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

APPLICATION FOR MARRIAGE LICENSE **HENDRICKS COUNTY**

5-/6-03 Date of Application

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

Female Applicant > 50 No ☑ Yes □

MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name First Middle Last
MATHEW David GAYMAN	CASSONDRA MAE CROUCH
Date of Birth Month Day Year 8 14 1975	Date of Birth Month Day Year 3 28 1977
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of Birth Verified By: Birth Certificate Other (Specify)	Date of Birth Verified By: Birth Certificate Other (Specify)
DRIVERS LICENSE	DENERS LICENSE
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes I fanswer is "yes", has the adjudication been removed? No Xes	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes I f 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? 4. Are you now under the influence of a narcotic drug? No Yes 	3. Are 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 S. 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 SOHN WAYNE SAYMAN	6. (a) Full name of applicant's father Kenneth DALE CROUCH
(If adopted, list adoptive parents only) Residence of father (if deceased, so state)	(If adopted, list adoptive parents only) Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother SUSAN KAY BOBAY	(b) Full maiden name of applicant's mother <u>VICKIE MARLENE Hankins</u>
(If adopted, list adoptive parents only) Residence of mother (if deceased so state)	(If adopted, list adoptive parents only) Residence of mother (if deceased so state)
Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)
ACKNOWLEDGEMENT	ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome) 44 1/ A	immune deficiency syndrome MAN MAN THE SINGE 5/1/1/1/
Signature of Applicant Maths Date 05 116 03	Signature of Applicant App
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana) . I swear/affirm that the information given	State of Indiana) / I swear/affirm that the information given
Country of Handrick \ // //	County of Hendricks / 1/2 / in this application is true and correct.
Signed SAME New Address SAME In this application is true and correct.	Signed AUMONOUG M. LAWY 5-11-03 New Address Same
Subscribed and sworn to before me this/6 day ofMAY 2003	Subschibed and sworn to before me this 16 day of MAY 2003
Clerk of the Hendricks Circuit Court	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,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana
County of Hendricks) Father ID #	County of Hendricks) Father ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me this day of Clerk	Subscribed and sworn to before me this day of
Clerk	CICIA CONTRACTOR DE LA CONTRACTOR DE CONTRAC
	Γ. A marriage license having been refused to the above named parties, the Court, by written order issued
	orizes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	
I certify that there was filed in my office a marriage license issued by the Cler	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 Nas.	hville in Brown
County, Indiana, Mathew David Gayman of Hendrick	dricks County, Indiana
	County, Indiana (state) led by the Clerk of the Circuit Court of Hendricks County, Indiana, dated
May 16, 2003 Signed by: William S. Conner	
Filed and recorded in accordance with the laws of the State of Indiana on	June 19, 2003 (date).
	Sharan Dugan
	SignedClerk
BOYCE FORMS • SYSTEMS 1-800-382-8702 1477	Hendricks Circuit Court

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

IC 31-11-11-1. Furnishing false information upon applying for 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 5-13-03

