kansas

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
X Signature of Applicant [signature] Date 7-15-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 P.O. Box 269 Clayton IN 46118
Subscribed and sworn to before me this 15 day of July 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____

State of Indiana)
County of Hendricks)
Father ____ ID # ____
Mother ____ ID # ____
Subscribed and sworn to before me this ____ day of ____
____ Clerk

FEMALE APPLICANT

Name: First Christi Middle Lee Last Fisher
Date of Birth: Month 7 Day 14 Year 77
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 2546 E. CR 875 S. City Mooresville County Morgan State In 46158
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. ____

6. (a) Full name of applicant's father Chris William Fisher
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Cathy Lee Allsop
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that 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 7/15/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 P.O. Box 269, Clayton, IN 46118
Subscribed and sworn to before me this 15 day of July, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____

State of Indiana)
County of Hendricks)
Father ____ ID # ____
Mother ____ ID # ____
Subscribed and sworn to before me this ____ day of ____
____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ____ County ____ Court, by written order issued ____ and filed in ____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 15, 2003, authorizing the marriage of Joshua Dale Nohren and Christi Lee Fisher.
I further certify that the following marriage certificate was filed in my office: I, David Jefferson (name), certify that on August 16, 2003 (date), at Plainfield in Hendricks County, Indiana, Joshua Dale Nohren of Hendricks County, Indiana (state), and Christi Lee Fisher of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 15, 2003. Signed by: David Jefferson, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on August 26, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 67
Page 466
7-15-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage 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 Willie Middle Andy Last Shirley
Date of Birth: Month 6 Day 11 Year 44
Place of Birth (State or foreign country) Kentucky
Residence Address: Street or R.R. 48 Tamarack 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 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 Harry Allen Shirley
   (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 Vigilitia Christen Harrell
   (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 Willie Andy Shirley Date 7-15-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Willie Andy Shirley
New Address Same
Subscribed and sworn to before me this 15 day of July, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

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 Delaby
Date of Birth: Month 8 Day 15 Year 45
Place of Birth (State or foreign country) Kentucky
Residence Address: Street or R.R. 48 Tamarack 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 1997
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. _____
6. (a) Full name of applicant's father Alvin Leo Hatcher
   (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 Louise Lalibard
   (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 Emily L Delaby Date 7-15-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 L Delaby
New Address Same
Subscribed and sworn to before me this 15 day of July, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 15, 2003, authorizing the marriage of Willie Andy Shirley and Emily Louise Delaby.
I further certify that the following marriage certificate was filed in my office: I, Rev. William J. Bayles (name), certify that on September 6, 2003 (date), at Avon in Hendricks County, Indiana, Willie Andy Shirley of Hendricks County, Indiana (state), and Emily Louise Delaby of Hendricks County, Indiana (state) were 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 15, 2003. Signed by: Rev. William J. Bayles, Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on September 23, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 67
Page 467
7-16-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage 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 Robert Middle O. Last Dillon	Name: First Phyliss Middle P. Last Modlin
Date of Birth: Month 4 Day 13 Year 33	Date of Birth: Month 12 Day 7 Year 33
Place of Birth (State or foreign country): Indiana	Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. P.O. Box 183 City Clayton County Hendricks State In 46118	Residence Address: Street or R.R. 4796 Ohio St City Clayton County Hend State In 46118
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1	Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐ Date 2000	Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1986
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 Harold O. Dillon	6. (a) Full name of applicant's father Marcus Park
(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 Grace Marie Phillips	(b) Full maiden name of applicant's mother Ruby Taylor Park
(If adopted, list adoptive parents only) _____	(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana	Residence of mother (if deceased, so state) Deceased
Birthplace of mother (State or foreign country) Indiana	Birthplace of mother (State or foreign country) Indiana
ACKNOWLEDGEMENT	ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
X Signature of Applicant Robert O Dillon Date 7/16/03	X Signature of Applicant Phyliss P. Modlin Date 7-16-03
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____	Clerk of Court _____ Date _____
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.	County of Hendricks) in this application is true and correct.
X Signed Robert O Dillon	X Signed Phyliss P. Modlin
X New Address _____	X New Address _____
Subscribed and sworn to before me this 16 day of July 2003	Subscribed and sworn to before me this 16 day of July 2003
Sharon Dugan Clerk of the Hendricks Circuit Court	Sharon Dugan Clerk of the Hendricks Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)	State of Indiana)
County of Hendricks)	County of Hendricks)
Father _____ ID # _____	Father _____ ID # _____
Mother _____ ID # _____	Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____	Subscribed and sworn to before me this _____ day of _____
_____ Clerk	_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 16, 2003, authorizing the marriage of Robert O. Dillon and Phyliss P. Modlin.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on July 16, 2003 (date), at Danville in Hendricks County, Indiana, Robert O. Dillon of Hendricks County, Indiana (state), and Phyliss P. Modlin of Hendricks County, Indiana (state) were 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 16, 2003. 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 16, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 67
Page 468
7-16-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☑ Yes ☐
If No, Medical Examination or Report Dated 7-11-03
Name of Physician Dr. Reed

MALE APPLICANT

Name: First William Middle W. Last Sanford
Date of Birth: Month 4 Day 4 Year 1974
Place of Birth (State or foreign country) Germany 46120
Residence Address: Street or R.R. 291 Bubble Loo Rd. City Cloverdale County Putnam State IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 5-3-00
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 female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Kailey Sanford
6. (a) Full name of applicant's father William A. Sanford
   (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 Pamela Sue Wooden
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 W. Sanford Date 7-16-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 W. Sanford
New Address 610 Gibbs Ct. Plnfld, In 46168
Subscribed and sworn to before me this 16 day of July 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

FEMALE APPLICANT

Name: First Stacy Middle J. Last Ray
Date of Birth: Month 8 Day 22 Year 1968
Place of Birth (State or foreign country) Indiana 46168
Residence Address: Street or R.R. 7390 S CR 825 E. City Plnfld. County Hend. State IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 12-2001
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 Virgil Lloyd Acton
   (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 Marsha Jayne Queary
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Jayne Ray Date 7/16/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Jayne Ray
New Address 610 Gibbs Ct. Plnfld, In 46168
Subscribed and sworn to before me this 16 day of July 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 16, 2003, authorizing the marriage of William Wesley Sanford and Stacy Jayne Ray.
I further certify that the following marriage certificate was filed in my office: I, Danny Smith (name), certify that on July 26, 2003 (date), at Indianapolis in Hendricks County, Indiana, William Wesley Sanford of Putnam County, Indiana (state), and Stacy Jayne Ray of Hendricks County, Indiana (state) were 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 16, 2003. Signed by: Danny Smith, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on August 1, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

Book 67
Page 469
7-16-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 7-8-03
Name of Physician Karen D. Johns MD

MALE APPLICANT	FEMALE APPLICANT
Name: First Jeffery Middle Lee Last Hamilton, Jr	Name: First Emily Middle Kay Last Moore
Date of Birth: Month 2 Day 3 Year 80	Date of Birth: Month 4 Day 29 Year 80
Place of Birth (State or foreign country): Indiana	Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 1502 N. Furman Ave City Indpls County Marion State IN 46214	Residence Address: Street or R.R. 7648 Buttercup Ct City Avon County Hendricks State IN 46123
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages	Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date	Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) 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. Sydney Rene Moore	5. List the full names of any dependent children. Sydney Rene Moore
6. (a) Full name of applicant's father Jeffery Lee Hamilton	6. (a) Full name of applicant's father Bruce Moore
(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 Sandra Sue Searcy	(b) Full maiden name of applicant's mother Rita Diane Beason
(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).

MALE APPLICANT	FEMALE APPLICANT
✗ Signature of Applicant Jeff Hamilton Date 7/16/03	✗ Signature of Applicant Emily K. Moore Date 7/16/03

The 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)	State of Indiana) County of Hendricks)
I swear/affirm that the information given in this application is true and correct.	I swear/affirm that the information given in this application is true and correct.
✗ Signed Jeff Hamilton	✗ Signed Emily K. Moore
✗ New Address 1502 N FURMAN AVE INDPLS IN 46214	New Address 1502 N. Furman Ave, Indpls, IN 46214
Subscribed and sworn to before me this 16 day of July, 2003	Subscribed and sworn to before me this 16 day of July, 2003
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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

I 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 16, 2003, authorizing the marriage of Jeffery Lee Hamilton Jr. and Emily Kay Moore.
I further certify that the following marriage certificate was filed in my office: I, Justin White (name), certify that on August 9, 2003 (date), at Indianapolis in Jarion County, Indiana, Jeffery Lee Hamilton Jr, of Marion County, Indiana (state), and Emily Kay Moore of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 16, 2003. Signed by: Justin White MINISTER (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 20, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 67
Page 470
7-16-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 5-13-03
Name of Physician Dr. Bielski

MALE APPLICANT

Name: First Charles Middle Hughes Last Gold
Date of Birth: Month 7 Day 3 Year 64
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1076 Halifax Lane City Indpls County Hendricks State IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date (12) 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. Noah Gold
6. (a) Full name of applicant's father Ronald Eugene Gold
   (If adopted, list adoptive parents only)
   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 Marie Summerickhaus
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant † Charles H. Gold Date 7-16-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
† Signed Charles H. Gold
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 Lisa Middle Ann Last Fox
Date of Birth: Month 8 Day 22 Year 60
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1076 Halifax Lane 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 1987
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Scott Goodson
6. (a) Full name of applicant's father John Augustus Fox
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Georgia
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Sheila Mae Basheers
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Ann Fox Date 7-16-03 †

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Fox †
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 July 16, 2003, authorizing the marriage of Charles Hughes Gold and Lisa Ann Fox.
I further certify that the following marriage certificate was filed in my office: I, Frederick D. Hubert (name), certify that on July 19, 2003 (date), at Indianapolis in Marion County, Indiana, Charles Hughes Gold of Hendricks County, Indiana (state), and Lisa Ann 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 July 16, 2003. Signed by: Frederick D. Hubert, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 25, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 67
Page 471
7-16-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 4-14-03
Name of Physician Louis Starr

MALE APPLICANT

Name: First Ross Middle Alexander Last Bishop
Date of Birth: Month 1 Day 27 Year 82
Place of Birth (State or foreign country) Barbados
Residence Address: Street or R.R. 2458 Arbor Lake Lane City Indianapolis 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) Driver Licence

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. ____
6. (a) Full name of applicant's father Randolph Bishop
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) N/A
   Birthplace of father (State or foreign country) Barbados
   (b) Full maiden name of applicant's mother Theresa Lee
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Barbados
   Birthplace of mother (State or foreign country) St Lucia

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
X Signature of Applicant X Bishop Date 7-16-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Bishop
New Address 7388 TASSEL CT AVON
Subscribed and sworn to before me this 16 day of July, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____

State of Indiana)
County of Hendricks)
Father ____ ID # ____
Mother ____ ID # ____
Subscribed and sworn to before me this ____ day of ____
____ Clerk

FEMALE APPLICANT

Name: First Elizabeth Middle Ann Last Jackson
Date of Birth: Month 9 Day 13 Year 79
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 7388 Tassel 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 2001
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's Licence

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Jackson
6. (a) Full name of applicant's father James Romans
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Jimmie Sue 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).
X Signature of Applicant Elizabeth Jackson Date 7/16/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Jackson
New Address same
Subscribed and sworn to before me this 16 day of July, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____

State of Indiana)
County of Hendricks)
Father ____ ID # ____
Mother ____ ID # ____
Subscribed and sworn to before me this ____ day of ____
____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ____ County ____ Court, by written order issued ____ and filed in ____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 16, 2003, authorizing the marriage of Ross Alexander Bishop and Elizabeth Ann Jackson.
I further certify that the following marriage certificate was filed in my office: I, E. Craig White (name), certify that on August 30, 2003 (date), at Indianapolis in Marion County, Indiana, Ross Alexander Bishop of Marion County, Indiana (state), and Elizabeth Ann 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 16, 2003. Signed by: E. Craig White, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on September 4, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 67
Page 472
7-16-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 7-16-03
Name of Physician Dr. Beth Yagerlenger

MALE APPLICANT

Name: First Aaron Middle Jeffry Last Healy
Date of Birth: Month 3 Day 24 Year 81
Place of Birth (State or foreign country) Illinois
Residence Address: Street or R.R. 6353 E. 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) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Jeffry Wm Healy
   (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 Eve Woodard
   (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 Aaron J. Healy Date 7-16-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks) I swear/affirm that the information given in this application is true and correct.
X Signed Aaron J. Healy
X New Address 207 N. Mill St.
Subscribed and sworn to before me this 16 day of July, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

FEMALE APPLICANT

Name: First Shannelle Middle Renee' Last Corriveau
Date of Birth: Month 4 Day 5 Year 84
Place of Birth (State or foreign country) Florida
Residence Address: Street or R.R. 207 N Mill St City Plainfield County Hendricks State IN
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Robert Carriveau
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) California
   Birthplace of father (State or foreign country) Connecticut
   (b) Full maiden name of applicant's mother Susan Cobb
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Florida
   Birthplace of mother (State or foreign country) Michigan

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
X Signature of Applicant Shannelle Corriveau Date 7-16-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks) I swear/affirm that the information given in this application is true and correct.
X Signed Shannelle Corriveau
X New Address Same
Subscribed and sworn to before me this 16 day of July, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 16, 2003, authorizing the marriage of Aaron Jeffry Healy and Shannelle Renee' Corriveau
I further certify that the following marriage certificate was filed in my office: I, Hubert Greer (name), certify that on August 9, 2003 (date), at Plainfield in Hendricks County, Indiana, Aaron Jeffry Healy of Hendricks County, Indiana (state), and Shannelle Renee' Corriveau of Hendricks County, Indiana (state) were 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 16, 2003. Signed by: Hubert Greer, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on August 14, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 67
Page 473
7-16-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 7-10-03
Name of Physician Dr. Lovell

MALE APPLICANT

Name First: Terry Middle: Ray Last: Smith
Date of Birth Month: June Day: 9 Year: 1979
Place of Birth (State or foreign country): Indiana
Residence Address: 2542 Spring Lake Rd. Street or R.R. Mooresville City Morgan 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) 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. N/A
6. (a) Full name of applicant's father Kevin Eugene Smith
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Katherine Anne Loder Milk
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [signature] Date 7-16-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 640 Thornburg Pkwy, Brownsburg
Subscribed and sworn to before me this 16 day of July 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

FEMALE APPLICANT

Name First: Kierstin Middle: Elizabeth Last: Robinson
Date of Birth Month: May Day: 18 Year: 1979
Place of Birth (State or foreign country): Indiana
Residence Address: 2500 N. 12th St. Street or R.R. Terre Haute City Vigo 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) Indiana Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. N/A
6. (a) Full name of applicant's father William Joseph Robinson
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Lynn Ann Seaton
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [signature] Kierstin E Robinson Date 7-16-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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] Kierstin E Robinson
New Address 640 Thornburg Pkwy, Brownsburg
Subscribed and sworn to before me this 16th day of July 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 16, 2003, authorizing the marriage of Terry Ray Smith and Kierstin Elizabeth Robinson.
I further certify that the following marriage certificate was filed in my office: I, Craig M. Wininger (name), certify that on August 2, 2003 (date), at Terre Haute in Vigo County, Indiana, Terry Ray Smith of Hendricks County, Indiana (state), and Kierstin Elizabeth Robinson of Vigo County, Indiana (state) were 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 16, 2003. Signed by: Craig M. Wininger, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on August 8, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 67
Page 474
7-17-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 6-7-03
Name of Physician 1411 S Green St. Brownsburg

MALE APPLICANT

Name: First Christopher Middle Allen Last Herman
Date of Birth: Month 12 Day 28 Year 1981
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 936 Pinewood Dr. Apt. A City Plfd County Hendricks State IN 46168
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) drivers license

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. NA
6. (a) Full name of applicant's father Steve Herman
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Iowa
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Rita Baker
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant (M) Christopher Herman Date 7-17-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court ____ Date ____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed (M) Christopher Herman
New Address Same
Subscribed and sworn to before me this 17 day of July, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____

State of Indiana)
County of Hendricks)
Father ____ ID # ____
Mother ____ ID # ____
Subscribed and sworn to before me this ____ day of ____
____ Clerk

FEMALE APPLICANT

Name: First Kristina Middle Lynn Last Herron
Date of Birth: Month 2 Day 4 Year 1981
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 936 Pinewood Dr. Apt A City Plfd County Hend State IN 461168
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) drivers license

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Alan Herron
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Tammy Ruffs
   (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 (F) Kristina Herron Date 7/17/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court ____ Date ____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed (F) Kristina Herron
New Address Same
Subscribed and sworn to before me this 17 day of July, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____

State of Indiana)
County of Hendricks)
Father ____ ID # ____
Mother ____ ID # ____
Subscribed and sworn to before me this ____ day of ____
____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ____ County ____ Court, by written order issued ____ and filed in ____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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, 2003, authorizing the marriage of Christopher Allen Herman and Kristina Lynn Herron.
I further certify that the following marriage certificate was filed in my office: I, Harlan Kincade (name), certify that on July 19, 2003 (date), at Coatesville in Hendricks County, Indiana, Christopher Allen Herman of Hendricks County, Indiana (state), and Kristina Lynn Herron of Hendricks County, Indiana (state) were 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, 2003. Signed by: Harlan Kincade, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 25, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 67
Page 475
7-17-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 7-17-03
Name of Physician Dr James

MALE APPLICANT	FEMALE APPLICANT
Name: First Jack Middle Wojciehowski Last	Name: First Kathryn Middle Michelle Last Backe
Date of Birth: Month 9 Day 10 Year 68	Date of Birth: Month 3 Day 9 Year 80
Place of Birth (State or foreign country) Indiana	Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 607 Thorne Drive City Brownsburg County Hendricks State IN	Residence Address: Street or R.R. 607 Thorne St. 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 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 Donald Wojciehowski	6. (a) Full name of applicant's father James Michael Backe
(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) Michigan	Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Frances Maureen Feeney	(b) Full maiden name of applicant's mother Linda Teresa Bukowski
(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 Jack Wojciehowski Date 07/17/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk 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 Wojciehowski 07/17/03
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 Kathryn Backe Date 7/17/3

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk 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 Backe 7/17/3
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 July 17, 2003, authorizing the marriage of Jack Wojciehowski and Kathryn Michelle Backe.