If No, Medical Examination or Report Dated

Name of Physician 5 udmilla 5 amoull

MALE APPLICANT	FEMALE APPLICANT
ame First Middle Last	Name First Middle Last Woods
te of Birth Month Day Year	Date of Birth Month Day Year
the of Birth Month Day 1968	10 31 72
ce of Bjrth (State or foreign country)	Place of Birth (State or foreign country)
TW State	Residence Address Street or R.R. City County State
sidence Address Street or R.R. City County State ALR & Hendricks Co. Monres N. Hend IN 4615	3918 6. Hendricks Cold Mooresville Hendels
The Committee of the co	Previous Marital Status: Never Married OR No. of Previous Marriages
evious Marital Status: Never Married OR No. of Previous Marriages	
st Marriage Ended By: Death Divorce Annulment Date 2002	Last Marriage Ended By: Death Divorce Annulment Date
	Date of Birth Verified By: Birth Certificate Other (Specify)
tte of Birth Verified By:	Date of Birth Verified by.
	Danie &
Irivers License	William Jelense Ves Ves Ves Ves Ves Ves Ves Ves Ves V
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 I fanswer is "yes", has the adjudication been removed? No Yes I
If answer is "yes", has the adjudication been removed? No Yes Are you related to the female applicant closer than second cousin?	2 Are you related to the male applicant closer than second cousin? No Yes
Are you related to the remain approach	3. Are you now under the influence of an alcoholic beverage?
Are you now under the influence of an alcoholic severage.	4. Are you now under the influence of a narcotic drug?
Are you now under the influence of a narcotic drug? List the full names of any dependent children. Yes List the full names of any dependent children.	5. List the full names of any dependent children.
List the full flames of any dependent emission 4.1	
	6. (a) Full name of applicant's father Beith Woods
(a) Full name of applicant's father Robert L. Clark, Sr.	6. (a) Full name of applicant's father (If adopted, list adoptive parents only)
(If adopted, list adoptive parents only)	Residence of father (if deceased, so state)
Residence of father (if deceased, so state)	Birthplace of father (State or foreign country)
Birthplace of father (State or foreign country). W. V. (b) Full maiden name of applicant's mother Butty Cork	(b) Full maiden name of applicant's mother
(If adopted list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) deceased	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
	ACKNOWLEDGEMENT
ACKNOWLEDGEMENT	I acknowledge that I have received information regarding dangerous communicable diseases that
acknowledge that I have received information regarding dangerous communicable diseases that	are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	
mmune deficiency syndromy. Date	Signature of Applicant Suduch CW and Date 5-19-0.
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment, because of religious beliefs.	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) fuelth Church in this application is true and correct.
Signed X	New Address SAME
New Address	Subscribed land sworn to before me this 19 day of 11/as, 2003
Subscribed and sworn to before me this day of Clerk of the Hendricks Circuit Court	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,
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	state facts which make the consent of the other parent unnecessary
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 #
FatherID #	Mother ID #
Mother ID # Subscribed and sworn to before me this day of	Subscribed and sworn to before me this day of
Subscribed and sworn to before me this day or Clerk	Clerk
	DE A various licenses having been refused to the above named narties the
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUL	RT. A marriage license having been refused to the above named parties, the Court, by written order issued License to the above named parties.
County	horizes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICEN	ISE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl	lerk of the Circuit Court of Hendricks County, Indiana, dated Bryant Clark and Judith Carol Woods Kelly Fansler Whitehurst (name)
2003, authorizing the marriage ofChristopher	Relly Fansler Whitehurst (name)
I further certify that the following marriage certificate was filed in my office	oresville in Morgan
certify that on June 7, 2003 (date), at County, Indiana, Christopher Bryant Clark Hondrid	endricks County Indiana
County, Indiana, Christopher Bryant Clark Hendric	cks County, Indiana (state
(state), and Judith Carol Woods of Hendric	ssued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated ehurst, Reverend (official designation)
May 19, 2003 Signed by Kelly Fansler White	ehurst, Reverend (official designation
Filed and recorded in accordance with the laws of the State of Indiana on _	dance 127 months
	Sharan Dugan
	Clark
	Signed

Clerk

STATE OF INDIANA

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Book 47
Page 26/
5-/9-03
Date of Application

IC 31-11-1. Furnishing false information upon applying for license.

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

Female Applicant > 50 No No No Medical Examination of Name of Physician Philipse (Name of Physician Philipse)

Female Applicant > 50 No Yes 1

If No, Medical Examination or Report Dated

Name of Physician Abilia Furguson

MALE APPLICANT	FEMALE APPLICANT
ame First Middle Last	Name First Middle Last
Keith LAVON Williams	Date of Birth Month Day Year
Pate of Birth Month Day Year 1972	Date of Birth Month Day Year 2/ 70
lace of Birth (State or foreign country) New Be-n N.C.	Place of Birth (State or foreign country)
esidence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
3325 Crestview DR Avon Hendricks FA	8325 Cresturin Cir Woon Had Iln 46/23
revious Marital Status: Never Married OR No. of Previous Marriages 4612 3	Previous Marital Status: Never Married OR No. of Previous Marriages
ast Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Pate of Birth Verified By: Birth Certificate Cher (Specify)	Date of Birth Verified By: Birth Certificate Other (Specify)
DEIVERS LICENSE	Drues's Rivinge
. 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?	If answer is "yes", has the adjudication been removed?
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 No Yes No Yes
3. Are you now under the influence of an alcoholic beverage?	5. Ale you now what the immediate of the land
4. Are you now under the influence of a narcotic drug? No Yes	Don A Laborit
List the full names of any dependent children.	5. List the full names of any dependent children.
(a) Full some of applicant's fother RODNEY LEE MORGON	(A) Full some of applicant's father N/A
. (a) Full name of applicant's father	6. (a) Full name of applicant's father (If adopted, list adoptive parents only)
(If adopted, list adoptive parents only)	Residence of father (if deceased, so state)
Residence of father (if deceased, so state) Birthplace of father (State or foreign country,	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother MARY A. WILLIAMS	(b) Full maiden name of applicant's mother Junda Ellen Nockha
(If -lanted list adoptive persons only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired mmune deficiency syndrome) LLL Llands Date 5-19-03	are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome)
Signature of Applicance Section 5.11	
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
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court	State of Indiana) County of Hendricks) New Address Subscribed and sworn to before me this
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court State of Indiana County of Hendricks New Address Subscribed and sworn to before me this Clerk of the Hendricks Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of Hendricks County of Hendricks County of Hendricks
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court State of Indiana County of Hendricks New Address Subscribed and sworn to before me this Clerk of the Hendricks Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of Hendricks The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledge and supplicant here is a supplication or signature to the above acknowledge and supplication is true and correct. Signed Clerk of the definition of the acknowledge and supplication is true and correct. Consent of Parents, Parent, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of Hendricks The above acknowledge and supplication or signature to the above acknowledge and supplication is true and correct.
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court State of Indiana County of Hendricks New Address Subscribed and sworn to before me this Clerk of the Hendricks Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of Hendricks Father ID # Mother
The above applicant has objected to verifying by oath or affirmation or signature to the above tecknowledgment because of religious beliefs. Clerk of Court	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court
The above applicant has objected to verifying by oath or affirmation or signature to the above tecknowledgment because of religious beliefs. Clerk of Court	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court
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The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

5-20-03 Date of Application

A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.	Female Applicant > 50 No Female Yes I Yes I If No, Medical Examination or Report Dated 5-20-03 Name of Physician Auril Halley MD
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last .	Name First Middle Last
Jason Gradley Rains	Date of Right Month Day Year
Date of Birth Month Par Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Andrena	Illinois
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
08 Wordberry Dr. Namylle Hend son 46/2	Previous Marital Status: Never Married OR No. of Previous Marriages
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages.
ast Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of Birth Verified By: Birth Certificate Other (Specify)	Date of Birth Verified By: Birth Certificate Other (Specify)
Druis Denine	Illinia Dreus Decense
If answer is "yes", has the adjudication been removed? Are you related to the female applicant closer than second cousin? Are you now under the influence of an alcoholic beverage? No Yes Yes Yes Yes No Yes Are you now under the influence of an alcoholic beverage? No Yes List the full names of any dependent children.	1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐ If answer is "yes", has the adjudication been removed? No ☐ Yes ☐ Yes ☐ Are you related to the male applicant closer than second cousin? No ☐ Yes ☐ 3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐ 4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐ 5. List the full names of any dependent children.
1 1.	
6. (a) Full name of applicant's father Melvin Gradley Hauns	6. (a) Full name of applicant's father Stephen John Kohle
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state) Birthplace of father (State or foreign country)
Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother (b) Full maiden name of applicant's mother	(b) Full maiden name of applicant's mother Alisa Aristeusling
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
The above applicant that objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana) County of Hendricks State of	State of Indiana) I swear/affirm that the information given County of Hendricks) Q in this application is true and correct.
Y Signed Your Same	The same of avoiding
Subscribed and sworn to before me this \(\text{\text{D}} \) day of \(\text{\text{My}} \) \(\text{Subscribed} \)	Subscribed and sworn to before me this duy of May Joe3 Clerk of the Hendricks Circuit Court
Show Sugar Clerk of the Hendricks Circuit Court	Clerk of the Fiendricks Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby 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)	State of Indiana) County of Hendricks)
Pather 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	Subscribed and sworn to before me this Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR	RT. A marriage license having been refused to the above named parties, the
Countyauth	Court, by written order issued
Leartify that there was filed in my office a marriage license issued by the Cle	SE AND MARRIAGE CERTIFICATE erk of the Circuit Court of Hendricks County, Indiana, dated May 23, Emilia Ann Robb
I further cartify that the following marriage certificate was filed in my office:	y Rains and Emilia Ann Robb I, Rev. Wendell R. Rany (name),
certify that on May 23, 2003 (date), at Dat	nville in Hendricks
County Indiana Jason Bradley Rains of Hend:	ricks County, Indiana
(state) and Emilia Ann Robb of Peoria	County, (state)
were married by me as authorized under a marriage license that was iss May 23, 2003. Signed by: Rev. Wendell R. Rany Filed and recorded in accordance with the laws of the State of Indiana on	sued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	Alasa Dugan
사용 사용하는 사용하는 경우 보고 그 사람이 아니라 하나 없다.	Signed Clerk
BOYCE FORMS • SYSTEMS 1-800-382-8702 1477	Hendricks Circuit Court

Clerk

STATE OF INDIANA

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Book <u>67</u>
Page <u>263</u>
<u>5-19-03</u>