I further certify that the following marriage certificate was filed in my office: I, Jonathan Lilly (name), certify that on August 8, 2003 (date), at Brownsburg in Hendricks County, Indiana, Jack Wojciehowski of Hendricks County, Indiana (state), and Kathryn Michelle Backe of Hendricks County, Indiana (state) were 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, 2003. Signed by: Jonathan Lilly, Pastor (official designation) Filed and recorded in accordance with the laws of the State of Indiana on August 14, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 67
Page 476
7-17-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☑ Yes ☐
If No, Medical Examination or Report Dated 7-10-03
Name of Physician David W. Imott

MALE APPLICANT

Name First: Jason Middle: Robert Last: Monroe
Date of Birth Month: 6 Day: 24 Year: 80
Place of Birth (State or foreign country): Illinois
Residence Address Street or R.R.: 13800 Cherry Hill Dr. City: Alexander County: Saline State: AR 72002
Previous Marital Status: 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 Victor Allen Monroe
   (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 Roberta Jean Rice
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Illinois
   Birthplace of mother (State or foreign country) Illinois

FEMALE APPLICANT

Name First: Megan Middle: Diana Last: Vidt
Date of Birth Month: 7 Day: 13 Year: 80
Place of Birth (State or foreign country): Indiana
Residence Address Street or R.R.: 4263 Forest Drive City: Brownsburg County: Hendricks State: Indiana 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 (Indiana)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Robert Warren Vidt
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) England
   (b) Full maiden name of applicant's mother Pamela Marie Volkert
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [signature] Date 7-17-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Megan D. Vidt Date 7-17-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Megan D. Vidt
New Address 13800 Cherry Hill Dr. Alexander, AR 72002
Subscribed and sworn to before me this 17th 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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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, 2003, authorizing the marriage of Jason Robert Monroe and Megan Diana Vidt.
I further certify that the following marriage certificate was filed in my office: I, Ron W. McCormick (name), certify that on July 19, 2003 (date), at Indianapolis in Marion County, Indiana, Jason Robert Monroe of Saline County, Arkansas (state), and Megan Diana Vidt of Hendricks County, Indiana (state) were 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, 2003. Signed by: Rev. Ron W. McCormick, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 25, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 67
Page 477
7-17-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☑ Yes ☐
If No, Medical Examination or Report Dated 7-10-03
Name of Physician Dr. Burki

MALE APPLICANT

Name: First David Middle T. Last McGhee
Date of Birth: Month 8 Day 4 Year 1977
Place of Birth (State or foreign country) Indiana 46112
Residence Address: Street or R.R. 8360 Meadow Dr. City Brownsburg County Hend State IN
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Wayne McGhee
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) deceased
   Birthplace of father (State or foreign country) Arizona
   (b) Full maiden name of applicant's mother Hazel Tolley
   (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 Martha Middle G. Last Miller
Date of Birth: Month 8 Day 22 Year 1963
Place of Birth (State or foreign country) Ohio 46112
Residence Address: Street or R.R. 1151 Windhaven Cir. Apt. G City Brownsburg County Hend State IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 4/94
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Alison Dawn Arthur, Jacob Michael Arthur
6. (a) Full name of applicant's father Donald H. Miller
   (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 Doris G. Greer
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Florida
   Birthplace of mother (State or foreign country) Kentucky

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [signature] Date 7-17-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 1151 Windhaven Cir. Apt. G. Brownsburg
Subscribed and sworn to before me this 17 day of July 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of 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 Martha Miller Date 7/17/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Martha Miller
New Address same as above
Subscribed and sworn to before me this 17 day of July 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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, 2003, authorizing the marriage of David Thomas McGhee and Martha G. Miller.
I further certify that the following marriage certificate was filed in my office: I, Rev. Arnold L. Calhoun (name), certify that on August 16, 2003 (date), at Brownsburg in Indiana County, Indiana, David T. McGhee of Hendricks County, Indiana (state), and Martha G. Miller of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 17, 2003. Signed by: Rev. Arnold L. Calhoun, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on August 26, 2003 (date).

Sharon Dugan
Signed _____ Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 67
Page 478
7-1703
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐ 7-15-03
If No, Medical Examination or Report Dated
Name of Physician Dr. Rumschlag

MALE APPLICANT

Name: First James Middle Dean Last Raplee

Date of Birth: Month 3 Day 30 Year 69

Place of Birth (State or foreign country): Indiana

Residence Address: Street or R.R. 725 S. East St City Plainfield County Hend State IN 46168

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) drivers license

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Marie Raplee; Marc Nathaniel Raplee
6. (a) Full name of applicant's father Jack Raplee
   (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 Joanne Carol Haddock
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant ✍ James D. Raplee Date 7/17/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed ✍ James D. Raplee
New Address 115 W York Ave, Clayton IN
Subscribed and sworn to before me this 17 day of July, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

FEMALE APPLICANT

Name: First Katherine Middle Elizabeth Last Shull-Simmerman

Date of Birth: Month 2 Day 13 Year 66

Place of Birth (State or foreign country): Indiana

Residence Address: Street or R.R. 115 W York Ave City Clayton County Hend State IN 46118

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 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. Kaylee Elizabeth Simmerman
6. (a) Full name of applicant's father Kenneth William Shull
   (If adopted, list adoptive parents only)
   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 Carol Hale
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 E. Shull-Simmerman Date 7/17/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 E. Shull-Simmerman
New Address same
Subscribed and sworn to before me this 17 day of July, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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, 2003, authorizing the marriage of James Dean Raplee and Katherine E. Shull-Simmerman
I further certify that the following marriage certificate was filed in my office: I, Murray Clugston (name), certify that on August 23, 2003 (date), at Greencastle in Putnam County, Indiana; James Dean Raplee of Hendricks County, Indiana (state), and Katherine Elizabeth Shull-Simmerman of Hendricks County, Indiana (state) were 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, 2003. Signed by: Murray Clugston, Senior Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on August 28, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 67
Page 479
7-17-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 7-17-03
Name of Physician Dr. Deedy

MALE APPLICANT

Name: First Dustin Middle Leon Last Horner
Date of Birth: Month 11 Day 24 Year 82
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 520 Brookside Lane City Plainfield County Hendricks State IN
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. N/A
6. (a) Full name of applicant's father Marlin Leon Horner
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Jan Ann Alyea
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 L Horner Date 7-17-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 L Horner
New Address 1721 Hawthorn Dr
Subscribed and sworn to before me this day of
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of Hendricks)
Father ID #
Mother ID #
Subscribed and sworn to before me this day of
Clerk

FEMALE APPLICANT

Name: First Andrea Middle Lynn Last Plunkett
Date of Birth: Month 2 Day 21 Year 83
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1721 Hawthorne Dr. City Plainfield County Hendricks State IN
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. N/A
6. (a) Full name of applicant's father William Eugene Plunkett II
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Margaret Louise Sabo
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 L. Plunkett Date 7-17-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 L. Plunkett
New Address 1721 Hawthorn Dr.
Subscribed and sworn to before me this day of
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of Hendricks)
Father ID #
Mother ID #
Subscribed and sworn to before me this day of
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued and filed in , authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 17, 2003, authorizing the marriage of Dustin Leon Horner and Andrea Lynn Plunkett.
I further certify that the following marriage certificate was filed in my office: I, /s/ Julia A. Rock (name), certify that on September 6, 2003 (date), at Hazelwood in Hendricks County, Indiana, Dustin Leon Horner of Hendricks County, Indiana (state), and Andrea Lynn Plunkett of Hendricks County, Indiana (state) were 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, 2003. Signed by: /s/ Julia A. Rock, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on September 16, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 47
Page 480
Date of Application 7-18-03

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☑ Yes ☐
If No, Medical Examination or Report Dated 3-21-03
Name of Physician Dr. Stien

MALE APPLICANT

Name: First Zachary Middle T. Last Stone
Date of Birth: Month 8 Day 5 Year 1981
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 10404 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) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Brian Clayton Kistler
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Robin Beth Stone
   (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 K. Last Shepherd
Date of Birth: Month 10 Day 30 Year 1980
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 10404 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) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 Shepherd
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Kathy Deakin
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Zachary T. Stone Date 7/19/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Zachary T. Stone
New Address Same as above
Subscribed and sworn to before me this 18 day of July 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Jennifer K Shepherd Date 7/18/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 K Shepherd
New Address Same as above
Subscribed and sworn to before me this 18 day of July 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of Hendricks)
Father ID #
Mother ID #
Subscribed and sworn to before me this day of
Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of Hendricks)
Father ID #
Mother ID #
Subscribed and sworn to before me this day of
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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, 2003, authorizing the marriage of Zachary Ty Stone and Jennifer Katherine Shepherd
I further certify that the following marriage certificate was filed in my office: I, Tom Whitesel (name), certify that on August 16, 2003 (date), at Plainfield in Hendricks County, Indiana, Zachary Ty Stone of Hendricks County, Indiana (state), and Jennifer Kathrine Shepherd of Hendricks County, Indiana (state) were 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, 2003. Signed by: Tom Whitesel, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on August 28, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 67
Page 481
7-17-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐ 7-16-03
If No, Medical Examination or Report Dated
Name of Physician 8091 Township Line Rd Ste 206

MALE APPLICANT

Name First: Marty Middle: Joe Last: Hubbard
Date of Birth Month: April Day: 4 Year: 1975
Place of Birth (State or foreign country): Indiana
Residence Address Street or R.R.: 273 Bent Stream Ln. City: B.Burg County: Hend. State: IN
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Indiana Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Taylor Ann Hubbard
6. (a) Full name of applicant's father Earl J. Hubbard
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) deceased
   Birthplace of father (State or foreign country) Kentucky
   (b) Full maiden name of applicant's mother Wilma Smallwood
   (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 Marty Hubbard Date 7-17-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Marty Hubbard
New Address same
Subscribed and sworn to before me this 17 day of July 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

FEMALE APPLICANT

Name First: Brenda Middle: Elaine Last: Bowen
Date of Birth Month: 12 Day: 31 Year: 69
Place of Birth (State or foreign country): Indiana
Residence Address Street or R.R.: 273 Bent Stream Ln. 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. Devin Bowen Murphy
   Taylor Ann Hubbard
6. (a) Full name of applicant's father Jerry Lee Bowen
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Marjorie Ilene Nevil
   (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 Brenda E Bowen Date 7-18-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date 7-18-03

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Brenda E Bowen
New Address same
Subscribed and sworn to before me this 18 day of July, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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, 2003, authorizing the marriage of Marty Joe Hubbard and Brenda Elaine Bowen.
I further certify that the following marriage certificate was filed in my office: I, Roy E. Nevil (name), certify that on July 26, 2003 (date), at Ft. Benjamin Harrison in Marion County, Indiana, Marty Joe Hubbard of Hendricks County, Indiana (state), and Brenda Elaine Bowen of Hendricks County, Indiana (state) were 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, 2003. Signed by: Roy E. Nevil, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on August 26, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 67
Page 482
Date of Application 7-18-03

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☐ Yes ☐
If No, Medical Examination or Report Dated 7-15-03
Name of Physician Stephen C Hedges

MALE APPLICANT

Name: First Craig Middle Douglas Last Donaldson
Date of Birth: Month 10 Day 24 Year 75
Place of Birth (State or foreign country) South Africa
Residence Address: Street or R.R. 800 Stafford 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. ____
6. (a) Full name of applicant's father Thomas Wylie Donaldson
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) South Africa
   Birthplace of father (State or foreign country) Scotland
   (b) Full maiden name of applicant's mother Evie Margaret Bell
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) South Africa
   Birthplace of mother (State or foreign country) South Africa

FEMALE APPLICANT

Name: First Jean Middle Louise Last Delaski
Date of Birth: Month 6 Day 10 Year 75
Place of Birth (State or foreign country) Mississippi
Residence Address: Street or R.R. 5635 N. Rural City Indpls County Marion State IN 46220
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify)

Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Delaski
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Mississippi
   Birthplace of father (State or foreign country) Wisconsin
   (b) Full maiden name of applicant's mother Ann Haas
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Mississippi
   Birthplace of mother (State or foreign country) Oklahoma

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant [signature] Date 07/18/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 18 day of July 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of 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 7/18/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 800 Stafford Rd Plainfield, IN 46168
Subscribed and sworn to before me this 18 day of July, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____

State of Indiana)
County of Hendricks)
Father ____ ID # ____
Mother ____ ID # ____
Subscribed and sworn to before me this ____ day of ____
____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ____ County ____ Court, by written order issued ____ and filed in ____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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, 2003, authorizing the marriage of Craig Douglas Donaldson and Jean Louise Delaski.
I further certify that the following marriage certificate was filed in my office: I, Rev. Jeanine Kersey Russell (name), certify that on July 19, 2003 (date), at Plainfield in Hendricks County, Indiana, Craig Douglas Donaldson of Hendricks County, Indiana (state), and Jean Louise Delaski 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 18, 2003. Signed by: Rev. Jeanine Kersey Russell, Reverend (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 25, 2003 (date).

Sharon Dugan
Signed ____ Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 67
Page 483
7-18-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 3-13-03
Name of Physician Roger Collicott

MALE APPLICANT

Name: First Everett Middle Duane Last Marine

Date of Birth: Month 5 Day 4 Year 36

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 2335 E. Main St Lot 12 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 1982

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 Everett L Marine
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Laura C Hamilton
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant Everett D. Marine Date 7-18-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
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 Everett D. Marine
Y New Address 5SAME

Subscribed and sworn to before me this 18 day of July, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

FEMALE APPLICANT

Name: First Shirley Middle Ann Last Williams

Date of Birth: Month 9 Day 17 Year 60

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 2335 E. Main St Lot 12 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 John Sayles
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Mississippi
   (b) Full maiden name of applicant's mother Ramoi 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).

X Signature of Applicant Shirley A Williams Date 7-18-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
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 Shirley A Williams
Y New Address Same

Subscribed and sworn to before me this 18 day of July, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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, 2003, authorizing the marriage of Everett Duane Marine and Shirley Ann Willaims.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on July 18, 2003 (date), at Danville in Hendricks County, Indiana, Everett Duane Marine of Hendricks County, Indiana (state), and Shirley Ann Willaims of Hendricks County, Indiana (state) were 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, 2003. 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 18, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 67
Page 484
7-18-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 7-18-03
Name of Physician David Hadley MD

MALE APPLICANT

Name: First THOMAS Middle MICHAEL Last Whitaker

Date of Birth: Month 7 Day 22 Year 1980

Place of Birth (State or foreign country) INDIANA

Residence Address: Street or R.R. 5589 W. County Rd 450 S. City COATESVILLE County Hendricks State IN

Previous Marital Status: Never Married ☑ OR No. of Previous Marriages ____

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____

Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify)

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. -0-
6. (a) Full name of applicant's father RALPH LEE Whitaker
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) IN
   Birthplace of father (State or foreign country) N/A
   (b) Full maiden name of applicant's mother Vickie Jo Cooper
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) IN
   Birthplace of mother (State or foreign country) N/A

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant Thomas Whitaker Date 8-19-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court ____ Date ____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
X Signed Thomas Whitaker
X New Address Same As Bride
Subscribed and sworn to before me this 18 day of AUG 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____

State of Indiana)
County of Hendricks)
Father ____ ID # ____
Mother ____ ID # ____
Subscribed and sworn to before me this ____ day of ____
____ Clerk

FEMALE APPLICANT

Name: First Tonya Middle Marie Last Parrish

Date of Birth: Month 8 Day 31 Year 81

Place of Birth (State or foreign country) Kentucky

Residence Address: Street or R.R. 4892 Vine St PO Box 39 City Amo County Hend State In 46103

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____

Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify)

Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. ____
6. (a) Full name of applicant's father Wesley Eugene Parrish.
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Debra Lynn Masters
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant Tonya M. Parrish Date 7/18/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court ____ Date ____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
X Signed Tonya M. Parrish
X New Address SAME
Subscribed and sworn to before me this 18 day of July 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____

State of Indiana)
County of Hendricks)
Father ____ ID # ____
Mother ____ ID # ____
Subscribed and sworn to before me this ____ day of ____
____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ____ County ____ Court, by written order issued ____ and filed in ____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated ____, authorizing the marriage of ____ and ____.
I further certify that the following marriage certificate was filed in my office: I, ____ (name), certify that on ____ (date), at ____ in ____ County, Indiana, ____ of ____ County, ____ (state), and ____ of ____ County, ____ (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated ____. Signed by: ____, ____ (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on ____ (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 67
Page 485
7-18-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☐ Yes ☒
If No, Medical Examination or Report Dated _____
Name of Physician _____

MALE APPLICANT

Name: First Philip Middle Dale Last Shawver
Date of Birth: Month 4 Day 29 Year 28
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 432 Hickory Lane City Plainfield County Hendricks State IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐ Date 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 U Byron Howard Shawver
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Pauline Agatha Besse
   (If adopted, list adoptive parents only) _____
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Philip D Shawver Date 7-18-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Philip D Shawver
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 Elsie Middle Anita Last Richhart
Date of Birth: Month 8 Day 14 Year 79
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 5073 Bay St. City Indpls County Marion State IN
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date _____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Richhart
   (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 Maude Leona Dine
   (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 Elsie Anita Richhart Date 7-18-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Elsie Anita Richhart
New Address #32 Hickory Lane 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 July 18, 2003, authorizing the marriage of Philip Dale Shawver and Elsie Anita Richhart.
I further certify that the following marriage certificate was filed in my office: I, Lawrence Stewart (name), certify that on August 14, 2003 (date), at Plainfield in Hendricks County, Indiana, Philip Dale Shawver of Hendricks County, Indiana (state), and Elsie Anita Richhart 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 18, 2003. Signed by: Lawrence Stewart, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on August 15, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 67
Page 486
7-18-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 7-15-03
Name of Physician Ronald Stegmoller MD

MALE APPLICANT

Name: First Jeffrey Middle Allen Last Watson
Date of Birth: Month 2 Day 15 Year 79
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 117 Suburban St. City Danville County Hend. State IN 46122
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Keith Watson
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Pamela Ann Stiles
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
X Signature of Applicant Jeffrey A. Watson Date 7-18-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 A. Watson
X New Address Same
Subscribed and sworn to before me this 18 day of July, 2003
Sharon Dugan
Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

FEMALE APPLICANT

Name: First Liza Middle Nikole Last Campbell
Date of Birth: Month 9 Day 15 Year 78
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 294 N. Indiana St. City Danville County Hend. State IN 46122
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Larry Lee Campbell
   (If adopted, list adoptive parents only)
   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 Anne Burkett
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Maryland

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
X Signature of Applicant Liza N Campbell Date 7-18-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
X Signed Liza N Campbell
X New Address 117 Suburban St
Subscribed and sworn to before me this 18 day of July 2003
Sharon Dugan
Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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, 2003, authorizing the marriage of Jeffrey Allen Watson and Liza Nikole Campbell.
I further certify that the following marriage certificate was filed in my office: I, Corey Gillespie (name), certify that on August 16, 2003 (date), at Danville in Hendricks County, Indiana, Jeffrey Allen Watson of Hendricks County, Indiana (state), and Liza Nikole Campbell of Hendricks County, Indiana (state) were 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, 2003. Signed by: Corey Gillespie, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on August 26, 2003 (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 67
Page 487
7-18-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 7-17-03
Name of Physician Lawrence Adams

MALE APPLICANT

Name: First Christopher Middle Richard Last Hontz
Date of Birth: Month 7 Day 31 Year 75
Place of Birth (State or foreign country) Pennsylvania
Residence Address: Street or R.R. 9893 Cedarstone Ln City Avon County Hend State In 46123
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Richard Hontz
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Pa.
   (b) Full maiden name of applicant's mother Rose Mary Bittner
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Pa.