31-11-4-4 commits a Class D felony.	
MALE APPLICANT	Name First Middle Last
re of Birth Month Day Orear 1981	Name Tamara Middle Curdiff Date of Birth Month Day Year
	Place of Birth (State or foreign country)
ce of Birth (State or foreign country)	$\pm N$
sidence Address Street or R.R. City County State 46	County State
126 Thorney Croft Indob. Marion IN	207 E Wall of 11100010 HEART 111 41
vious Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
st Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
te of Birth Verified By:	Date of Birth Verified By:
Privers License	Privers License
Are you now or have you ever been adjudged to be of unsound mind? No Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes Yes	If answer is "yes", has the adjudication been removed?
Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage? No Yes \(\sqrt{Yes} \) \(\sqrt{Yes} \) \(\sqrt{Yes} \) \(\sqrt{Yes} \)
Are you now under the influence of a narcotic drug?	
List the full names of any dependent children.	5. List the full names of any dependent children.
Steven East Duran	6. (a) Full name of applicant's father Denjamin Edward Cu
(a) Full name of applicant's father Steven Carl Sugar	6. (a) Full name of applicant's father (If adopted, list adoptive parents only)
(If adopted, list adoptive parents only)	Residence of father (if deceased, so state)
Residence of father (if deceased, so state) Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country), FN
(b) Full maiden name of applicant's mother Mercia isa Vivan to	(b) Full maiden name of applicant's mother Lilian Fise Hoy
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
acknowledge that I have received information regarding dangerous communicable diseases that the sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired amune deficiency syndrome).	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Date 5-19-03
he above applicant has objected to verifying by oath or affirmation or signature to the above cknowledgment because of religious beliefs. Lerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
nate of Indiana ounty of Hendricks Signed New Address New Address New Address Address	State of Indiana County of Hendricks Signed New Address Subscribed and sworn to before me this Clerk of the Hendricks Circuit Court
ONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
/e, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, ate 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
tate of Indiana)	State of Indiana)
ounty of Hendricks)	County of Hendricks) Father ID #
ather ID #	Father ID #
Nother ID # loseribed and sworn to before me this day of	Subscribed and sworn to before me this day of
Clerk	Cleri
COMPLETE IE MARRIAGE LICENSE ISSUED BY ORDER OF COUR	T. A marriage license having been refused to the above named parties, the Court, by written order issued
County	and the second s
nd filed in, auth	
County, auth RETURN OF MARRIAGE LICENS cortify that there was filed in my office a marriage license issued by the Cle	SE AND MARRIAGE CERTIFICATE ork of the Circuit Court of Hendricks County, Indiana, dated May 19,
County	SE AND MARRIAGE CERTIFICATE ork of the Circuit Court of Hendricks County, Indiana, dated May 19. ougan and Tamara Marie Cundiff I David G. Buckner (name)
County	SE AND MARRIAGE CERTIFICATE ork of the Circuit Court of Hendricks County, Indiana, dated May 19, ougan and Tamara Marie Cundiff I, David G. Buckner (name)
County RETURN OF MARRIAGE LICENS certify that there was filed in my office a marriage license issued by the Cle 2003 , authorizing the marriage of Marcus Lee I further certify that the following marriage certificate was filed in my office: ertify that on May 31, 2003 (date), at Pi County Marcus Lee Dugan of Hence	SE AND MARRIAGE CERTIFICATE ork of the Circuit Court of Hendricks County, Indiana, dated May 19, ougan and Tamara Marie Cundiff I, David G. Buckner (name) ittsboro in Hendricks dricks County, Indiana
RETURN OF MARRIAGE LICENS certify that there was filed in my office a marriage license issued by the Cle 2003, authorizing the marriage of	SE AND MARRIAGE CERTIFICATE ork of the Circuit Court of Hendricks County, Indiana, dated May 19. ougan and Tamara Marie Cundiff I David G. Buckner (name)