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant [signature] Date 7/18/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 18 day of July, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

FEMALE APPLICANT

Name: First Kelli Middle Dawn Last Hewitt
Date of Birth: Month 9 Day 7 Year 76
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 9893 Cedarstone Ln City Avon County Hend State In 46123
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Kennith Duane Hewitt
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Alaska
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Linda Carie 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).

X Signature of Applicant [signature] Date 7-18-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 18 day of July, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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, 2003, authorizing the marriage of Christopher Richard Hontz and Kelli Dawn Hewitt.
I further certify that the following marriage certificate was filed in my office: I, Daniel J. Moore (name), certify that on August 9, 2003 (date), at Indianapolis in Marion County, Indiana, Christopher Richard Hontz of Hendricks County, Indiana (state), and Kelli Dawn Hewitt of Hendricks County, Indiana (state) were 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, 2003. Signed by: Daniel J. Moore, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on August 14, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 67
Page 488
7-21-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☐ Yes ☑
If No, Medical Examination or Report Dated _____
Name of Physician _____

MALE APPLICANT

Name First: Edward Middle: Francis Last: Mattingly
Date of Birth Month: 5 Day: 16 Year: 22
Place of Birth (State or foreign country): Michigan
Residence Address Street or R.R.: 378 Sugarbush Lane City: S. B'burg County: Hendricks State: IN 46162
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages: 1
Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐ Date: 2003
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify): Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 Edward Mattingly
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state): Deceased
   Birthplace of father (State or foreign country): Ohio
   (b) Full maiden name of applicant's mother: Mary Margaret Dizrist
   (If adopted, list adoptive parents only) _____
   Residence of mother (if deceased, so state): Deceased
   Birthplace of mother (State or foreign country): Ohio

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
X Signature of Applicant: Edward Mattingly Date: 7-21-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
X Signed: Edward Mattingly
X New Address: Same
Subscribed and sworn to before me this 21 day of July, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

FEMALE APPLICANT

Name First: Elizabeth Middle: Ann Last: Huston
Date of Birth Month: 11 Day: 24 Year: 42
Place of Birth (State or foreign country): Kentucky
Residence Address Street or R.R.: 955 N. CoRd 1050 E. City: Lodgeville County: Hendricks State: IN 46234
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages: 2
Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐ Date: 2001
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify): Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 R. Foushee
   (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: Leona E. Schoenbaechler
   (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: Elizabeth A. Huston Date: 7/21/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
X Signed: Elizabeth A Huston
X New Address: 378 Sugar Bush Lane S. Brownsburg
Subscribed and sworn to before me this 21 day of July, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 21, 2003, authorizing the marriage of Edward Francis Mattingly and Elizabeth Ann Huston.
I further certify that the following marriage certificate was filed in my office: I, Robert J. Hankee (name), certify that on July 21, 2003 (date), at Brownsburg in Hendricks County, Indiana, Edward Francis Mattingly of Hendricks County, Indiana (state), and Elizabeth Ann Huston of Hendricks County, Indiana (state) were 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 21, 2003. Signed by: Robert J. Hankee, Associate Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on August 1, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 67
Page 489
7-18-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐ If No, Medical Examination or Report Dated 7-15-03
Name of Physician 8801 N Meridian St Ste 208

MALE APPLICANT

Name: First Kenneth Middle Harry Last Hearld
Date of Birth: Month 6 Day 20 Year 69
Place of Birth (State or foreign country) Illinois
Residence Address: Street or R.R. 604 61st St City Lisle County DuPage State IL 60532
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) IL Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Kenneth L. Hearld
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Illinois
   Birthplace of father (State or foreign country) Michigan
   (b) Full maiden name of applicant's mother Mary Ann Ziemba
   (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 Kenneth H. Hearld Date 7-18-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Kenneth H. Hearld
New Address 2700 N. Halsted St #410 Chicago IL 60614
Subscribed and sworn to before me this 18 day of July, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

FEMALE APPLICANT

Name: First April Middle Ann Last Dotlich
Date of Birth: Month 11 Day 29 Year 78
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 830 Ironwood E D 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. NA
6. (a) Full name of applicant's father Sammy M Dotlich
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Ann Therese Mattingly
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant April A. Dotlich Date 7/18/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed April A. Dotlich
New Address 2700 N. Halsted St #410 Chicago IL 60614
Subscribed and sworn to before me this 18 day of July, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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, 2003, authorizing the marriage of Kenneth Harry Hearald and April Ann Dotlich.
I further certify that the following marriage certificate was filed in my office: I, Anthony Volz (name), certify that on August 30, 2003 (date), at Indianapolis in Marion County, Indiana, Kenneth Harry Hearald of DuPage County, Illinois (state), and April Ann Dotlich of Hendricks County, Indiana (state) were 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, 2003. Signed by: Anthony Volz, Priest (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on September 23, 2003 (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 67
Page 490
7-21-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 7-18-03
Name of Physician Byron Holm

MALE APPLICANT

Name: First Telly Middle Frederick Last Rogers
Date of Birth: Month 8 Day 30 Year 77
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 7588 E. CoRd 100S. 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. Madison Tevyman
6. (a) Full name of applicant's father Jeffrey J. Rogers
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Pamela Sue Frederick
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Telly Rogers Date 7/21/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Telly Rogers
New Address SAME
Subscribed and sworn to before me this 21 day of July, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

FEMALE APPLICANT

Name: First Brittany Middle Ann Last Rash
Date of Birth: Month 3 Day 31 Year 82
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 8355 E. 8th Rd City Plymouth County Marshall State IN 46563
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. _____
6. (a) Full name of applicant's father William Russell Rash
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Cindy Sue Commons
   (If adopted, list adoptive parents only) _____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Brittany A. Rash Date 7/21/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Brittany A. Rash
New Address 7588 E. CR 100 S. Avon, IN 46123
Subscribed and sworn to before me this 21 day of July 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 21, 2003, authorizing the marriage of Telly Frederick Rogers and Brittany Ann Rash.
I further certify that the following marriage certificate was filed in my office: I, Rhonda M. Ferguson (name), certify that on July 26, 2003 (date), at Plymouth in Marshall County, Indiana, Telly Frederick Rogers of Hendricks County, Indiana (state), and Brittany Ann Rash of Marshall County, Indiana (state) were 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 21, 2003. Signed by: Rhonda M. Ferguson, Deputy Clerk, Marshall Co (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on August 1, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 67
Page 491
7-21-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 7-15-03
Name of Physician David Dadley MD

MALE APPLICANT	FEMALE APPLICANT
Name: First Michael Middle Allen Last Smith	Name: First Lydia Middle Renee Last Fitzsimmons
Date of Birth: Month 12 Day 3 Year 82	Date of Birth: Month 7 Day 17 Year 82
Place of Birth (State or foreign country): Ohio	Place of Birth (State or foreign country): Ohio
Residence Address: Street or R.R. 9838 S. Cold O City Clayton County Hend St IN 46118	Residence Address: Street or R.R. 9838 S. Cold O City Clayton County Hend St IN 46118
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages	Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date	Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Ohio Drivers License	Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Ohio 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 Richard D. Smith	6. (a) Full name of applicant's father Rodney A Fitzsimmons
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Ohio	Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Ohio	Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Catherine Elizabeth Kuhn	(b) Full maiden name of applicant's mother Cathy D. Rock
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Ohio	Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Maryland	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 Michael Smith Date 7/21/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of 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 Smith
X New Address (Same)

Subscribed and sworn to before me this 21 day of July, 2003

Sharon Dugan
Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of 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 Lydia Fitzsimmons Date 7/21/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)

I swear/affirm that the information given in this application is true and correct.

X Signed Lydia Fitzsimmons
X New Address (same)

Subscribed and sworn to before me this 21 day of July, 2003

Sharon Dugan
Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 21, 2003, authorizing the marriage of Michael Allen Smith and Lydia Renee Fitzsimmons.

I further certify that the following marriage certificate was filed in my office: I, Pastor Steve Rich (name), certify that on July 26, 2003 (date), at Greenwood in Marion County, Indiana, Michael Allen Smith of Hendricks County, Indiana (state), and Lydia Renee Fitzsimmons of Hendricks County, Indiana (state) were 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 21, 2003. Signed by: Pastor Steve Rich, Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on August 1, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 67
Page 492

Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage 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 Aaron Middle Lee Last Sastiness

Date of Birth: Month 12 Day 15 Year 81

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 6850 E. 900 N. City Brownsburg County Hend. State In 46112

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages _____

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date _____

Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify)

Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. _____
6. (a) Full name of applicant's father David Lee Sastiness
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Linda Ann Warrick
   (If adopted, list adoptive parents only) _____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant Aaron Sastiness Date 7/21/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)

I swear/affirm that the information given in this application is true and correct.

X Signed Aaron Sastiness
X New Address SAME

Subscribed and sworn to before me this 21 day of July, 2003

Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

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 Christine Last Butler

Date of Birth: Month 5 Day 14 Year 80

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 630 Maple Court 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)

Indiana Dept of Corrections ID #

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. _____
6. (a) Full name of applicant's father Denny Alvis Butler
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Charlene Nicholas
   (If adopted, list adoptive parents only) _____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that 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 Butler Date 7/21/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 Butler
X New Address 6850 E. 900 N. Brownsburg

Subscribed and sworn to before me this 21 day of July, 2003

Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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

Driver's License back to Aaron w/premarital form

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 67
Page 493
7-21-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐ 7-15-03
If No, Medical Examination or Report Dated
Name of Physician Dr. Hadley - Health Dept

MALE APPLICANT

Name: First Justin Middle Aaron Last Herald
Date of Birth: Month 6 Day 18 Year 84
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 526 N CR 450 E City Avon County Hend State IN 46123
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) drivers license

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Lee Herald
   (If adopted, list adoptive parents only)
   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 Lee Johnson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
X Signature of Applicant Justin Herald Date 7/21/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
X Signed Justin Herald
X New Address 5 Woodland Place Danville
Subscribed and sworn to before me this 21 day of July, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

FEMALE APPLICANT

Name: First Megan Middle Elizabeth Last Skwarcan
Date of Birth: Month 1 Day 17 Year 83
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 5 Woodland Place City Danville County Hendricks State 46122
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Chester Michael Skwarcan
   (If adopted, list adoptive parents only)
   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 Ellen Jensen
   (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 Megan E. Skwarcan Date 7-21-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
X Signed Megan E. Skwarcan
X New Address same
Subscribed and sworn to before me this 21 day of July, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 21, 2003, authorizing the marriage of Justin Aaron Herald and Megan Elizabeth Skwarcan.
I further certify that the following marriage certificate was filed in my office: I, Rev. Ronald E. McDugle (name), certify that on August 9, 2003 (date), at Danville in Hendricks County, Indiana, Justin Aaron Herald of Hendricks County, Indiana (state), and Megan Elizabeth Skwarcan of Hendricks County, Indiana (state) were 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 21, 2003. Signed by: Rev. Ronald E. McDugle, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on August 14, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 67
Page 494
7-21-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☑ Yes ☐
If No, Medical Examination or Report Dated 7-21-03
Name of Physician Dr. Burton

MALE APPLICANT	FEMALE APPLICANT
Name: First Darin, Middle E., Last Sutherlin	Name: First Tara, Middle N., Last Lee
Date of Birth: Month 8, Day 14, Year 1980	Date of Birth: Month 10, Day 21, Year 1980
Place of Birth (State or foreign country): Indiana 46168	Place of Birth (State or foreign country): Indiana 46168
Residence Address Street or R.R.: 1584 Metzler Dr. City: Plnfld. County: Hend State: IN	Residence Address Street or R.R.: 1584 Metzler Dr. City: Plnfld. County: Hend State: IN
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages ____	Previous Marital Status: Never Married ☑ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____	Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) 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 Keith Sutherlin	6. (a) Full name of applicant's father Jeffery K. Lee
(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 Lindsey Naidene Unger	(b) Full maiden name of applicant's mother Cheryl Lynn Nelson
(If adopted, list adoptive parents only) ____	(If adopted, list adoptive parents only) ____
Residence of mother (if deceased, so state) Indiana	Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana	Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant: Darin E. Sutherlin Date 7-21-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court ____ Date ____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Darin Sutherlin
New Address 850 Harding St. Plnfld. IN 46168
Subscribed and sworn to before me this 21 day of July 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of 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: Tara N. Lee Date 7-21-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court ____ Date ____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Tara N. Lee
New Address 850 Harding St. Plnfld. IN 46168
Subscribed and sworn to before me this 21 day of July 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____

State of Indiana)
County of Hendricks)
Father ____ ID # ____
Mother ____ ID # ____
Subscribed and sworn to before me this ____ day of ____
____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ____ County ____ Court, by written order issued ____ and filed in ____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 21, 2003, authorizing the marriage of Darin Edward Sutherlin and Tara Nicole Lee.
I further certify that the following marriage certificate was filed in my office: I, Rev. John C. Parsley (name), certify that on August 30, 2003 (date), at Indianapolis in Hendricks County, Indiana, Darin E. Sutherlin of Hendricks County, Indiana (state), and Tara N. Lee of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 21, 2003. Signed by: /s/ Rev. John C. Parsley, Baptist Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on September 12, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 67
Page 495
7-22-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 7-22-03
Name of Physician David Hadley MD

MALE APPLICANT

Name: First Kenneth Middle David Last Ventre

Date of Birth: Month 6 Day 6 Year 77

Place of Birth (State or foreign country) New Jersey

Residence Address: Street or R.R. 10 Duncan St. City Millburn County Essex State New Jersey 07041

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify)

Armed Forces 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 Kenneth David Ventre Sr.
   (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 Diane Klepes
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) New Jersey
   Birthplace of mother (State or foreign country) New Jersey

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant Kenneth Ventre Date 7/22/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date

State of Indiana)
County of Hendricks)

I swear/affirm that the information given in this application is true and correct.

X Signed Kenneth Ventre
X New Address 6347 Capitol Ct. Apt A Avon, IN 46123

Subscribed and sworn to before me this 22 day of July, 2003
Sharon Degan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of Hendricks)
Father ID #
Mother ID #
Subscribed and sworn to before me this day of
Clerk

FEMALE APPLICANT

Name: First Tara Middle Lynn Last Hayden

Date of Birth: Month 8 Day 17 Year 79

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 6347 Capitol Ct, 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 Mark Eugene 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 Cathy Ann Light
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant Tara L. Hayden Date 7-22-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date

State of Indiana)
County of Hendricks)

I swear/affirm that the information given in this application is true and correct.

X Signed Tara L. Hayden
X New Address Same

Subscribed and sworn to before me this 22 day of July 2003
Sharon Degan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of Hendricks)
Father ID #
Mother ID #
Subscribed and sworn to before me this day of
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 22, 2003, authorizing the marriage of Kenneth David Ventre and Tara Lynn Hayden.
I further certify that the following marriage certificate was filed in my office: I, /s/ David Ambroso (name), certify that on July 26, 2003 (date), at New Harmony in Posey County, Indiana, Kenneth David Ventre of Essex County, New Jersey (state), and Tara Lynn Hayden of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 22, 2003. Signed by: /s/ David Ambroso, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 28, 2003 (date).

Signed Sharon Degan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 67
Page 496
1-22-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 1-22-03
Name of Physician David Hadley MD

MALE APPLICANT

Name: First Richard Middle Scott Last Clendenny

Date of Birth: Month 9 Day 9 Year 83

Place of Birth (State or foreign country) Illinois

Residence Address: Street or R.R. 8 W Ripperwood 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 George Urban Clendenny
   (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 Debra Jan Bonas
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Illinois

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

✗ Signature of Applicant [signature] Date 7-22-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 3305 Prairie View Cir Apt B Danville
Subscribed and sworn to before me this 22 day of July, 2003
Sharon Deegan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____

State of Indiana)
County of Hendricks)
Father ____ ID # ____
Mother ____ ID # ____
Subscribed and sworn to before me this ____ day of ____
____ Clerk

FEMALE APPLICANT

Name: First Roberta Middle Anne Last Chasteen

Date of Birth: Month 9 Day 21 Year 82

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 3305 Prairie View Cir Apt B 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 Robert E. Chasteen
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Connie L. Branson
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

✗ Signature of Applicant Roberta Chasteen Date 7-22-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court ____ Date ____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
✗ Signed Roberta Chasteen
✗ New Address Same
Subscribed and sworn to before me this 22 day of July, 2003
Sharon Deegan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____

State of Indiana)
County of Hendricks)
Father ____ ID # ____
Mother ____ ID # ____
Subscribed and sworn to before me this ____ day of ____
____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ____ County ____ Court, by written order issued ____ and filed in ____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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, 2003, authorizing the marriage of Richard Scott Clendenny and Roberta Anne Chasteen.

I further certify that the following marriage certificate was filed in my office: I, Rev. Shirley L. Clark (name), certify that on September 13, 2003 (date), at New Winchester in Hendricks County, Indiana, Richard Scott Clendenny of Hendricks County, Indiana (state), and Roberta Anne Chasteen of Hendricks County, Indiana (state) were 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, 2003. Signed by: Rev. Shirley L. Clark, Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on September 23, 2003 (date).

Signed Sharon Deegan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 67
Page 497
7-22-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☐ Yes ☒
If No, Medical Examination or Report Dated _____
Name of Physician _____

MALE APPLICANT

Name: First Kenneth Middle Sterling Last Heiss

Date of Birth: Month 2 Day 26 Year 34

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 333 N. Jefferson St. City Danville County Hendricks State IN 46122

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1991

Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify)

Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. _____

6. (a) Full name of applicant's father Arch W. Heiss
   (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 Cordia Barnes
   (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 Kenneth S Heiss Sr Date 6-22-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks) I swear/affirm that the information given in this application is true and correct.

X Signed Kenneth S Heiss Sr
X New Address Same

Subscribed and sworn to before me this 22 day of July, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

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 Drew

Date of Birth: Month 11 Day 3 Year 37

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 333 N. Jefferson St. City Danville County Hendricks State IN 46122

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2

Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐ Date 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 Donald Dively
   (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 Bernadine Alice Atkins
   (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 Donna Drew Date 7/22/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks) I swear/affirm that the information given in this application is true and correct.

X Signed Donna Drew
X New Address 933 N. Jefferson St Danville IN

Subscribed and sworn to before me this 22 day of July, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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, 2003, authorizing the marriage of Kenneth Sterling Heiss Sr. and Donna Jean Drew.
I further certify that the following marriage certificate was filed in my office: I, Steven L. Newman (name), certify that on August 2, 2003 (date), at Danville in Hendricks County, Indiana, Kenneth Sterling Heiss Sr. of Hendricks County, Indiana (state), and Donna Jean Drew of Hendricks County, Indiana (state) were 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, 2003. Signed by: Steven L. Newman, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on August 8, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 67
Page 498
7-23-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage 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 Andrew Middle Eric Last Doolin

Date of Birth: Month 1 Day 16 Year 1980

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 10335 Carrington Way City Indpls County Hendricks State IN 46234

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages _____

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date _____

Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Keith Eric Doolin
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Cherie Lea O'Riley
   (If adopted, list adoptive parents only) _____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 E. Doolin Date 7/23/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 E. Doolin
New Address same as above
Subscribed and sworn to before me this 23 day of July 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

FEMALE APPLICANT

Name: First Renee Middle Christina Last Pierce

Date of Birth: Month 10 Day 24 Year 1979

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 10335 Carrington Way City Indpls. County Hendricks State IN 46234

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages _____

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date _____

Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Pierce
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Denise Georgette Pollander
   (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 ✗ Renee C Pierce Date 7/23/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed ✗ Renee C Pierce
New Address same as above
Subscribed and sworn to before me this 23 day of July 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.

A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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, 2003, authorizing the marriage of Andrew Eric Doolin and Renee Christina Pierce.
I further certify that the following marriage certificate was filed in my office: I, Vickie Kivett (name), certify that on August 9, 2003 (date), at Plainfield in Hendricks County, Indiana, Andrew Eric Doolin of Hendricks County, Indiana (state), and Renee Christina Pierce of Hendricks County, Indiana (state) were 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, 2003. Signed by: Vickie Kivett, Morgan Co. Clerk (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on August 14, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 67
Page 499
7-23-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☑ Yes ☐
If No, Medical Examination or Report Dated _____
Name of Physician DAVID HADLEY

MALE APPLICANT	FEMALE APPLICANT
Name: First DUSTIN Middle Lee Last MALICOAT	Name: First RACHAEL Middle ELIZABETH Last MCQUIGG
Date of Birth: Month 12 Day 31 Year 1980	Date of Birth: Month 5 Day 19 Year 1979
Place of Birth (State or foreign country) IN	Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. 6877 E. CO RD 900 N. City ROACHDALE County Putnam State IN	Residence Address: Street or R.R. 2211 CROWN PLAZA BLVD City PLAINFIELD County Hendricks State IN
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages _____	Previous Marital Status: Never Married ☑ OR No. of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date _____	Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date _____
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) 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. Ø	5. List the full names of any dependent children. Ø
6. (a) Full name of applicant's father William PAUL MALICOAT	6. (a) Full name of applicant's father DONALD WAYNE MCQUIGG
(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) OK
(b) Full maiden name of applicant's mother DEBRAH LYNN OVERBAY	(b) Full maiden name of applicant's mother Cynthia Leigh Bauer
(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) KY	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 _____ Date 7/23/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of 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 P.O. Box 151 ROACHDALE IN 46172

Subscribed and sworn to before me this _____ day of _____

Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of 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 Rachael E. McQuigg Date 7/23/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)

I swear/affirm that the information given in this application is true and correct.

X Signed Rachael E. McQuigg
New Address P.O. Box 151 ROACHDALE IN 46172

Subscribed and sworn to before me this _____ day of _____

Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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, 2003, authorizing the marriage of Dustin Lee Malicoat and Rachael Elizabeth McQuigg.

I further certify that the following marriage certificate was filed in my office: I, John P. Roof (name), certify that on September 6, 2003 (date), at Bainbridge in Putnam County, Indiana, Dustin Lee Malicoat of Putnam County, Indiana (state), and Rachael Elizabeth McQuigg of Hendricks County, Indiana (state) were 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, 2003. Signed by: John P. Roof, Priest (official designation) Filed and recorded in accordance with the laws of the State of Indiana on September 23, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 67
Page 500
1-24-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 1-23-03
Name of Physician David Dudley MD

MALE APPLICANT

Name: First Kelly Middle Edward Last Lewis
Date of Birth: Month 2 Day 20 Year 78
Place of Birth (State or foreign country) Arizona
Residence Address: Street or R.R. 3140 I/A Gardenview Ter City Danville County Hend State In 46122
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 2001
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Neil Lewis
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Georgia
   (b) Full maiden name of applicant's mother Pamela Kay Edmondson
   (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 Kelly Lewis Date 7-24-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Lewis
✗ New Address 3140 Gardenview Terrace Apt. A Danville In. 46122
Subscribed and sworn to before me this 24 day of July, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

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 May Last Smith
Date of Birth: Month 8 Day 9 Year 81
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 3140 I/A Gardenview Ter 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 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. Kymissa Stephenson
6. (a) Full name of applicant's father Larry 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 Alicia 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 Laurie Smith Date 7-24-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
✗ Signed Laurie Smith
✗ New Address same
Subscribed and sworn to before me this 24 day of July, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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, 2003, authorizing the marriage of Kelly Edward Lewis and Laurie May Smith.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on August 1, 2003 (date), at Danville in Hendricks County, Indiana, Kelly Edward Lewis of Hendricks County, Indiana (state), and Laurie May Smith of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 24, 2003. 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 8, 2003 (date).

Sharon Dugan
Signed _____ Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 67
Page 501
7-24-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 7-11-03
Name of Physician Dr Bovall

MALE APPLICANT

Name First: Joe Middle: Dwane Last: Brewer
Date of Birth Month: 9 Day: 27 Year: 75
Place of Birth (State or foreign country): Indiana
Residence Address: 1085 Baytowne Dr. Apt 22 Champaign Champaign IN
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Duvie's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Dwane Marvin 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 Harriet 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 Joe Brewer Date 7-24-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Joe Brewer
New Address
Subscribed and sworn to before me this 24 day of July 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of Hendricks)
Father ID #
Mother ID #
Subscribed and sworn to before me this day of
Clerk

FEMALE APPLICANT

Name First: Stephanie Middle: Diane Last: Stewart
Date of Birth Month: 06 Day: 16 Year: 79
Place of Birth (State or foreign country): Indiana
Residence Address: 1085 Baytowne Dr. Apt. 22 Champaign Champaign IN
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Duvie's

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Loren 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 Dorothy Marie Sales
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Stewart Date 7-24-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Stewart
New Address
Subscribed and sworn to before me this 24 day of July 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of Hendricks)
Father ID #
Mother ID #
Subscribed and sworn to before me this day of
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued and filed in , authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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, 2003, authorizing the marriage of Joe Dwane Brewer and Stephanie Diane Stewart.
I further certify that the following marriage certificate was filed in my office: I, Robert J. Hankee (name), certify that on July 26, 2003 (date), at Brownsburg in Hendricks County, Indiana, Joe Dwane Brewer of Champaign County, Illinois (state), and Stephanie Diane Stewart of Champaign 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 July 24, 2003. Signed by: Robert J. Hankee, Associate Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on August 1, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 67
Page 502
7.24.03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☑ Yes ☐ 7.22.03
If No, Medical Examination or Report Dated
Name of Physician ROBERT MOSER

MALE APPLICANT

Name: First DUSTIN Middle RYAN Last ABNEY
Date of Birth: Month 1 Day 20 Year 1982
Place of Birth (State or foreign country)
Residence Address: Street or R.R. 10660 TAMPICO CIR Apt 2C City CAMBY County HENDRICKS State IN
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) DRIVERS LICENSE

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☑ RX NARCS
5. List the full names of any dependent children. 0
6. (a) Full name of applicant's father Michael DEAN ABNEY
   (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 D. MERILL
   (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 Dustin Abney Date 7-24-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Abney
New Address 10660 TAMPICO CIR APT 2C CAMBY IN 46113
Subscribed and sworn to before me this 24 day of July 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

FEMALE APPLICANT

Name: First NATALIE Middle Lynn Last HAMM
Date of Birth: Month 5 Day 5 Year 1982
Place of Birth (State or foreign country) MS
Residence Address: Street or R.R. 10660 TAMPICO CIR Apt 2C City CAMBY County HENDRICKS State IN
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) DRIVERS LICENSE

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. 0
6. (a) Full name of applicant's father ANTONY DALE HAMM
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) GA
   Birthplace of father (State or foreign country) AL
   (b) Full maiden name of applicant's mother SHARON Lynn PETTIT
   (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 7-24-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 10660 TAMPICO CIR APT 2C CAMBY IN 46113
Subscribed and sworn to before me this 24 day of July 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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, 2003, authorizing the marriage of Dustin Ryan Abney and Natalie Lynn Hamm.
I further certify that the following marriage certificate was filed in my office: I, Garry L. Brackett (name), certify that on July 26, 2003 (date), at Indianapolis in Marion County, Indiana, Dustin Ryan Abney of Hendricks County, Indiana (state), and Natalie Lynn Hamm of Hendricks County, Indiana (state) were 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, 2003. Signed by: Garry L. Brackett, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on August 1, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 67
Page 503
7-24-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 7-23-03
Name of Physician David Hadley MD

MALE APPLICANT

Name: First Michael Middle James Last Schultz
Date of Birth: Month 5 Day 17 Year 79
Place of Birth (State or foreign country) Hawaii
Residence Address: Street or R.R. 1162 Dorigal Ln City Barrington County Lake St. Illinois 60010
Previous Marital Status: 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 Dr. License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Calvin Schultz
   (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 Martha Josephine Lekrew
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Illinois
   Birthplace of mother (State or foreign country) Illinois

FEMALE APPLICANT

Name: First Beth Middle Ellen Last Kidwell
Date of Birth: Month 7 Day 17 Year 80
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1406 Northridge Dr. City Danville County Hendricks State Indiana 46122
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Ross Kidwell
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Victoria Helen Thompson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Maryland

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

✗ Signature of Applicant Michael Schultz Date July 24 2003

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Schultz
✗ New Address 1406 Northridge Dr., Danville
Subscribed and sworn to before me this 24 day of July, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

✗ Signature of Applicant Beth E Kidwell Date 7-24-2003

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Kidwell
✗ New Address Same
Subscribed and sworn to before me this 24 day of July, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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, 2003, authorizing the marriage of Michael James Schultz and Beth Ellen Kidwell.
I further certify that the following marriage certificate was filed in my office: I, Robert L. Cannon (name), certify that on July 26, 2003 (date), at Danville in Hendricks County, Indiana, Michael James Schultz of Lake County, Indiana (state), and Beth Ellen Kidwell of Hendricks County, Indiana (state) were 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, 2003. Signed by: Robert L. Cannon, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on August 1, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 67
Page 504
7-25-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☑ Yes ☐
If No, Medical Examination or Report Dated 6-12-01
Name of Physician M. Blakemore

MALE APPLICANT

Name First RYAN Middle Scott Last DECKER
Date of Birth Month 7 Day 9 Year 1974
Place of Birth (State or foreign country) IN
Residence Address Street or R.R. 1099 S. HOPE 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 female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 POLSON

6. (a) Full name of applicant's father JOHN F. DECKER
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state)
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother DONNA Lee Lough
   (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 ✕ Ryan S Decker Date 7/25/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 S Decker
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 SABRENA Middle Gene Last POLSON
Date of Birth Month 6 Day 17 Year 1975
Place of Birth (State or foreign country)
Residence Address Street or R.R. 1099 S. Hope DR. City AVON County HENDRICKS State IN
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) DRIVERS License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. MADISON POLSON
   RIKKI NIBLACK

6. (a) Full name of applicant's father RICKY Gene POLSON
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state)
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother CINDY Lee Bergen
   (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 ✕ Sabrena Polson Date 7/25/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks) I swear/affirm that the information given in this application is true and correct.
Signed ✕ Sabrena Polson
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 25, 2003, authorizing the marriage of Ryan Scott Decker and Sabrena Gene Polson.
I further certify that the following marriage certificate was filed in my office: I, Rev. George W. Curry (name), certify that on August 2, 2003 (date), at Brownsburg in Hendricks County, Indiana, Ryan Scott Decker of Hendricks County, Indiana (state), and Sabrena Gene 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 July 25, 2003. Signed by: Rev. George W. Curry, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on August 8, 2003 (date).

Sharon Dugan
Signed _____ Clerk
Hendricks Circuit Court

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 67
Page 505
7-28-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 7-1-03
Name of Physician David Hadley MD

MALE APPLICANT

Name: First Jackie Middle Harold Last Parsley II
Date of Birth: Month 7 Day 14 Year 79
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 616 Woodberry Dr City Danville County Hend. St IN 46122
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) 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 Jackie Harold Parsley 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 Shari Lynn Gordon
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name: First Tiffany Middle Marie Last Pineda
Date of Birth: Month 1 Day 25 Year 83
Place of Birth (State or foreign country) Florida
Residence Address: Street or R.R. 616 Woodberry Dr. City Danville County Hend. St IN 46122
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Guillermo Pineda
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Cuba
   (b) Full maiden name of applicant's mother Susan Marie Walton
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that 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 7/28/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 SAME
Subscribed and sworn to before me this 28 day of July, 2003
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 _____ Date 7-28-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 SAME
Subscribed and sworn to before me this 28 day of July, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.

A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 28, 2003, authorizing the marriage of Jackie Harold Parsley II and Tiffany Marie Pineda.
I further certify that the following marriage certificate was filed in my office: I, Stephen White (name), certify that on August 2, 2003 (date), at Plainfield in Hendricks County, Indiana, Jackie Harold Parsley II of Hendricks County, Indiana (state), and Tiffany Marie Pineda of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 28, 2003. Signed by: Stephen White, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on August 14, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 67
Page 506
7-28-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 5-27-03
Name of Physician Mary Elizabeth Sapp, MD

MALE APPLICANT

Name: First Benito Middle — Last Conde Jr.
Date of Birth: Month 9 Day 19 Year 75
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 9321 Amberleigh Dr. City Plainfield County Hend. State IN 46168
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. 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 Andra Dominguez
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Mexico 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 Benito Conde Jr. Date 7/28/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court ____ Date ____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
X Signed Benito Conde Jr.
X New Address SAME
Subscribed and sworn to before me this 28 day of July, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____

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 Elan Last Hunt
Date of Birth: Month 10 Day 23 Year 74
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 9321 Amberleigh Dr. City Plainfield County Hend. State IN 46168
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children Aaron Joshua Conde, Brian Gabriel Hunt
6. (a) Full name of applicant's father Joe David 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).
X Signature of Applicant Andrea E Hunt Date 7-28-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 E Hunt
X New Address Same
Subscribed and sworn to before me this 28 day of July, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____

State of Indiana)
County of Hendricks)
Father ____ ID # ____
Mother ____ ID # ____
Subscribed and sworn to before me this ____ day of ____
____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ____ County ____ Court, by written order issued ____ and filed in ____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 28, 2003, authorizing the marriage of Benito Conde and Andrea Elan Hunt.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on July 28, 2003 (date), at Danville in Hendricks County, Indiana, Benito Conde of Hendricks County, Indiana (state), and Andrea Elan Hunt of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 28, 2003. 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 1, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 67
Page 507
7-28-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 7-24-03
Name of Physician Ronald Stegmoller

MALE APPLICANT

Name: First Paul Middle Glen Last Smith
Date of Birth: Month 6 Day 26 Year 81
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 4179 S. Co Rd. 475 W. 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 David 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 Kathleen Danielson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that 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 7-28-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed [signature]
New Address same
Subscribed and sworn to before me this 28 day of July, 2003
Sharon Duggan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

FEMALE APPLICANT

Name: First Christina Middle Kay Last Shute
Date of Birth: Month 6 Day 3 Year 82
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 4179 S. Co Rd 475 W. 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 John K. Shute
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Lynda Kay Alley
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
X Signature of Applicant Christina K. Shute Date 7-28-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Christina K. Shute
New Address same
Subscribed and sworn to before me this 28 day of July, 2003
Sharon Duggan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 28, 2003, authorizing the marriage of Paul Glen Smith and Christina Kay Shute.
I further certify that the following marriage certificate was filed in my office: I, Rodger Ward (name), certify that on August 2, 2003 (date), at Coatesville in Hendricks County, Indiana, Paul Glen Smith of Hendricks County, Indiana (state), and Christina Kay Shute of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 28, 2003. Signed by: Rodger Ward, Pastor (official designation) Filed and recorded in accordance with the laws of the State of Indiana on September 23, 2003 (date).

Signed Sharon Duggan Clerk
Hendricks Circuit Court

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 67
Page 508
7-28-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 7-22-03
Name of Physician Gregory Oliver

MALE APPLICANT

Name: First Michael Middle David Last Letourneau Jr.
Date of Birth: Month 4 Day 26 Year 76
Place of Birth (State or foreign country): North Carolina
Residence Address: Street or R.R. 751 Green Ridge Dr. E Apt D 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 Michael David Letourneau Sr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Pennsylvania
   (b) Full maiden name of applicant's mother Linda Lee Hazzard
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Massachusetts

FEMALE APPLICANT

Name: First Angela Middle Nicole Last Newport
Date of Birth: Month 10 Day 26 Year 79
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 6998 B Park 42 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 Gary Wayne Newport.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Cynthia Ann Liddell
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Letourneau Jr. Date 7/28/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Letourneau Jr.
✗ New Address Same

Subscribed and sworn to before me this 28 day of July 2003
Sharon Degan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

✗ Signature of Applicant Angela Newport Date 7/28/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)

I swear/affirm that the information given in this application is true and correct.

✗ Signed Angela Newport
✗ New Address 751 Greenridge Pkwy Drive E Apt D Brownsburg IN 46112

Subscribed and sworn to before me this 28 day of July 2003
Sharon Degan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 28, 2003, authorizing the marriage of Michael David Letourneau Jr. and Angela Nicole Newport.
I further certify that the following marriage certificate was filed in my office: I, Matthew Mehaffey (name), certify that on August 9, 2003 (date), at Indianapolis in Marion County, Indiana, Michael David Letourneau of Jr. Hendricks County, Indiana (state), and Angela Nicole Newport of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 28, 2003. Signed by: Matthew Mehaffey, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on August 14, 2003 (date).