APPLICATION 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. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court 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 Yes 7 The State of Physician 7 Aren 1 The State of Physician 2
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last Ourtis Out of Birth Month Day Year	Name Birst Middle Last Date of Birth Month Day Gear 8
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State 46
1015 Minnegan Rd Waterman DiKilliell. 6055	Previous Marital Status: Never Married OR No. of Previous Marriages.
Toylood Marian State Control of the	Last Marriage Ended By: Death Divorce Annulment Date
	Date of Birth Verified By: Birth Certificate Other (Specify)
Date of Birth Verified By: Birth Certificate L+Other (Specify)	0, , 8.
Min Druer a Sedina	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 ☐ Yes ☐ Are you related to the female applicant closer than second cousin? No ☐ Yes ☐ Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐ 4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐ 5. List the full names of any dependent children.	If answer is "yes", has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.
6. (a) Full name of applicant's father Norman Sharlaugh (If adopted, list adoptive parents only)	6. (a) Full name of applicant's father Synn Snegler (If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Birthplace of father (State or foreign country) (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Residence of mother (State or foreign country)	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)
I acknowledge that I have received information regarding dangerous communicable diseases 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 Da	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome) Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
acknowledgment because of religious beliefs. Clerk of Court Date	Clerk of Court Date
State of Indiana County of Hendricks) Signed New Address Subscribed and sworn to before me this Clerk of the Hendricks Circuit Court	State of Indiana County of Hendricks Signed New Address Subscribed and sworn to before me this Clerk of the Hendricks Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana) County of Hendricks) Father	State of Indiana) County of Hendricks) Father ID # Mother ID #
Mother ID # Subscribed and sworn to before me this day of Clerk	Subscribed and sworn to before me this day of Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR County, auti	RT. A marriage license having been refused to the above named parties, the Court, by written order issued norizes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICEN I certify that there was filed in my office a marriage license issued by the Cl	SE AND MARRIAGE CERTIFICATE erk of the Circuit Court of Hendricks County, Indiana, dated May 20, Laura Ruth Snyder
I further certify that the following marriage certificate was filed in my office certify that on	In Sharbadgh and
(state), and Laura Ruth Snyder of Hendric were married by me as authorized under a marriage license that was is May 20, 2003. Signed by: Roger D. Peugh Filed and recorded in accordance with the laws of the State of Indiana on	
Filed and recorded in accordance with the laws of the State of Indiana on	Signed Slarax Dugan Clerk

Signed ______ Hendricks Circuit Court

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

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

IC 31-11-1. Furnishing false information upon applying for license.

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

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

MALE APPLICANT	FEMALE APPLICANT
Scott J Humble	Name Petorah Middle Hetzel
ate of Birth Month Day Year	Date of Birth Month Day Year
1000 of Birth (State of Section 1)	5 27 1980
lace of Birth (State or foreign country)	Place of Birth (State or foreign country)
esidence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
343 old Colony Rd 716 Indpls Hendricks IN	1867 Chatham Place Danville Herd INTO
revious Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
ast Marriage Ended By: Death Divorce Annulment Date 1999	
Annument Date ///	Last Marriage Ended By: Death Divorce Annulment Date
ate of Birth Verified By: Birth Certificate Other (Specify)	Date of Birth Verified By: Birth Certificate Other (Specify)
Drivers License	Drivers License
Are you now or have you ever been adjudged to be of unsound mind? No Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes Are you related to the female applicant closer than second cousin?	If answer is "yes", has the adjudication been removed?
Are you related to the female applicant closer than second cousin? No Yes Yes Yes	2. Are you related to the male applicant closer than second cousin? No Yes Are you related to the male applicant closer than second cousin?
Are you now under the influence of a narcotic drug?	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No ✓ Yes ☐ Yes ☐
List the full names of any dependent children. Ca OD brandon.	4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.
Olivia Humble	
(a) Full name of applicant's father John Humble	6 Follows Wenneth & Hotzat
(If adopted, list adoptive parents only)	6. (a) Full name of applicant's father (If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother (b) Full maiden name of applicant's mother	Birthplace of father (State or foreign country)
(If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother Margaret E Matthe
Residence of mother (if deceased, so state)	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACCIONAL DE LA COMPANIA DEL COMPANIA DEL COMPANIA DE LA COMPANIA D	
ACKNOWLEDGEMENT acknowledge that I have received information regarding dangerous communicable diseases that	ACKNOWLEDGEMENT
e sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
mune deficiency syndrome)	immune deficiency syndrome)
gnature of Applicant Susta J. 100 Date 20 HAY 63	Signature of Applicant Colorado Hetzel Date 5/2003
he above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
knowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Prk of Court Date	Clerk of Court Date
ite of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
ounty of Hendricks in this application is true and correct.	County of Hendricks true and correct.
New Address 16418 CADILL LN#B AVON IN 46123	Signed Signed Revenue Address
oscribed and sworn to before me this day of	Subscribed and sworn to before me this day of
Clerk of the Hendricks Circuit Court	Clerk of the Hendricks Circuit Court
NSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
e facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
a of Indiana	State of Indiana)
inty of Hendricks)	County of Hendricks)
inty of Hendricks) iner ID #	Father ID #
inty of Hendricks) her ID # ther ID #	Father ID # Mother ID #
inty of Hendricks) her ID # ther ID #	Father ID #
anty of Hendricks) ther ID # ther ID # scribed and sworn to before me this day of Clerk	Father ID # Mother ID # Subscribed and sworn to before me this day of Clerk
onty of Hendricks) her ID # ther ID # scribed and sworn to before me this day of Clerk OMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT County	Father
onty of Hendricks) her ID # ther ID # scribed and sworn to before me this day of Clerk OMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT County	Father
onty of Hendricks) her ID # ther ID # scribed and sworn to before me this day of Clerk OMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT County, author	Father
county of Hendricks) ther ID # ther ID # pscribed and sworn to before me this day of Clerk DMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT County, authors RETURN OF MARRIAGE LICENSE ertify that there was filed in my office a marriage license issued by the Clerk	Father
ID #	Father
ther ID #	Father
ID #	Father
mer	Father
rity of Hendricks) are	Father
rtify that there was filed in my office a marriage license issued by the Clerk RETURN OF MARRIAGE LICENSE RETURN	Father

Signed _____ Hendricks Circuit Court

Clerk

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Page . 5-20-03
Date of Application

IC 31-11-11. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.	Female Applicant > 50 No 4 Yes 5-17-03 If No, Medical Examination or Report Dated Name of Physician Name of Physician
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name First Middle 18 Last
michael rawrence Fisk	Date of Birth Month Day Year
Date of Birth Month Day Year	Date of Birth Month Day 16ar 58
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Place of Birth (State of Foleign Country)	Milana State
Residence Address Street or R.R. City Sounty State	Residence Address Street or R.R. City County State
1013 Woodfield Cir. Won Hund Sh 4623	Previous Martial Status: Never Married OR No. of Previous Marriages
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 2003	Last Marriage Ended By: Death Divorce Annulment Date 1989
Date of Birth Verified By: Birth Certificate Other (Specify)	Date of Birth Verified By: Birth Certificate Other (Specify)
Druis Seance	Drues & Jeanse
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 I If answer is "yes", has the adjudication been removed? No Yes I
If answer is "yes", has the adjudication been removed?	2 Are you related to the male applicant closer than second cousin? No Yes
Z. Are you related to the remain appream cross than see the	2. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
5. Are you now under the introduce of an account	4. Are you now under the influence of a narcotic drug?
4. Ale you now under the mindered of a hillion Make to Sausence	List the full names of any dependent children.
5. List the full names of any dependent children. Street Rollison	
amble Nieble Rollison	Stand & Correct
6. (a) Full name of applicant's father Attiven 9. Full	6. (a) Full name of applicant's father Warrol 3. Correct
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only) Residence of father (if deceased, so state)
Residence of father (if deceased, so state)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Unginear Aussia	
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). CSignature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date 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
State of Indiana) County of Hendricks) I swear/affirm that the information given fin this application is true and correct.	State of Indiana) County of Hendricks) Signed I swear/affirm that the information given in this application is true and correct.
Signed SAME 20 1002	
Subscribed and sworn to before me this day of Clerk of the Hendricks Circuit Court	Subscribed and sworn to before me this day of May 2003 Clerk of the Hendricks Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby 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)
State of Indiana) County of Hendricks)	County of Hendricks)
Fother ID #	Father ID # Mother ID #
Mother ID #	Mother day of
Subscribed and sworn to before me this day of Clerk	Subscribed and sworn to before the dataClerk
	RT. A marriage license having been refused to the above named parties, the Court, by written order issued Legisland directs the issuance of a marriage license to the above named parties.
County	horizes 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 Cl., authorizing the marriage ofMichael Law	NSE AND MARRIAGE CERTIFICATE lerk of the Circuit Court of Hendricks County, Indiana, dated May 20, 2003 verence Fisk and Lorrah Lee Thomerson (name), I. Ronald H. Bell (name),
Marr 21 2001 (dota) of A	VOII
County, Indiana, Michael Lawrence Fisk of	Hendricks County, Indiana (state)
ne coco CiIbii Donald U Boll Dull	WILLIS CEL
Filed and recorded in accordance with the laws of the State of Indiana on _	June 10, 2003 (date).
BOYCE FORMS • SYSTEMS 1-800-382-8702 1477	Signed Clerk Hendricks Circuit Courses Dugas Clerk

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Book 47
Page 261
5-20-03
Date of Application