Signed Sharon Degan Clerk
Hendricks Circuit Court

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 67
Page 509
7-28-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 6-27-03
Name of Physician D. Moreland

MALE APPLICANT

Name: First Craig Middle Anthony Last Seiwert
Date of Birth: Month 4 Day 19 Year 75
Place of Birth (State or foreign country) Illinois
Residence Address: Street or R.R. 203 Brixton Woods W. Dr. City Pittsboro County Hendricks State IN 46167
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Peter Seiwert
   (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 Marilyn Ann Gospel
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Kentucky

FEMALE APPLICANT

Name: First Shawn Middle Emery Last Windisch
Date of Birth: Month 4 Day 13 Year 77
Place of Birth (State or foreign country) Arizona
Residence Address: Street or R.R. 12500 Bentley Blvd City Fishers County Hamilton State IN 46038
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. ____
6. (a) Full name of applicant's father Donald Albert Windisch
   (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 Doreat Patricia Kyff
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   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 Craig A. Seiwert Date 7/28/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 A. Seiwert
X New Address same
Subscribed and sworn to before me this 28 day of July, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of 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 Shawn E. Windisch Date 7/28/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court ____ Date ____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
X Signed Shawn E. Windisch
X New Address 203 Brixton Woods W. Dr. Pittsboro IN 46167
Subscribed and sworn to before me this 28 day of July, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____

State of Indiana)
County of Hendricks)
Father ____ ID # ____
Mother ____ ID # ____
Subscribed and sworn to before me this ____ day of ____
____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ____ County ____ Court, by written order issued ____ and filed in ____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 28, 2003, authorizing the marriage of Craig Anthony Seiwert and Shawn Emery Windisch.
I further certify that the following marriage certificate was filed in my office: I, Paul Koetter (name), certify that on August 9, 2003 (date), at Indianapolis in Marion County, Indiana, Craig Anthony Seiwert of Hendricks County, Indiana (state), and Shawn Emery Windisch of Hamilton County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 28, 2003. Signed by: Paul Koetter, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on August 14, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 67
Page 510
7-29-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐ 7-24-03
If No, Medical Examination or Report Dated
Name of Physician Dr. Johnston

MALE APPLICANT	FEMALE APPLICANT
Name: First Michael Middle Brandon Last Willard	Name: First Kelli Middle Rae Last Brosius
Date of Birth: Month 7 Day 20 Year 75	Date of Birth: Month 8 Day 18 Year 80
Place of Birth (State or foreign country) Indiana	Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 2330 N CR 225 E City Danville County Hend State IN 46122	Residence Address: Street or R.R. 2330 N CR 225 E City Danville County Hend State IN 46122
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages	Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 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) 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. Jordan Austin Euliss
6. (a) Full name of applicant's father James Allen Willard	6. (a) Full name of applicant's father Glen Scott Brosius
(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 Pat Joanne Bireif	(b) Full maiden name of applicant's mother Debra Ann Peters
(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: Michael B Willard Date 7/29/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)

I swear/affirm that the information given in this application is true and correct.

Signed: Michael B Willard
New Address: Same

Subscribed and sworn to before me this 29 day of July, 2003

Sharon Dugan, Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of 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: Kelli Brosius Date 7-29-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)

I swear/affirm that the information given in this application is true and correct.

Signed: Kelli Brosius
New Address: Same

Subscribed and sworn to before me this 29 day of July, 2003

Sharon Dugan, Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)

Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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, 2003, authorizing the marriage of Michael Brandon Willard and Kelli Rae Brosius.

I further certify that the following marriage certificate was filed in my office: I, Sharon Dugan (name), certify that on September 20, 2003 (date), at Danville in Indiana County, Indiana, Michael Brandon Willard of Hendricks County, Indiana (state), and Kelli Rae Brosius of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 29, 2003. Signed by: Sharon Dugan, Hendricks County Clerk (official designation) Filed and recorded in accordance with the laws of the State of Indiana on September 29, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 67
Page 511
7-30-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 7-1-03
Name of Physician Hudnut Hobbs MD

MALE APPLICANT

Name: First John Middle Michael Last Cowley
Date of Birth: Month 6 Day 1 Year 76
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 10798 Glenays 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 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. Kaylee Cowley
6. (a) Full name of applicant's father James Edward Cowley
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Debra Kay Eldridge
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name: First Courtney Middle Howlett Last Borud
Date of Birth: Month 7 Day 26 Year 77
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 10798 Glenays Dr. City Camby County Hend State IN 46113
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Bruce K. Borud
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Maryland
   (b) Full maiden name of applicant's mother Cheryl M. Howlett
   (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 7-30-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 July, 2003
Sharon Deegan 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 Courtney Borud Date 7-30-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)

I swear/affirm that the information given in this application is true and correct.

✗ Signed Courtney Borud
✗ New Address same

Subscribed and sworn to before me this 30 day of July, 2003
Sharon Deegan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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, 2003, authorizing the marriage of John Michael Cowley and Courtney Howlett Borud.
I further certify that the following marriage certificate was filed in my office: I, Philip Gulley (name), certify that on September 13, 2003 (date), at Camby in Hendricks County, Indiana, John Michael Cowley of Hendricks County, Indiana (state), and Courtney Howlett Borud of Hendricks County, Indiana (state) were 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, 2003. Signed by: Philip Gulley, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on September 23, 2003 (date).

Signed Sharon Deegan Clerk
Hendricks Circuit Court

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 607
Page 512
7-30-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 7-22-03
Name of Physician Donald Johnson MD

MALE APPLICANT

Name: First Andrew Middle Jay Last Hall
Date of Birth: Month 8 Day 27 Year 79
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 70 N. High Street 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 Wilson Jay Hall
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Debra Jean Hopman
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Hall Date 7-30-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Hall
New Address Same
Subscribed and sworn to before me this 30 day of July, 2003
Sharon Duggan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

FEMALE APPLICANT

Name: First Angela Middle Robin Last Northcutt
Date of Birth: Month 4 Day 2 Year 80
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 70 N. High St. City Danville County Hend State IN 46122
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father William Northcutt
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Starlet Joyce Fitzpenmons
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Northcutt Date 7-30-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Angela Northcutt
New Address Same
Subscribed and sworn to before me this 30 day of July, 2003
Sharon Duggan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 30, 2003, authorizing the marriage of Andrew Jay Hall and Angela Robin Northcutt.
I further certify that the following marriage certificate was filed in my office: I, William Sampen (name), certify that on August 23, 2003 (date), at Plainfield in Hendricks County, Indiana, Andrew Jay Hall of Hendricks County, Indiana (state), and Angela Robin Northcutt of Hendricks County, Indiana (state) were 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, 2003. Signed by: William Sampen, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on August 28, 2003 (date).

Signed Sharon Duggan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 67
Page 513
7-30-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 5-15-03
Name of Physician Ronald Stegemoller

MALE APPLICANT

Name: First Christopher Middle S. Last Plummer
Date of Birth: Month 10 Day 9 Year 79
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1971 Acorn 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 Robert 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 Donna R. Stowalter
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Kentucky

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant [signature] Date 7-30-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
X Signed [signature]
New Address Same
Subscribed and sworn to before me this 30 day of July, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

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 Nicole Last Mayfield
Date of Birth: Month 4 Day 3 Year 81
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1971 Acorn 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 Leonard C. Mayfield
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Kentucky
   (b) Full maiden name of applicant's mother Debra L. Weston
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Iowa

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant Brooke Mayfield Date 7-30-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
X Signed Brooke Mayfield
X New Address Same
Subscribed and sworn to before me this 30 day of July, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of Hendricks)
Father ID #
Mother ID #
Subscribed and sworn to before me this day of
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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, 2003, authorizing the marriage of Christopher S. Plummer and Brooke Nicole Mayfield.
I further certify that the following marriage certificate was filed in my office: I, Christopher Daum (name), certify that on August 9, 2003 (date), at Plainfield in Hendricks County, Indiana, Christopher S. Plummer of Hendricks County, Indiana (state), and Brooke Nicole Mayfield of Hendricks County, Indiana (state) were 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, 2003. Signed by: Christopher Daum, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on August 18, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 67
Page 514
8-4-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☑ Yes ☐
If No, Medical Examination or Report Dated 1-17-03
Name of Physician Dr. Erin Clark

MALE APPLICANT

Name: First Eugene Middle O Last Moebius
Date of Birth: Month September Day 6 Year 1953
Place of Birth (State or foreign country) Ohio
Residence Address: Street or R.R. 8204 Portside Drive City Avon County Hendricks State Indiana
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 1997
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Eugene Debs Moebius, Brian Michael Moebius, Jonathon Joseph Moebius
6. (a) Full name of applicant's father Eugene D Moebius
   (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 Ena Fontana
   (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] Date 8/4/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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]
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 Martina Middle Last Thunig
Date of Birth: Month April Day 30 Year 1970
Place of Birth (State or foreign country) Germany
Residence Address: Street or R.R. 8204 Portside Drive City Avon County Hendricks State Indiana
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date _____
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. _____
6. (a) Full name of applicant's father Manfred Thunig
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Germany
   Birthplace of father (State or foreign country) Germany
   (b) Full maiden name of applicant's mother Christa Schleusleer
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Germany
   Birthplace of mother (State or foreign country) Germany

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
X [signature] Date 8/4/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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]
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 4, 2003, authorizing the marriage of Eugene Otto Moebius and Martina Thunig.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on August 4, 2003 (date), at Danville in Hendricks County, Indiana, Eugene Otto Moebius of Hendricks County, Indiana (state), and Martina Thunig of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August 4, 2003. 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 8, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 67
Page 515
7-31-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 7-25-03
Name of Physician Mark Stein

MALE APPLICANT

Name: First Benjamin Middle Michael Last Curtiss
Date of Birth: Month September Day 26 Year 1977
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 15 Corkwood Ct. City B. Burg 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 Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Michael John Curtiss
   (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 Penny Blake Palmer
   (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 Benjamin M. Curtiss Date 7-31-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Benjamin M. Curtiss
New Address 317 Douglas Beach, Bay City, MI 48706
Subscribed and sworn to before me this 31st day of July 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

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 Susan Last Royston
Date of Birth: Month October Day 23 Year 1977
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 317 Donahue Beach Dr. City Bay City County Bay State MI
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) Michigan Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. N/A
6. (a) Full name of applicant's father Donald Arthur Royston
   (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 Susan Louise Ulm
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Royston Date 7/31/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Jennifer S Royston
New Address same
Subscribed and sworn to before me this 31st day of July 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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, 2003, authorizing the marriage of Benjamin Michael Curtiss and Jennifer Susan Royston.
I further certify that the following marriage certificate was filed in my office: I, Rev. Dr. Jean Wilson (name), certify that on August 2, 2003 (date), at Indianapolis in Marion County, Indiana, Benjamin Michael Curtiss of Hendricks County, Indiana (state), and Jennifer Susan Royston of Bay County, Michigan (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 31, 2003. Signed by: Rev. Dr. Jean Wilson, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on August 26, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 67
Page 516
7-31-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☑ Yes ☐
If No, Medical Examination or Report Dated 7-30-03
Name of Physician John Unison

MALE APPLICANT	FEMALE APPLICANT
Name First: Adam Middle: John Last: Lounder	Name First: Penny Middle: Faye Last: Lounder
Date of Birth Month: 6 Day: 15 Year: 73	Date of Birth Month: 10 Day: 1 Year: 66
Place of Birth (State or foreign country): Pa	Place of Birth (State or foreign country): Indiana
Residence Address: 1974 Cobblespring Dr. Avon Hendricks IN 46123	Residence Address: 1974 Cobblespring Dr Avon Hendricks IN 46123
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages: 1	Previous Marital Status: Never Married ☐ OR No. of Previous Marriages: 4
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date: 2003	Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date: 2003
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Driver's License	Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Drivers License
1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐	1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐	If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐	2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐	3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐	4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Adam Joseph Lounder	5. List the full names of any dependent children. Aaron Knight, Jacob Cadwell, Adam Joseph Lounder
6. (a) Full name of applicant's father: John Lounder	6. (a) Full name of applicant's father: Bill Roell
(If adopted, list adoptive parents only):	(If adopted, list adoptive parents only):
Residence of father (if deceased, so state): Pa	Residence of father (if deceased, so state): Indiana
Birthplace of father (State or foreign country): Pa	Birthplace of father (State or foreign country): Indiana
(b) Full maiden name of applicant's mother: Cindy Mazer	(b) Full maiden name of applicant's mother: Janet Sue Abbott
(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): Pa	Birthplace of mother (State or foreign country): Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Lounder Date: 7-31-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk 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 Lounder
✗ New Address: Same

Subscribed and sworn to before me this 31 day of July, 2003

Sharon Dugan — Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of 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: Penny Lounder Date: 7-31-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)

I swear/affirm that the information given in this application is true and correct.

✗ Signed: Penny Lounder
✗ New Address: Same

Subscribed and sworn to before me this 31 day of July, 2003

Sharon Dugan — Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)

Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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, 2003, authorizing the marriage of Adam John Lounder and Penny Faye Lounder.

I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on July 31, 2003 (date), at Danville in Hendricks County, Indiana, Adam John Lounder of Hendricks County, Indiana (state), and Penny Faye Lounder of Hendricks County, Indiana (state) were 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, 2003. 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 1, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 67
Page 511
7-31-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐ 7-23-03
If No, Medical Examination or Report Dated
Name of Physician Dr. William Gilkerson

MALE APPLICANT

Name: First Paul Middle Edwin Last Gossett
Date of Birth: Month 2 Day 26 Year 75
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1258 Spring Lake Dr. 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) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father John David Gossett
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Sandra Jean Hersh
   (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 Sabrina Middle Ann Last Shinkle
Date of Birth: Month 10 Day 11 Year 77
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 3435 Chamberlin Dr. City Indpls County Marion State IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 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. Noah Shinkle
6. (a) Full name of applicant's father Bill Edwin Shinkle
   (If adopted, list adoptive parents only)
   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 Joanne Bolt
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 E. Gossett Date 7-31-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 E. Gossett
New Address 1258 Spring Lake Dr. Brownsburg, IN 46112
Subscribed and sworn to before me this 31 day of July 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of 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 Sabrina Ann Shinkle Date 7-31-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Ann Shinkle
New Address 1358 Spring Lake Dr Brownsburg, IN 46112
Subscribed and sworn to before me this 31 day of July 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of Hendricks)
Father ID #
Mother ID #
Subscribed and sworn to before me this day of
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued and filed in , authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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, 2003, authorizing the marriage of Paul Edwin Gossett and Sabrina Ann Shinkle.
I further certify that the following marriage certificate was filed in my office: I, Jim Teller (name), certify that on August 16, 2003 (date), at Greenwood in Indiana County, Indiana, Paul Edwin Gossett of Hendricks County, Indiana (state), and Sabrina Ann Shinkle of Marion County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 31, 2003. Signed by: Jim Teller, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on August 26, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 67
Page 318
7-31-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 5-1-03
Name of Physician Ludmila Hammell

MALE APPLICANT

Name: First Eugene; Middle Richard; Last Paxton
Date of Birth: Month 10; Day 16; Year 59
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 1033 E. Washington St.; City Indpls; County Marion; State In 46202
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 3
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 2000
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) 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. John Mallory
6. (a) Full name of applicant's father Eugene Richard Paxton
   (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 Childress
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name: First Ann; Middle Susan; Last White
Date of Birth: Month 3; Day 18; Year 57
Place of Birth (State or foreign country): Maryland
Residence Address: Street or R.R. 5754 Fontaine Lane; City B'Burg; County Hend; State In 46112
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 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 Millard J. Mulligan
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Maryland
   (b) Full maiden name of applicant's mother Velva Maria Barnhart
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Maryland

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

✗ Signature of Applicant Eugene Paxton Date 7/31/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
✗ Signed Eugene Paxton
✗ New Address 5554 Fontaine Lane Brownsburg
Subscribed and sworn to before me this 31 day of July, 2003
Sharon Degan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

✗ Signature of Applicant Ann S White Date 7/31/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 S White
✗ New Address 5554 Fontaine Lane Brownsburg
Subscribed and sworn to before me this 31 day of July, 2003
Sharon Degan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 31, 2003, authorizing the marriage of Eugene Richard Paxton and Ann Susan White.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on July 31, 2003 (date), at Danville in Hendricks County, Indiana, Eugene Richard Paxton of Hendricks County, Indiana (state), and Ann Susan 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 31, 2003. 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 1, 2003 (date).