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

Female Applicant > 50 No Yes U 5 - 20 - 03

If No, Medical Examination or Report Dated

Name of Physician Audit Masley M.D

Name First Middle Last	FEMALE APPLICANT
22-62.	Name First Middle Last
Date of Birth Month Day Year 30 11	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State 44
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital States: 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:	Date of Birth Verified By: Birth Certificate Green (Specify)
Druis o Leanie	Druis's Genne
1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐ If answer is "yes", has the adjudication been removed? No ☐ Yes ☐ 2. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐ 3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐ 4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐ 5. List the full names of any dependent children.	1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐ If answer is "yes", has the adjudication been removed? No ☐ Yes ☐ 2. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐ 3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐ 4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐ 5. List the full names of any dependent children.
6. (a) Full name of applicant's father Surry Vayne (analy) 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)	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)	Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Maryland
I acknowledge that I have received information regarding dangerous communicable diseases 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 5-20-03	I acknowledge that I have received information regarding dangerous communicable diseases 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 5-30-0
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of Hendricks Signed New Address I swear/affirm that the information given in this application is true and correct.	State of Indiana) I swear/affirm that the information given County of Hendricks) Kelly Hubble in this application is true and correct. New Address Same
Subscribed and sworn to before me this 20 day of Clerk of the Hondricks Circuit Court	Subscribed and sworn to before me this 20 day of 1003 Clerk of the Hendricks Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana) County of Hendricks) Father ID #	State of Indiana) County of Hendricks) ID #
Mother ID # Subscribed and sworn to before me this day of	Mother ID # Subscribed and sworn to before me this day of Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	THE RESERVE AND ADDRESS OF THE PARTY OF THE
County, authori	Court, by written order issued
AND A THE RESIDENCE OF THE PROPERTY OF THE PRO	
RETURN OF MARRIAGE LICENSE I certify that there was filed in my office a marriage license issued by the Clerk 2003, authorizing the marriage of Zachary Ryan of	of the Circuit Court of Hendricks County, Indiana, dated May 20, Canada Kelly Jo Huber
	Patr Cana Foular
certify that on June 14, 2003 (date), at Indian County, Indiana, (state), and Kelly Jo Huber of Hendricks	icks County Indiana
(state), and Kelly Jo Huber of Hendricks	County, Indiana (state)
were married by me as authorized under a marriage license that was issue May 20, 2003. Signed by: Rev. Gene Fowler Filed and recorded in accordance with the laws of the State of Indiana on	by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Pastor (official designation)

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Page 5-21-03 Date of Application

IC 31-11-11. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.	Female Applicant > 50 No Yes \(\square \) If No, Medical Examination or Report Dated Name of Physician \(\square \) \(\text{Deon} \) \(\text{DBG} \) Name of Physician \(\square \)
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name Sirst Middle Last Ourry
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Malana	Mulana
Residence Address Street or R.R. City County State Hold	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 2002	Last Marriage Ended By: Death Divorce Annulment Date 2002
Date of Birth Verified By: Birth Certificate Gther (Specify)	Date of Birth Verified By: Birth Certificate Other (Specify)
Indiane I D Card	Drus's Sesine
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes I If answer is "yes", has the adjudication been removed? No Yes 2. Are you related to the female applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes 4. Are you now under the influence of a narcotic drug? No Yes 5. List the full names of any dependent children.	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes I fanswer is "yes", has the adjudication been removed? No Yes Are you related to the male applicant closer than second cousin? No Yes Are you now under the influence of an alcoholic beverage? No Yes Are you now under the influence of a narcotic drug? Yes State the full names of any dependent children.
(If adopted, list adoptive parents only) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) Residence of mother (if deceased, so state) Residence of mother (State or foreign country) Residence of mother (State or foreign country) Residence of mother (State or foreign country)	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)
I acknowledge that I have received information regarding dangerous communicable diseases 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 5/2/03 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 5/2/103	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date Date
State of Indiana) I swear/affirm that the information given in this application is true and correct.	State of Indiana County of Hendricks in this application is true and correct. Signed
Subscribed and sworn to before me this day of May, 2003 Clerk of the Hendricks Circuit Court	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	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby 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) Father ID #	County of Hendricks) 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	Subscribed and sworn to before me this day of Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR	AT. A marriage license having been refused to the above named parties, the
and filed in, auth	Court, by written order issued
I certify that there was filed in my office a marriage license issued by the Cle 2003 , authorizing the marriage of Michael Shane I further certify that the following marriage certificate was filed in my office: certify that on May 21, 2003 (date), at Day County, Indiana, Michael Shane Curry of Hendicates) and Dawn Elizabeth Curry of Hendicates.	dricks County, Indiana (state)
wars married by me as authorized under a marriage license that was iss	sued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Hend Co Deputy Clerk (official designation)
BOYCE FORMS • SYSTEMS 1-800-382-8702 1477	Signed Slaver Dugar Clerk Hendricks Circuit Court

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

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

IC 31-11-1. Furnishing false information upon applying for license.