Signed Sharon Degan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 67
Page 519
7-31-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐ If No, Medical Examination or Report Dated 7-31-03
Name of Physician Dr. David Gaddy

MALE APPLICANT

Name: First Jeffrey Middle David Last Moyer
Date of Birth: Month 10 Day 9 Year 1962
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1103 N. Plainview St. City Indpls. County Marion State IN 46224
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 5/00
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Moyer
   (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 Lois Carol Buerdiger
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Minnesota

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Jeffrey David Moyer Date 7/31/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 David Moyer
New Address SAME
Subscribed and sworn to before me this 31 day of July 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this __ day of _____
_____ Clerk

FEMALE APPLICANT

Name: First Elaine Middle Sue Last Jacobs
Date of Birth: Month 12 Day 10 Year 1971
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 9774 E. Co Rd 200 N 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 8/02
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 male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Katelyn Jacobs
6. (a) Full name of applicant's father Barry Butler
   (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 Grace Hines
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Elaine Sue Jacobs Date 7/31/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Elaine Sue Jacobs
New Address Same As This
Subscribed and sworn to before me this 31 day of July 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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, 2003, authorizing the marriage of Jeffrey David Moyer and Elaine Sue Jacobs.
I further certify that the following marriage certificate was filed in my office: I, Rev. C. J. Gibson (name), certify that on September 20, 2003 (date), at Plainfield in Hendricks County, Indiana, Jeffrey David Moyer of Marion County, Indiana (state), and Elaine Sue Jacobs of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 31, 2003. Signed by: Rev. C. J. Gibson, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 2, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 67
Page 520
7-31-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage 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 Bobby Middle Archie Last Mills
Date of Birth: Month 11 Day 2 Year 58
Place of Birth (State or foreign country): Arkansas
Residence Address: Street or R.R. 1142 Blue Bird Dr 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 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 Murry Corbin
   (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 Sarah Darcy
   (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 Bobby A Mills Date 7-31-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
✗ Signed Bobby A Mills
✗ New Address same
Subscribed and sworn to before me this 31 day of July, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

FEMALE APPLICANT

Name: First Patricia Middle Ann Last Gaines
Date of Birth: Month 1 Day 19 Year 51
Place of Birth (State or foreign country): Arkansas
Residence Address: Street or R.R. 1142 Blue Bird Dr 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 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 Fred Sibert
   (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 Margaret Lone
   (If adopted, list adoptive parents only) _____
   Residence of mother (if deceased, so state) Michigan
   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 Patricia A. Gaines Date 3/31/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
✗ Signed Patricia A. Gaines
✗ New Address same
Subscribed and sworn to before me this 31 day of July, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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, 2003, authorizing the marriage of Bobby Archie Mills and Patricia Ann Gaines.
I further certify that the following marriage certificate was filed in my office: I, Cedric Perry (name), certify that on August 23, 2003 (date), at Indianapolis in Marion County, Indiana, Bobby Archie Mills of Hendricks County, Indiana (state), and Patricia Ann Gaines of Hendricks County, Indiana (state) were 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, 2003. Signed by: Cedric Perry, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on August 28, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 67
Page 521
7-31-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☑ Yes ☐ 7-11-03
If No, Medical Examination or Report Dated _____
Name of Physician SUSAN MURPHY

MALE APPLICANT

Name: First JASON Middle ANDREW Last STALEY
Date of Birth: Month 4 Day 7 Year 1971
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. 10 GRAFTON COURT City BROWNSBURG County HENDRICKS State IN
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date _____
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify)
DRIVERS LICENSE

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Ø
6. (a) Full name of applicant's father DAVID WALTER STALEY
   (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 KAY TABLER
   (If adopted, list adoptive parents only) _____
   Residence of mother (if deceased, so state) IN
   Birthplace of mother (State or foreign country) KY

FEMALE APPLICANT

Name: First REBECCA Middle ANN Last HAYES
Date of Birth: Month 5 Day 19 Year 1969
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. 2461 HARVEST WAY APT D City PLAINFIELD County HENDRICKS State IN
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date _____
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify)
DRIVERS LICENSE

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Ø
6. (a) Full name of applicant's father VERNON RAY HAYES
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) IN
   Birthplace of father (State or foreign country) NEW MEXICO
   (b) Full maiden name of applicant's mother CLYDETTE COFFEY
   (If adopted, list adoptive parents only) _____
   Residence of mother (if deceased, so state) IN
   Birthplace of mother (State or foreign country) KY

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Jason A. Staley Date 7/31/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 A. Staley
New Address SAME
Subscribed and sworn to before me this 31 day of JULY 2003
Sharon Dugan
Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of 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 Rebecca Hayes Date 7/31/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Hayes
New Address 10 Grafton Ct. Brownsburg, IN 46112
Subscribed and sworn to before me this 31 day of JULY 2003
Sharon Dugan
Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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, 2003, authorizing the marriage of Jason Andrew Staley and Rebecca Ann Hayes.
I further certify that the following marriage certificate was filed in my office: I, Don Townsend (name), certify that on September 1, 2003 (date), at Indianapolis in Marion County, Indiana, Jason Andrew Staley of Hendricks County, Indiana (state), and Rebecca Ann Hayes of Hendricks County, Indiana (state) were 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, 2003. Signed by: Don Townsend, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on September 4, 2003 (date).

Sharon Dugan
Signed _____ Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 67
Page 522
8-1-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 7-9-03
Name of Physician Karen Beard MD

MALE APPLICANT

Name: First Jarrod Middle Ray Last Harvey
Date of Birth: Month 4 Day 11 Year 67
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 9121 Southernwood Way City Indpls County Marion State IN 46234
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date 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. Jarrit K. Harvey

6. (a) Full name of applicant's father Donald Ray Harvey
   (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 Jenise Elaine Ricks
   (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 Kellijo Middle Last Madison
Date of Birth: Month 11 Day 3 Year 72
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 570 Sunmeadow Ln City Avon County Hendricks State IN 46123
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 2001
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 M. Madison, Makenna S. Madison

6. (a) Full name of applicant's father Wilburn Cecil Smith
   (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 Betty Priscilla Hill
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Tennessee

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
✗ Signature of Applicant Jarrod R. Harvey Date 01 Aug 03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
✗ Signed Jarrod Harvey
✗ New Address 570 Sunmeadow Lane Avon, IN 46123
Subscribed and sworn to before me this 1 day of August, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of 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 Kellijo Madison Date Aug. 1, 2003

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
✗ Signed Kellijo Madison
✗ New Address 570 Sunmeadow Lane Avon, In. 46123
Subscribed and sworn to before me this 1 day of August 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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, 2003, authorizing the marriage of Jarrod Ray Harvey and Kellijo Madison.
I further certify that the following marriage certificate was filed in my office: I, Ron J. Bontrager (name), certify that on September 26, 2003 (date), at Indianapolis in Marion County, Indiana, Jarrod Ray Harvey of Marion County, Indiana (state), and Kellijo Madison of Hendricks County, Indiana (state) were 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, 2003. Signed by: Ron J. Bontrager, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 2, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

Book 67
Page 523
8-1-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 7-29-03
Name of Physician M.S. Kunig MD

MALE APPLICANT

Name: First Joseph Middle Anthony Last Carter II
Date of Birth: Month 7 Day 7 Year 80
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 9449 E. CR 400 N City B'Burg County Hend State In 46112
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Joseph A. Carter
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Jan Marie Owens
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant Joseph A Carter II Date 8-01-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
X Signed Joseph A Carter II
New Address 2028 Country Xing
Subscribed and sworn to before me this 1 day of August, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

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 Marie Last Hoffman
Date of Birth: Month 10 Day 7 Year 80
Place of Birth (State or foreign country) New York
Residence Address: Street or R.R. 8804 Woodpoint Circle City Indpls County Marion State In 46234
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Jordan Russ
6. (a) Full name of applicant's father George Adam Hoffman III
   (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 Laura Evelyn Hess
   (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 Jessica M. Hoffman Date 8/1/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 M. Hoffman
New Address 2028 Country Crossing Indpls 46214
Subscribed and sworn to before me this 1 day of August, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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, 2003, authorizing the marriage of Joseph Anthony Carter II and Jessica Marie Hoffman.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on August 1, 2003 (date), at Danville in Hendricks County, Indiana, Joseph Anthony Carter II of Hendricks County, Indiana (state), and Jessica Marie Hoffman of Marion County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August 1, 2003. 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 8, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 67
Page 524
8-4-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☑ Yes ☐ 7-16-03
If No, Medical Examination or Report Dated
Name of Physician S. UYAS

MALE APPLICANT

Name: First Adam Middle Lee Last Stroutd

Date of Birth: Month 8 Day 28 Year 79

Place of Birth (State or foreign country) Ohio

Residence Address: Street or R.R. 603 Woodberry Dr. City Danville County Hend State In 46122

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date

Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify)

DRIVERS LICENSE

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. -0-

6. (a) Full name of applicant's father Gerald Douglas STROUTH
   (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 NANCY YVONNE FRALEY
   (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).

X Signature of Applicant Adam Lee Stroutd Date 8/4/2003

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
X Signed Adam Lee Stroutd
New Address SAME AS ABOVE
Subscribed and sworn to before me this 4 day of AUGUST 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

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 DYAN Last Rosenbalm

Date of Birth: Month 7 Day 15 Year 1982

Place of Birth (State or foreign country) MI

Residence Address: Street or R.R. 4215 W.C.R. 400S. City DANVILLE County HENDRICKS State IN

Previous Marital Status: Never Married ☑ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify)

DRIVERS LICENSE

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. -0-

6. (a) Full name of applicant's father TERRY Lee Rosenbalm
   (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 ANN WARD
   (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).

X Signature of Applicant Tiffany D. Rosenbalm Date 8/4/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 D. Rosenbalm
New Address 603 Woodberry DR. DANville IN 46122
Subscribed and sworn to before me this 4 day of AUGUST 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of Hendricks)
Father ID #
Mother ID #
Subscribed and sworn to before me this day of
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued and filed in , authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August 4, 2003, authorizing the marriage of Adam Lee Strouth and Tiffany Dyan Rosenbalm.
I further certify that the following marriage certificate was filed in my office: I, Stevan W. Ranson (name), certify that on August 9, 2003 (date), at Clayton in Hendricks County, Indiana, Adam Lee Strouth of Hendricks County, Indiana (state), and Tiffany Dyan Rosenbalm of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August 4, 2003. Signed by: Stevan W. Ranson, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on August 18, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Book 67
Page 525
8-4-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 7-14-03
Name of Physician H. Saudreau MD

MALE APPLICANT

Name: First Aaron Middle Michael Last Lawson
Date of Birth: Month 5 Day 18 Year 83
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 600 Beaumont Circle Apt # H City B'Burg County Hend State Ind 46112
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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) Steven Michael Lawson
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Brenda Lynn Williams
   (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 Holly Middle Nicole Last Adams
Date of Birth: Month 1 Day 20 Year 87
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 9655 E. CoRd 1000 N. City B'Burg County Hend State Ind 46112
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 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 Patricia Marie Easley
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

✗ Signature of Applicant Aaron M. Lawson Date 8-4-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court ____ Date ____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
✗ Signed Aaron M. Lawson
✗ New Address Same
Subscribed and sworn to before me this 4 day of August, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of 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 Holly N. Adams Date 8-4-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court ____ Date ____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
✗ Signed Holly N. Adams
✗ New Address 9655 ~~BEAU~~ BEAUMONT CIRCLE, APT. H.
Subscribed and sworn to before me this 4 day of August, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____

State of Indiana)
County of Hendricks)
Father ____ ID # ____
✗ Mother Patricia M. Adams ID # 315-58-1750
Subscribed and sworn to before me this 4 day of August, 2003
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 August 4, 2003, authorizing the marriage of Aaron Michael Lawson and Holly Nicole Adams.
I further certify that the following marriage certificate was filed in my office: I, Larry A. Stafford (name), certify that on August 23, 2003 (date), at Plainfield in Hendricks County, Indiana, Aaron Michael Lawson of Hendricks County, Indiana (state), and Holly Nicole Adams of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August 4, 2003. Signed by: Larry A. Stafford, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on August 28, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 67
Page 525
8-4-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☑ Yes ☐
If No, Medical Examination or Report Dated 7-14-03
Name of Physician H. Baudreau MD

32CU0307M158

Name
Date of Birth
Place of Birth (State c
Residence Address
600 Bra
Previous Marital Statu
Last Marriage Ended
Date of Birth Verified

1. Are you now or
   If answer is "ye
2. Are you related
3. Are you now un
4. Are you now un
5. List the full nam
6. (a) Full name o
   (If adopted,
   Residence c
   Birthplace c
   (b) Full maiden
   (If adopted,
   Residence c
   Birthplace c

I acknowledge that I h
are sexually transmitt
immune deficiency sy
Signature of Applicar

The above applicant
acknowledgment beca
Clerk of Court ____

State of Indiana
County of Hendricks
Signed ___
New Addr
Subscribed and swor

CONSENT OF PAR
We, the parents of th
state facts which mak

State of Indiana
County of Hendricks
Father ____
Mother ____
Subscribed and swor

COMPLETE IF

and filed in ___

PETITION

Date 7-1-03

Hendricks County Court
Danville, IN 46122

To Whom it May Concern:

I, Holly Nicole Adams, being the age of 16, hereby petition the Hendricks County Court to grant me permission to marry Aaron Michael Lawson, age 20, the father of my unborn child.

Bride Holly Nicole Adams
Holly Nicole Adams

Father of Bride Terry Joe Adams
Terry Joe Adams

Mother of Bride Patricia Marie Adams
Patricia Marie Adams

Groom Aaron Michael Lawson
Aaron Michael Lawson

FILED
CLERK OF HENDRICKS COUNTY
03 JUL -2 AM 11:26
Sharon Degan

FILED
JUL - 2 2003
Jeffrey V. Bales
JUDGE HENDRICKS CIRCUIT COURT

Granted 7/2/2003

RSO Pastor

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August 4, 2003, authorizing the marriage of Aaron Michael Lawson and Holly Nicole Adams.
I further certify that the following marriage certificate was filed in my office: I, Larry A. Stafford (name), certify that on August 23, 2003 (date), at Plainfield in Hendricks County, Indiana, Aaron Michael Lawson of Hendricks County, Indiana (state), and Holly Nicole Adams of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August 4, 2003. Signed by: Larry A. Stafford, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on August 28, 2003 (date).

Signed Sharon Degan 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 67
Page 525
8-4-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☑ Yes ☐
If No, Medical Examination or Report Dated 7-14-03
Name of Physician L. Landreau MD

Name
Date of Birth
Place of Birth (State
Residence Address
600 Bra
Previous Marital Stat
Last Marriage Ended
Date of Birth Verifie

1. Are you now or
If answer is "ye
2. Are you related
3. Are you now ur
4. Are you now ur
5. List the full nar
6. (a) Full name
(If adopted
Residence
Birthplace
(b) Full maider
(If adopted
Residence
Birthplace

I acknowledge that I
are sexually transmit
immune deficiency s
Signature of Applica

The above applicant
acknowledgment bec
Clerk of Court

State of Indiana
County of Hendricks
Signed
New Addr
Subscribed and swor

CONSENT OF PAR
We, the parents of th
state facts which mal

State of Indiana
County of Hendricks
Father
Mother
Subscribed and swor

COMPLETE IF

and filed in

August 1, 2003

Hendricks County Clerk's Office
Danville, Indiana

To Whom It May Concern:

This letter is giving permission for my daughter, Holly Nicole Adams, age 16, to marry Aaron Michael Lawson, age 20. I give my permission for them to apply for and receive a marriage license from Hendricks County, Indiana. Below is my notarized signature.

Sincerely,

Terry J. Adams

Terry J. Adams, Father

Michael E. Dattery

Signature of Notary Public

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August 4, 2003, authorizing the marriage of Aaron Michael Lawson and Holly Nicole Adams.
I further certify that the following marriage certificate was filed in my office: I, Larry A. Stafford (name), certify that on August 23, 2003 (date), at Plainfield in Hendricks County, Indiana, Aaron Michael Lawson of Hendricks County, Indiana (state), and Holly Nicole Adams of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August 4, 2003. Signed by: Larry A. Stafford, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on August 28, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

562

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 67
Page 526
8-4-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 8-11-03
Name of Physician Dr. Poe MD

MALE APPLICANT

Name: First Brandon Middle Eric Last Kepley
Date of Birth: Month 8 Day 9 Year 73
Place of Birth (State or foreign country) Virginia
Residence Address: Street or R.R. 7058 Lancaster Ln City Avon County Hend State In 46123
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. ____
6. (a) Full name of applicant's father Garry Kepley
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) North Carolina
   Birthplace of father (State or foreign country) Kansas
   (b) Full maiden name of applicant's mother Janice Harrison
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Illinois
   Birthplace of mother (State or foreign country) Kansas

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
X Signature of Applicant Brandon E. Kepley Date 8-4-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court ____ Date ____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
X Signed Brandon E. Kepley
X New Address Same
Subscribed and sworn to before me this 4 day of August, 2003
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 Misty Middle Ann Last Lockman
Date of Birth: Month 8 Day 11 Year 71
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 7058 Lancaster Ln City Avon County Hend State In 46123
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 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. Joshua York, Jacob York, Hannah York
6. (a) Full name of applicant's father John W. Lockman
   (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 Rose Ann Chesterfield
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
X Signature of Applicant Misty Lockman Date 8.25.03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court ____ Date ____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
X Signed Misty Lockman
X New Address Same
Subscribed and sworn to before me this 26 day of August, 2003
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 4, 2003, authorizing the marriage of Brandon Eric Kepley and Misty Ann Lockman.
I further certify that the following marriage certificate was filed in my office: I, Kay Davis-Dudding (name), certify that on September 14, 2003 (date), at Avon in Hendricks County, Indiana, Brandon Eric Kepley of Hendricks County, Indiana (state), and Misty Ann Lockman of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August 4, 2003. Signed by: Kay Davis-Dudding, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on September 23, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 67
Page 527
8-4-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 7-21-03
Name of Physician Kim Froberg MD

MALE APPLICANT

Name First: Ross Middle: Kenneth Last: Ebert
Date of Birth Month: 9 Day: 4 Year: 1973
Place of Birth (State or foreign country): Guam
Residence Address Street or R.R.: 2434 Wybrook the Blvd. City: Indpls County: Hendricks State: IN 46234
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages: 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date: 1998
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify)
Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Seth Ebert
6. (a) Full name of applicant's father Raymond Ebert
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Cynthia Rusk
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
X Signature of Applicant Ross Ebert Date 8-4-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
X Signed Ross Ebert
New Address SAME AS ABOVE
Subscribed and sworn to before me this 4 day of August 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

FEMALE APPLICANT

Name First: Alaina Middle: Suzanne Last: May
Date of Birth Month: 5 Day: 26 Year: 1976
Place of Birth (State or foreign country):
Residence Address Street or R.R.: 2434 Wybrook the Blvd 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 male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 May
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Linda Clark
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
X Signature of Applicant Alaina May Date 8/4/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
X Signed Alaina May
New Address Same as above
Subscribed and sworn to before me this 4 day of August 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August 4, 2003, authorizing the marriage of Ross Kenneth Ebert and Alaina Suzanne May.
I further certify that the following marriage certificate was filed in my office: I, Edwin L. Morrow (name), certify that on August 23, 2003 (date), at Lafayette in Tippecanoe County, Indiana, Ross Kenneth Ebert of Hendricks County, Indiana (state), and Alaina Suzanne May of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August 4, 2003. Signed by: Edwin L. Morrow, Reverend (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on August 28, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 67
Page 528
8-5-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 3-26-03
Name of Physician Olga Watson MD

MALE APPLICANT

Name: First Barry Middle Shane Last Branham
Date of Birth: Month 10 Day 14 Year 72
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 2074 Alysheba Dr. City Indpls County Hend State In 46234
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. ____
6. (a) Full name of applicant's father Stoney Branham
   (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 Sherry Adams
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Kentucky

FEMALE APPLICANT

Name: First Terri Middle Renee Last Albertson
Date of Birth: Month 1 Day 22 Year 77
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 2074 Alysheba 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 Bruce Albertson
   (If adopted, list adoptive parents only) ____
   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 Ruth Douglas
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that 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 Branham Date 8-5-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 Branham
Y New Address SAME
Subscribed and sworn to before me this 5 day of August, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of 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 Terri R. Albertson Date 8-5-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
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 Terri R. Albertson
Y New Address SAME
Subscribed and sworn to before me this 5 day of August, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____

State of Indiana)
County of Hendricks)
Father ____ ID # ____
Mother ____ ID # ____
Subscribed and sworn to before me this ____ day of ____
____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ____ County ____ Court, by written order issued ____ and filed in ____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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, 2003, authorizing the marriage of Barry Shane Branham and Terri Renee Albertson.
I further certify that the following marriage certificate was filed in my office: I, Rev. Dennis L. Dodson (name), certify that on August 16, 2003 (date), at Brownsburg in Hendricks County, Indiana, Barry Shane Branham of Hendricks County, Indiana (state), and Terri Renee Albertson of Hendricks County, Indiana (state) were 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, 2003. Signed by: Rev. Dennis L. Dodson, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on August 26, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 67
Page 529
8-5-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 7-15-03
Name of Physician Dr- moretto

MALE APPLICANT

Name: First Paul Middle Joseph Last Warner
Date of Birth: Month 4 Day 30 Year 1965
Place of Birth (State or foreign country) Pennsylvania
Residence Address: Street or R.R. 536 Yorktown 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 1102
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 William Warner
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Pennsylvania
   Birthplace of father (State or foreign country) New York
   (b) Full maiden name of applicant's mother Shirley Ann Checterwald
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Pennsylvania
   Birthplace of mother (State or foreign country) Pennsylvania

FEMALE APPLICANT

Name: First Jennifer Middle Marie Last Codarmaz
Date of Birth: Month 4 Day 24 Year 1972
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 536 Yorktown 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 1195
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Ross Codarmaz
   (If adopted, list adoptive parents only)
   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 Peña Ramos
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Texas

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
X Signature of Applicant Paul Joseph Warner Date 8.5.03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks) I swear/affirm that the information given in this application is true and correct.
X Signed Paul Joseph Warner
New Address Same as above
Subscribed and sworn to before me this 5th day of August 2003
Sharon Duggan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
X Signature of Applicant Jennifer Codarmaz Date 08/05/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Codarmaz
New Address Same as above
Subscribed and sworn to before me this 5th day of August 2003
Sharon Duggan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August 5, 2003, authorizing the marriage of Paul Joseph Warner and Jennifer Marie Codarmaz.
I further certify that the following marriage certificate was filed in my office: I, L. Jack Heaston (name), certify that on August 30, 2003 (date), at Greenwood in Johnson County, Indiana, Paul Joseph Warner of Hendricks County, Indiana (state), and Jennifer Marie Codarmaz of Hendricks County, Indiana (state) were 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, 2003. Signed by: L. Jack Heaston, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on September 4, 2003 (date).

Signed Sharon Duggan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 67
Page 530
8-5-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 8-5-03
Name of Physician David Hadley MD

MALE APPLICANT

Name: First Jeremy Middle Benton Last Bretz
Date of Birth: Month 7 Day 20 Year 75
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 534 Murphy 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) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Benton Bretz
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Paulette Rita Bettag
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant Jeremy Bretz Date 8/5/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
X Signed Jeremy Bretz
X New Address Same
Subscribed and sworn to before me this 5 day of August, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

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 Renee Last Craig
Date of Birth: Month 8 Day 16 Year 78
Place of Birth (State or foreign country) 534 Murphy Ln, Indiana
Residence Address: Street or R.R. 534 Murphy 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) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Melvin Craig
   (If adopted, list adoptive parents only)
   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 Gullett
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that 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 Craig Date 8/5/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 Craig
X New Address Same
Subscribed and sworn to before me this 5 day of August, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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, 2003, authorizing the marriage of Jereamy Benton Bretz and Susan Renee Craig.

I further certify that the following marriage certificate was filed in my office: I, Jack Holliday (name), certify that on September 6, 2003 (date), at Eagles Crest in Marion County, Indiana, Jereamy Benton Bretz of Hendricks County, Indiana (state), and Susan Renee Craig of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August 5, 2003. Signed by: Jack Holliday, Pastor (official designation) Filed and recorded in accordance with the laws of the State of Indiana on September 23, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 67
Page 531
8-4-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 8-5-03
Name of Physician David Hadley MD

MALE APPLICANT

Name: First David Middle Mashon Last Sailors
Date of Birth: Month 9 Day 9 Year 72
Place of Birth (State or foreign country) Colorado
Residence Address: Street or R.R. 5724 Woodcote Dr. City Indpls County Marion State In 46220
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1999
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Laurence Lee Sailors
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Denise Kay Miller
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Michigan

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

✗ Signature of Applicant [signature] Date 8/6/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 4461 N. CR 1025E Indpls IN 46234
Subscribed and sworn to before me this 6 day of August, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

FEMALE APPLICANT

Name: First Lisa Middle Marie Last Kellems
Date of Birth: Month 3 Day 7 Year 71
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 4461 N. CoRd 1025 E 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) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Joseph Lee McEwen

6. (a) Full name of applicant's father Gerald C. Kellems
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Michigan
   (b) Full maiden name of applicant's mother Anna Marie Chambers
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

✗ Signature of Applicant [signature] Date 8/6/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 August, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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, 2003, authorizing the marriage of David Mashon Sailors and Lisa Marie Kellems.
I further certify that the following marriage certificate was filed in my office: I, Charles E. Hostetter (name), certify that on August 7, 2003 (date), at Brownsburg in Hendricks County, Indiana, David Mashon Sailors of Marion County, Indiana (state), and Lisa Marie Kellems of Hendricks County, Indiana (state) were 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, 2003. 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 August 18, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 67
Page 532
8-6-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 5-23-00
Name of Physician Dr. Haak

MALE APPLICANT

Name: First Achraf; Middle Khanboubi; Last
Date of Birth: Month 11; Day 16; Year 1977
Place of Birth (State or foreign country) Morocco
Residence Address: Street or R.R. 1152 N White River Parkway; 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) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Driss Khanboubi
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Morocco
   Birthplace of father (State or foreign country) Morocco
   (b) Full maiden name of applicant's mother Fatima Drihany
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Morocco
   Birthplace of mother (State or foreign country) Morocco

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Khanbali Achraf Date 8/6/2003

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Khanbali Achraf
New Address X
Subscribed and sworn to before me this _____ day of _____
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

FEMALE APPLICANT

Name: First Heidi; Middle R; Last Britton
Date of Birth: Month 6; Day 2; Year 1977
Place of Birth (State or foreign country) IL
Residence Address: Street or R.R. 4407 Windsor Rd.; 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 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. Jacob Daniel Britton, Hannah Elisabeth Britton
6. (a) Full name of applicant's father Steven J Wilson
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) IN
   Birthplace of father (State or foreign country) Canada
   (b) Full maiden name of applicant's mother Jeanette A Potter
   (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 Heidi R Britton Date Aug 6 2003

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Heidi R Britton
New Address X
Subscribed and sworn to before me this _____ day of _____
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license hav
_____ County _____ Court, by written
and filed in _____, authorizes and directs the issuar

RETURN OF MARRIAGE LICENSE AND MARRIAGE CER
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of H
_____, authorizing the marriage of _____ a
I further certify that the following marriage certificate was filed in my office: I, _____
certify that on _____ (date), at _____
County, Indiana, _____ of _____
(state), and _____ of _____ Cou
were married by me as authorized under a marriage license that was issued by the Clerk of the
_____. Signed by: _____, _____
Filed and recorded in accordance with the laws of the State of Indiana on _____

Signed _____
Hendricks Circui

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568
Janet,
Hold license til they call WI new address
Lt

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 67
Page 533
8-6-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☐ Yes ☑
If No, Medical Examination or Report Dated 6-20-03
Name of Physician Dr. Adams

MALE APPLICANT

Name: First Dustin Middle R. Last Crist
Date of Birth: Month June Day 23 Year 1971
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 7153 Fox Hollow Ct. City Brownsburg County Hendricks State In.
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify)
Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. NONE
6. (a) Full name of applicant's father David Crist
   (If adopted, list adoptive parents only) ____
   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 Cain
   (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 [signature] Date 8-6-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court ____ Date ____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed [signature]
New Address SAME AS ABOVE
Subscribed and sworn to before me this ____ day of ____
Sharon Degan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____

State of Indiana)
County of Hendricks)
Father ____ ID # ____
Mother ____ ID # ____
Subscribed and sworn to before me this ____ day of ____
____ Clerk

FEMALE APPLICANT

Name: First Carri Middle B Last Fidler
Date of Birth: Month April Day 10 Year 1973
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 7153 Fox Hollow Ct. City Brownsburg County Hendricks State In.
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☐ Other (Specify)
Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. NONE
6. (a) Full name of applicant's father John P. Fidler
   (If adopted, list adoptive parents only) ____
   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 Barnes
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Carri B. Fidler Date 8-6-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court ____ Date ____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Carri B. Fidler
New Address SAME AS ABOVE
Subscribed and sworn to before me this ____ day of ____
Sharon Degan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____

State of Indiana)
County of Hendricks)
Father ____ ID # ____
Mother ____ ID # ____
Subscribed and sworn to before me this ____ day of ____
____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ____ County ____ Court, by written order issued ____ and filed in ____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August 8, 2003, authorizing the marriage of Dustin Ray Crist and Carri Beth Fidler.
I further certify that the following marriage certificate was filed in my office: I, Andrew P. Crawley (name), certify that on August 9, 2003 (date), at Indianapolis in Marion County, Indiana, Dustin Ray Crist of Hendricks County, Indiana (state), and Carri Beth Fidler of Hendricks County, Indiana (state) were 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, 2003. Signed by: Andrew P. Crawley, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on August 19, 2003 (date).

Signed Sharon Degan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 67
Page 534

Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☑ Yes ☐
If No, Medical Examination or Report Dated 8-5-03
Name of Physician Dr. Daddy

MALE APPLICANT

Name: First Jonathan Middle Knox Last Grant
Date of Birth: Month January Day 16 Year 1983
Place of Birth (State or foreign country) VA
Residence Address: Street or R.R. 1231 Mount Vernon Drive City Bloomington County McLean State Ill.
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. NONE
6. (a) Full name of applicant's father Thomas Knox Grant
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Illinois
   Birthplace of father (State or foreign country) Pennsylvania
   (b) Full maiden name of applicant's mother Marilyn Jane Reitz
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Illinois
   Birthplace of mother (State or foreign country) Pennsylvania

FEMALE APPLICANT

Name: First Stephanie Middle Leann Last Larsen
Date of Birth: Month March Day 13 Year 1980
Place of Birth (State or foreign country) Minn.
Residence Address: Street or R.R. P.O. Box 1526 City Clayton County Rabun State GA.
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Harry William Larsen Jr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Georgia
   Birthplace of father (State or foreign country) Minnesota
   (b) Full maiden name of applicant's mother Leann Margt Chilman
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Georgia
   Birthplace of mother (State or foreign country) Minnesota

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

x Signature of Applicant Jonathan Knox Grant Date 8-6-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)

I swear/affirm that the information given in this application is true and correct.

x Signed Jonathan Knox Grant
New Address 1301 W County Line Rd Greenwood, IN 46142

Subscribed and sworn to before me this 6th day of August 2003

Sharon Degan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

x Signature of Applicant Stephanie LeAnn Larsen Date 8-6-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)

I swear/affirm that the information given in this application is true and correct.

x Signed Stephanie LeAnn Larsen
New Address 1301 W. County Line Rd. Greenwood, IN 46142

Subscribed and sworn to before me this 6th day of August 2003

Sharon Degan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August 8, 2003, authorizing the marriage of Jonathan Knox Grant and Stephanie LeAnn Larsen.

I further certify that the following marriage certificate was filed in my office: I, Thomas Knox Grant (name), certify that on August 16, 2003 (date), at Avon in Hendricks County, Indiana, Jonathan Knox Grant of McLean County, Illinois (state), and Stephanie LeAnn Larsen of Rabun County, Georgia (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August 8, 2003. Signed by: Thomas Knox Grant, Pastor (official designation) Filed and recorded in accordance with the laws of the State of Indiana on August 28, 2003 (date).

Signed Sharon Degan Clerk
Hendricks Circuit Court

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 67
Page 535
8-7-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐ If No, Medical Examination or Report Dated 7-14-03
Name of Physician Riello

MALE APPLICANT

Name: First Mark Middle William Last Eberhardt
Date of Birth: Month 4 Day 7 Year 63
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 6917 Barberry Ct. City Plfd County Hend State In 46168
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. ____
6. (a) Full name of applicant's father Edwin Charles Eberhardt
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Cathy Ann Brennan
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that 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 8/7/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 7 day of August, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____

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 Wilson
Date of Birth: Month 2 Day 2 Year 76
Place of Birth (State or foreign country) Ohio
Residence Address: Street or R.R. 6917 Barberry Ct. City Plfd County Hend State In 46168
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date 2001
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. ____
6. (a) Full name of applicant's father Leonard L. Wilson, Jr.
   (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 Janet A. Gallant
   (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 Amy L. Wilson Date 8/7/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 L. Wilson
X New Address SAME
Subscribed and sworn to before me this 7 day of August, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____

State of Indiana)
County of Hendricks)
Father ____ ID # ____
Mother ____ ID # ____
Subscribed and sworn to before me this ____ day of ____
____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ____ County ____ Court, by written order issued ____ and filed in ____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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, 2003, authorizing the marriage of Mark William Eberhardt and Amy Lynn Wilson.
I further certify that the following marriage certificate was filed in my office: I, James L. Brown (name), certify that on September 6, 2003 (date), at Lebanon in Boone County, Indiana, Mark William Eberhardt of Hendricks County, Indiana (state), and Amy Lynn Wilson of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August 7, 2003. Signed by: James L. Brown, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on September 23, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 67
Page 536
8-8-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☐ Yes ☒ 8-8-03
If No, Medical Examination or Report Dated
Name of Physician Dr. Paschall

MALE APPLICANT

Name: First Doyle Middle Wayne Last Burnette
Date of Birth: Month 6 Day 14 Year 49
Place of Birth (State or foreign country) Tennessee
Residence Address: Street or R.R. 7419 thoroughbred City Ft. Wayne County Allen State IN 46804
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 6
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 2003
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) drivers license

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Hubert Burnette
   (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 Wanda Rose
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Tennessee

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Doyle W Burnett Date 8-8-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks) I swear/affirm that the information given in this application is true and correct.
Signed Doyle W Burnett IN. 46804
New Address 7419 THOROUGHBRED DR. #IC FT. WAYNE
Subscribed and sworn to before me this _____ day of _____
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

FEMALE APPLICANT

Name: First Tamie Middle Jill Last Gould
Date of Birth: Month 5 Day 6 Year 60
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 7578 N CR 75 E 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 2003
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) drivers license

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Max Cody
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Madonna Hurst
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Tamie Gould Date 8/8/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks) I swear/affirm that the information given in this application is true and correct.
Signed Tamie Gould
New Address 7419 THOROUGHBRED Dr #IC Ft Wayne In 46804
Subscribed and sworn to before me this _____ day of _____
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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, 2003, authorizing the marriage of Doyle Wayne Burnette and Tamie Jill Gould.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on August 8, 2003 (date), at Danville in Hendricks County, Indiana, Doyle Wayne Burnette of Allen County, Indiana (state), and Tamie Jill Gould of Hendricks County, Indiana (state) were 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, 2003. 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 8, 2003 (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 67
Page 537
8-7-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☐ Yes ☐
If No, Medical Examination or Report Dated 8-1-03
Name of Physician Dr. Michael Pizzato

MALE APPLICANT

Name: First Kevin Middle James Last McDonald
Date of Birth: Month 8 Day 19 Year 1974
Place of Birth (State or foreign country): Virginia
Residence Address: Street or R.R. 242 Brixton Woods E. Dr. City Pittsboro County Hendricks State IN 46167
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father David William McDonald
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Colorado
   Birthplace of father (State or foreign country) New Jersey
   (b) Full maiden name of applicant's mother Deborah Ann Armandin
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Maine
   Birthplace of mother (State or foreign country) Unknown

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
X Signature of Applicant Date 8/7/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 SAME AS ABOVE
Subscribed and sworn to before me this 7 day of August 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

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 Michele Last Smith
Date of Birth: Month 9 Day 22 Year 1979
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 108 Ladoga Ave N. City 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 male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Smith
6. (a) Full name of applicant's father Hubert L. Smith 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 Glenda S. 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).
X Signature of Applicant Leslie M Smith Date 8/7/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
X Signed Leslie M Smith
New Address 242 Brixton Woods Dr E Pittsboro IN 46167
Subscribed and sworn to before me this 7 day of August 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of Hendricks)
Father ID #
Mother ID #
Subscribed and sworn to before me this day of
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued and filed in , authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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, 2003, authorizing the marriage of Kevin James McDonald and Leslie Michele Smith.
I further certify that the following marriage certificate was filed in my office: I, Jim Strietelmeier (name), certify that on August 23, 2003 (date), at Brownsburg in Hendricks County, Indiana, Kevin James McDonald of Hendricks County, Indiana (state), and Leslie Michele 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 7, 2003. Signed by: Jim Strietelmeier, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on August 28, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 67
Page 538
8-8-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 8-4-03
Name of Physician Donald Johnson MD

MALE APPLICANT

Name: First Corey Middle Michael Last Bryant
Date of Birth: Month 10 Day 10 Year 1973
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. 2109 Fullwood 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 1999
Date of Birth Verified By: ☐ Birth Certificate ☐ Other (Specify) Military ID

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. ∅
6. (a) Full name of applicant's father DALE BRYANT
   (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 Sue DELVALLEY
   (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 Jennifer Middle Ann Last Schuldt
Date of Birth: Month 12 Day 14 Year 79
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 2109 Fullwood 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 Greg Schuldt
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Texas
   (b) Full maiden name of applicant's mother Debra Merchant Stout
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
X Signature of Applicant Corey M Bryant Date 8-8-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
X Signed Corey M Bryant
X New Address SAME
Subscribed and sworn to before me this 8 day of AUGUST 2003
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 Jennifer A Schuldt Date 8-8-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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. Schuldt
X New Address same
Subscribed and sworn to before me this 8 day of August, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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, 2003, authorizing the marriage of Corey Michael Bryant and Jennifer Ann Schuldt.
I further certify that the following marriage certificate was filed in my office: I, Rev. Ramona L. Cluff (name), certify that on September 6, 2003 (date), at Mooresville in Morgan County, Indiana, Corey Michael Bryant of Hendricks County, Indiana (state), and Jennifer Ann Schuldt of Hendricks County, Indiana (state) were 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, 2003. Signed by: Rev. Ramona L. Cluff, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on September 24, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 67
Page 539
8-8-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☑ Yes ☐
If No, Medical Examination or Report Dated 7-28-03
Name of Physician Liudmila Trammell

MALE APPLICANT	FEMALE APPLICANT
Name: First Terry, Middle Lee, Last Goins	Name: First Tammy, Middle Sue, Last Brauer
Date of Birth: Month 9, Day 19, Year 60	Date of Birth: Month 6, Day 14, Year 64
Place of Birth (State or foreign country): Ohio	Place of Birth (State or foreign country): Virginia
Residence Address: Street or R.R. 223 Walnut St., City Plainfield, County Hend., State In 46168	Residence Address: Street or R.R. 223 Walnut St., City Plainfield, County Hend., State In 46168
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2	Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 1995	Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 1998
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. Michael Goins	5. List the full names of any dependent children.
6. (a) Full name of applicant's father Raymond Ray Goins	6. (a) Full name of applicant's father James Johnson
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Ohio	Residence of father (if deceased, so state) Deceased
Birthplace of father (State or foreign country) Ohio	Birthplace of father (State or foreign country) Virginia
(b) Full maiden name of applicant's mother Diane Kinkle	(b) Full maiden name of applicant's mother Kitty Barbara Ann
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Indiana	Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Ohio	Birthplace of mother (State or foreign country) 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 8-8-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk 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 8 day of August, 2003

Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of 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 S. Brauer Date 08/08/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk 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 S. Brauer
New Address Same

Subscribed and sworn to before me this 8 day of August, 2003

Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)

Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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, 2003, authorizing the marriage of Terry Lee Goins and Tammy Sue Brauer.

I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on August 8, 2003 (date), at Danville in Hendricks County, Indiana, Terry Lee Goins of Hendricks County, Indiana (state), and Tammy Sue Brauer of Hendricks County, Indiana (state) were 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, 2003. 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 18, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 67
Page 540
8-8-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☐ Yes ☒
If No, Medical Examination or Report Dated _____
Name of Physician _____

MALE APPLICANT

Name: First Joseph Middle W Last Melish
Date of Birth: Month 11 Day 06 Year 1946
Place of Birth (State or foreign country) OH
Residence Address: Street or R.R. 244 Vestal Rd City Plainfield County Hend. State IN 46168
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1986
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Joseph A Melish
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) OH Deceased
   Birthplace of father (State or foreign country) OH
   (b) Full maiden name of applicant's mother Zola Frost
   (If adopted, list adoptive parents only) _____
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Ky

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Joseph A. Melish Date 8-8-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Joseph A. Melish
New Address X SAME
Subscribed and sworn to before me this _____ day of _____
Sharon Degan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

FEMALE APPLICANT

Name: First Norma Middle L Last Reed
Date of Birth: Month 11 Day 30 Year 1935
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. 244 Vestal Rd. City Plainfield County Hend. State 46168
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 3
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1998
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Albert Siddons
   (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 Mary Murdey
   (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 Norma Leigh Reed Date 8-8-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Norma Leigh Reed
New Address X Same
Subscribed and sworn to before me this _____ day of _____
Sharon Degan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August 8, 2003, authorizing the marriage of Joseph W. Melish and Norma Leigh Reed.
I further certify that the following marriage certificate was filed in my office: I, Debbie Hoskins (name), certify that on August 8, 2003 (date), at Danville in Hendricks County, Indiana, Joseph W. Melish of Hendricks County, Indiana (state), and Norma Leigh Reed of Hendricks County, Indiana (state) were 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, 2003. Signed by: Debbie Hoskins, First Deputy Clerk (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on August 18, 2003 (date).

Signed Sharon Degan Clerk
Hendricks Circuit Court

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 67
Page 541
8-11-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 7-30-03
Name of Physician Immediate Care Center

MALE APPLICANT	FEMALE APPLICANT
Name: First Floyd, Middle Jay, Last White	Name: First Sherry, Middle Kay, Last Tait
Date of Birth: Month 1, Day 30, Year 54	Date of Birth: Month 11, Day 22, Year 64
Place of Birth (State or foreign country): Indiana	Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 3603 Clarks Creek Rd, Lot 16; City S'field; County Hend; State In 46168	Residence Address: Street or R.R. 3603 Clarks Creek Rd, Lot 16; City S'field; County Hend; State In 46168
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 3	Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 3
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1995	Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 2003
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 Floyd White, Jr.	6. (a) Full name of applicant's father N/A
(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) N/A
Birthplace of father (State or foreign country) Indiana	Birthplace of father (State or foreign country) N/A
(b) Full maiden name of applicant's mother Wilma Elizabeth McCuen	(b) Full maiden name of applicant's mother Frances Lorene Stanford
(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 Floyd Jay White Date 8-11-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)

I swear/affirm that the information given in this application is true and correct.

X Signed Floyd Jay White
X New Address Same

Subscribed and sworn to before me this 11 day of August, 2003

Sharon Dugan
Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of 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 Kay Tait Date 8-11-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of 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 Kay Tait
X New Address Same

Subscribed and sworn to before me this 11 day of August, 2003

Sharon Dugan
Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August 11, 2003, authorizing the marriage of Floyd "Jay" White and Sherry Kay Tait.

I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on August 11, 2003 (date), at Danville in Hendricks County, Indiana, Floyd "Jay" White of Hendricks County, Indiana (state), and Sherry Kay Tait of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August 11, 2003 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 18, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 67
Page 542
8-11-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☑ Yes ☐
If No, Medical Examination or Report Dated 8-11-03
Name of Physician Virginia A. Cairns, M.D.

MALE APPLICANT

Name: First ALFRED Middle William Last EAKER JR
Date of Birth: Month 3 Day 20 Year 1964
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. 8849 BROWNS VALLEY COURT City CAMBY County HENDRICKS State 46113-8849 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 female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. LAUREN PAIGE EAKER
6. (a) Full name of applicant's father ALFRED William EAKER
   (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 ANN Roseberry
   (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).
X Signature of Applicant [signature] Date 11, Aug, 03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
X Signed [signature]
New Address SAME
Subscribed and sworn to before me this 11 day of AUGUST 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

FEMALE APPLICANT

Name: First Whitney Middle Anne Last Ladishew
Date of Birth: Month 11 Day 3 Year 62
Place of Birth (State or foreign country) California
Residence Address: Street or R.R. 8849 Browns Valley Ct 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 1989
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. Sarah Ladishew
6. (a) Full name of applicant's father Sherman Thompson
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Ca
   Birthplace of father (State or foreign country) Ca
   (b) Full maiden name of applicant's mother Sarah Lynn Jennings
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   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).
X Signature of Applicant Whitney Ladishew Date 8/13/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
X Signed Whitney Ladishew
X New Address SAME
Subscribed and sworn to before me this 13 day of August, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August 11, 2003, authorizing the marriage of Alfred William Eaker, Jr. and Whitney Anne Ladishew.
I further certify that the following marriage certificate was filed in my office: I, Kristine E. Wratten (name), certify that on September 6, 2003 (date), at Indianapolis in Marion County, Indiana, Alfred Wm. Eaker, Jr. of Hendricks County, Indiana (state), and Whitney Anne Ladishew of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August 11, 2003. Signed by: Kristine E. Wratten, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on September 24, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 67
Page 543
8-12-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 8-12-03
Name of Physician Michael Bode

MALE APPLICANT

Name: First Jaime Middle Alan Last Mathias
Date of Birth: Month 9 Day 20 Year 76
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 2008 Norcross Cir E City Indpls County Marion State 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) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Ron Mathias
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Liz 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 Jaime Mathias Date 8-12-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Jaime Mathias
New Address 609 Maple Ln. Brownsburg IN 46112
Subscribed and sworn to before me this 12 day of August, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

FEMALE APPLICANT

Name: First Melissa Middle Ann Last Tex
Date of Birth: Month 12 Day 16 Year 80
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 609 Maple Lane City Brownsburg County Hendricks State IN 46112
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) 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 Vincent Tex
   (If adopted, list adoptive parents only)
   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 Bullock
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Tex Date 8-12-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Tex
New Address same
Subscribed and sworn to before me this 12 day of August, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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, 2003, authorizing the marriage of Jaime Alan Mathias and Melissa Ann Tex.
I further certify that the following marriage certificate was filed in my office: I, Steven T. Reeves (name), certify that on August 16, 2003 (date), at Brownsburg in Hendricks County, Indiana, Jaime Alan Mathias of Marion County, Indiana (state), and Melissa Ann Tex of Hendricks County, Indiana (state) were 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, 2003 Signed by: Steven T. Reeves, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on August 26, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 67
Page 544
8-12-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 8-13-03
Name of Physician David Hadley MD

MALE APPLICANT

Name: First Brian Middle Paul Last Gentrup
Date of Birth: Month 7 Day 13 Year 75
Place of Birth (State or foreign country) Ohio
Residence Address: Street or R.R. 4367 N CR 1025E City Indpls County Hend. State IN 46234
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) drivers license

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. NA
6. (a) Full name of applicant's father Paul G. Gentrup
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Paula Kay Curry
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant (s) Brian Gentry Date 8.12.03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed (s) Brian Gentry
New Address SAME
Subscribed and sworn to before me this 12 day of Aug. 2003
Sharon Degan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

FEMALE APPLICANT

Name: First Annette Middle Marie Last Stansberry
Date of Birth: Month 8 Day 27 Year 73
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 4367 N. CR 1025 E. 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 Franklin Stansberry
   (If adopted, list adoptive parents only)
   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 Marie Kapper
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant (s) Annette Stansberry Date 8/13/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed (s) Annette Stansberry
New Address Same
Subscribed and sworn to before me this 12 day of Aug. 2003
Sharon Degan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August 12, 2003, authorizing the marriage of Brian Paul Gentrup and Annette Marie Stansberry.
I further certify that the following marriage certificate was filed in my office: I, Rev. Robert J. Hankee (name), certify that on October 4, 2003 (date), at Brownsburg in Hendricks County, Indiana, Brian Paul Gentrup of Hendricks County, Indiana (state), and Annette Marie Stansberry of Hendricks County, Indiana (state) were 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, 2003. Signed by: Rev. Robert J. Hankee, Assoc Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 9, 2003 (date).

Signed Sharon Degan Clerk
Hendricks Circuit Court

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 67
Page 545
8-13-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☐ Yes ☒
If No, Medical Examination or Report Dated _____
Name of Physician _____

MALE APPLICANT

Name: First Kevin Middle Michael Last Rhudy
Date of Birth: Month 5 Day 21 Year 56
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 308 Holiday Dr. City Plainfield County Hend St 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 female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Derek R Rhudy, Kayla L Rhudy, Jordan R Rhudy
6. (a) Full name of applicant's father Charles Thomas R Rhudy
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Kentucky
   (b) Full maiden name of applicant's mother Wanda Hughes
   (If adopted, list adoptive parents only) _____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name: First Sandra Middle Kay Last Denny
Date of Birth: Month 11 Day 27 Year 78
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 8620 Auburn Ridge City Martinsville County Morgan State 46151
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1991
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. _____
6. (a) Full name of applicant's father James Herschel Jenkins
   (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 Elsie Ruth Sire
   (If adopted, list adoptive parents only) _____
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Tennessee

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
✗ Signature of Applicant Kevin Rhudy Date 8/13/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk 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 Rhudy
✗ New Address 8620 Auburn Ridge Martinsville IN, 46151
Subscribed and sworn to before me this 13 day of August, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
✗ Signature of Applicant Sandra K. Denny Date 8/13/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
✗ Signed Sandra K. Denny
✗ New Address SAME
Subscribed and sworn to before me this 13 day of August, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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, 2003, authorizing the marriage of Kevin Michael Rhudy and Sandra Kay Denny.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on August 13, 2003 (date), at Danville in Hendricks County, Indiana, Kevin Michael Rhudy of Hendricks County, Indiana (state), and Sandra Kay Denny 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 August 13, 2003. 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 18, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 67
Page 546
8-13-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☑ Yes ☐
If No, Medical Examination or Report Dated 7-20-03
Name of Physician Thomas Ferrara

MALE APPLICANT

Name: First Tom | Middle Allan | Last McIlquham

Date of Birth: Month 6 | Day 6 | Year 60

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 936 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 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. Nick McIlquham, Bradley McIlquham
6. (a) Full name of applicant's father Orville Allan McIlquham
   (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 Elizabeth Oliver McCaslin
   (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 Tom A McIlquham Date 8-13-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
X Signed Tom A McIlquham
X New Address Same
Subscribed and sworn to before me this 13 day of August, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

FEMALE APPLICANT

Name: First Darlene | Middle Gayle | Last Bowden

Date of Birth: Month 5 | Day 2 | Year 62

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 936 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 1994

Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Scott A. Bowden, Dustin J. Bowden
6. (a) Full name of applicant's father Lawrence J. Brockenberger
   (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 Beatrice Broughton
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant Darlene G Bowden Date 8/13/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
X Signed Darlene G Bowden
X New Address Same
Subscribed and sworn to before me this 13 day of August, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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, 2003, authorizing the marriage of Tom Allan McIlquham and Darlene Gayle Bowden.
I further certify that the following marriage certificate was filed in my office: I, Carl Akard Riley (name), certify that on September 13, 2003 (date), at Plainfield in Hendricks County, Indiana, Tom Allan McIlquham of Hendricks County, Indiana (state), and Darlene Gayle Bowden of Hendricks County, Indiana (state) were 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, 2003 Signed by: Carl Akard Riley, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on September 24, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 67
Page 547
8-13-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 8-13-03
Name of Physician William Provenier

MALE APPLICANT

Name: First Jason Middle Matthew Last Chambers
Date of Birth: Month 6 Day 23 Year 72
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 8340 W. Main St. City Coatesville County Hend. St IN 46121
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 2001
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Nicole Chambers, Thomas Lee Chambers,
6. (a) Full name of applicant's father Calvin T. Weatherby
   (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 Linda Sue Brooks
   (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 Jason Chambers Date 8-13-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 Chambers
X New Address same
Subscribed and sworn to before me this 13 day of August, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

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 Laraine Last Kelley
Date of Birth: Month 10 Day 22 Year 69
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 8340 Main St. City Coatesville County Hend. St IN 46121
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. Krystyne Hannah Kelley, Dalton William Kelley
6. (a) Full name of applicant's father William Floyd Sells
   (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 Betty Jo Kaufman
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant Stephanie L. Kelley Date 8-13-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
X Signed Stephanie L. Kelley
X New Address SAME
Subscribed and sworn to before me this 13 day of August, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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, 2003, authorizing the marriage of Jason Matthew Chambers and Stephanie Laraine Kelley.
I further certify that the following marriage certificate was filed in my office: I, Lori J. Estes (name), certify that on August 18, 2003 (date), at Coatesville in Hendricks County, Indiana, Jason Matthew Chambers of Hendricks County, Indiana (state), and Stephanie Laraine 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 August 13, 2003 Signed by: Lori J. Estes, Clerk, Town of Amo (official designation) Filed and recorded in accordance with the laws of the State of Indiana on August 26, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 607
Page 548
8-14-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☑ Yes ☐
If No, Medical Examination or Report Dated 8-14-92
Name of Physician Patricia Hughes

MALE APPLICANT

Name: First Jason Middle Robert Last Curran
Date of Birth: Month 11 Day 24 Year 79
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 2551 N. CR 425W 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) Armed Forces of the US

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Robert E. Curran
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Sandra K. Wilson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
X Signature of Applicant Jason R Curran Date 14 Aug 03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 R Curran
X New Address Same as Bride
Subscribed and sworn to before me this 14 day of August, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

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 Nicole Last Hobson
Date of Birth: Month 10 Day 13 Year 80
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 5415 E. CR 450N 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 Jeffrey Wayne Hobson
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Anita Carol Moore
   (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 Stephanie N Hobson Date 8/14/03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
X Signed Stephanie N Hobson
X New Address Same
Subscribed and sworn to before me this 14 day of August, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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, 2003, authorizing the marriage of Jason Robert Curran and Stephanie Nicole Hobson.
I further certify that the following marriage certificate was filed in my office: I, Rev. Leonard Maynard (name), certify that on August 16, 2003 (date), at Brownsburg in Hendricks County, Indiana, Jason Robert Curran of Hendricks County, Indiana (state), and Stephanie Nicole Hobson of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August 14, 2003. Signed by: Rev. Leonard Maynard, Asst. Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on August 18, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 67
Page 549
8-14-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage 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 Gillis Middle Ray Last Carroll
Date of Birth: Month 9 Day 1 Year 45
Place of Birth (State or foreign country) Kentucky
Residence Address: Street or R.R. 1317 Heather Brooke Ln City Danville County Hend State IN 46122
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1997
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. _____
6. (a) Full name of applicant's father Gillis Carroll
   (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 Versa Densley
   (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 Gillis R. Carroll Date 8-14-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
X Signed Gillis R. Carroll
New Address SAME
Subscribed and sworn to before me this 14 day of August, 2003
_____ Clerk of the Hendricks Circuit Court
Sharon Degan

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

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 Anderson
Date of Birth: Month 9 Day 2 Year 46
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1317 Heather Brooke Ln 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 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 James W. Foxworthy
   (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 Jean McMenn
   (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 Donna J Anderson Date 8-14-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
X Signed Donna J Anderson
New Address Same
Subscribed and sworn to before me this 14 day of August, 2003
_____ Clerk of the Hendricks Circuit Court
Sharon Degan

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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. 14, 2003, authorizing the marriage of Gillis Ray Carroll and Donna Jean Anderson.
I further certify that the following marriage certificate was filed in my office: I, Janet S. Smith (name), certify that on September 3, 2003 (date), at Danville in Hendricks County, Indiana, Gillis Ray Carroll of Hendricks County, Indiana (state), and Donna Jean Anderson of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Aug. 14, 2003. Signed by: Janet S. Smith, Deputy Clerk (official designation) Filed and recorded in accordance with the laws of the State of Indiana on September 4, 2003 (date).

Signed Sharon Degan Clerk
Hendricks Circuit Court

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 67
Page 550
8-14-03
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 4-8-03
Name of Physician Kristen Davis, MD

MALE APPLICANT

Name: First Tony Middle Eric Last Collett
Date of Birth: Month 7 Day 30 Year 60
Place of Birth (State or foreign country) Ohio
Residence Address: Street or R.R. 1622 Beechwood Dr. 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 2003
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Collett, Holden Collett
6. (a) Full name of applicant's father Richard Collett
   (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 Geraldine Brewer
   (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 Tony Collett Date 8-14-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
X Signed Tony Collett
X New Address 1622 Beechwood Dr, Plainfield IN 46168
Subscribed and sworn to before me this 14 day of August, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

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 Jean Last Johnston
Date of Birth: Month 5 Day 10 Year 60
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1622 Beechwood Dr. City Plainfield County Hend. State In 46168
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 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. Amy Renee Johnston
6. (a) Full name of applicant's father Monnie Vernon Hayden
   (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 Mattie Pate
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) North Carolina

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
X Signature of Applicant Betty Jean Johnston Date 8-14-03

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
X Signed Betty Jean Johnston
X New Address 1622 Beechwood Dr Plainfield
Subscribed and sworn to before me this 14 day of August, 2003
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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, 2003, authorizing the marriage of Tony Eric Collett and Betty Jean Johnston.
I further certify that the following marriage certificate was filed in my office: I, Rev. George W. Schoonmaker (name), certify that on September 6, 2003 (date), at Plainfield in Hendricks County, Indiana, Tony Eric Collett of Hendricks County, Indiana (state), and Betty Jean 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 August 14, 2003 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, 2003 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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