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

Female Applicant > 50 No Yes I If No, Medical Examination or Report Dated Name of Physician Name of Physicia

IC 31-11-4-4 commits a Class D felony.	Traine of Thysician
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name First Middle Last
Date of Birth Month Day Year	Date of Birth Month Day Year
4 13 65	1 7 64
Place of Birth (State or foreign country) West Visain in	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
8186 Story Dr. Camby Gend In 46/13	8/86 Story Dr. Camby Head In Hells
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Sulftus: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 1998	Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ☐ 2000
Date of Birth Verified By:	Date of Birth Verified By: Birth Certificate
Drues in Senene	Drews is Service
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?	If answer is "yes", has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐ 3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐	2. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐ 3. Are 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?
5. List the full names of any dependent children. San Scott Clicott,	5. List the full names of any dependent children. Holly Dee Holl,
Hanna Kay Clevett, Kackel Chysbeth	Holey Jyn Holt
6. (a) Full name of applicant's father James Roger Ellevitt D.	6. (a) Full name of applicant's father
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only) Samuel Henry Dur
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country) West Yurginee	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother And Hay Johnson (If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother Linelogic Bie Dand (If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) West Virginia	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country) West Visiginia	Birthplace of mother (State or foreign country)
are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrone). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court
State of Indiana County of Hendricks Signed New Address Subscribed and sworn to before me this 22 day of Clerk of the Rendricks Circuit Court	State of Indiana County of Hendricks X Signed New Address Subscribed and sworn to before me this Clerk of the Hendricks Circuit Court
Sharah lade.	Tharan Augan Clerk of the Helidicks Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby 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)
State of Indiana) County of Hendricks)	State of Indiana) County of Hendricks)
Father ID #	Father ID #
Mother ID # Subscribed and sworn to before me this day of	Mother ID # Subscribed and sworn to before me this day of
Clerk	Clerk
	T. A marriage license having been refused to the above named parties, the Court, by written order issued
	orizes and directs the issuance of a marriage license to the above named parties.
	SE AND MARRIAGE CERTIFICATE
	rk of the Circuit Court of Hendricks County, Indiana, dated May 22,
2003 , authorizing the marriage of James Roger E	Illiott, Jr. and Melissa Faye Holt
certify that on June 7, 2003 (date) at Cam	I, <u>Jason B. Lane</u> (name),
County, Indiana, James Roger Elliott, Jr. of Hend	ricks County, Indiana
(state), and Melissa Faye Holt of Hendrick	County, Indiana (state)
	ued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated
Filed and recorded in accordance with the laws of the State of Indiana on	

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Book 47
Page 270
5-32-03
Date of Application

IC 31-11-11. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.	Female Applicant > 50 No Yes I If No, Medical Examination or Report Dated Name of Physician David Hally 700
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last Barnett Date of Birth Month Day Year	Name Sally Date of Birth Name Middle Last Amplell Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country) Ohio
Residence Address Street or R.R. City County State 580 Browles Ad Quon Hend Sh Ha23	Residence Address, Street or R.R. City County State 5580 Broules Rol avon Hung Ilm 4423
Previous Marital Status: Never Married OR No. of Previous Marriages 2	Previous Marital States: Never Married OR No. of Previous Marriages
ast Marriage Ended By: Death Divorce Annulment Date 1989	Last Marriage Ended By: Death Divorce Annulment Date 1986
Date of Birth Verified By: Birth Certificate Other (Specify)	Date of Birth Verified By: Birth Certificate Other (Specify)
Druis Genie	Druis Seine
If answer is "yes", has the adjudication been removed? If answer is "yes", has the adjudication been removed? If answer is "yes", has the adjudication been removed? If answer is "yes", has the adjudication been removed? If answer is "yes", has the adjudication been removed? No Yes Yes Are you now under the influence of an alcoholic beverage? No Yes List the full names of any dependent children.	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes I fanswer is "yes", has the adjudication been removed? No Yes 2. Are you related to the male applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes 4. Are you now under the influence of a narcotic drug? No Yes 5. List the full names of any dependent children.
(If adopted, list adoptive parents only) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) (If adopted, list adoptive parents only) Residence of father (State or foreign country) (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Residence of mother (State or foreign country)	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) Sentucy
acknowledge that I have received information regarding dangerous communicable diseases that re sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired munne deficiency syndrome) Date 5/22/03	ACKNOWLEDGEMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Color Date 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	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of Hendricks Signed New Address Subscribed and sworn to before me this Clerk of the Vendricks Circuit Court	State of Indiana) I swear/affirm that the information given in this application is true and correct. Signed Clondell (New Address Subscribed and sworn to before me this Clerk of the Dendricks Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana) County of Hendricks) Father ID #	State of Indiana) County of Hendricks) Father ID # Mother ID #
Mother ID # Subscribed and sworn to before me this day of Clerk	Subscribed and sworn to before me this day of Clerk
County	T. A marriage license having been refused to the above named parties, the Court, by written order issued
RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the Cle 2003 authorizing the marriage of Robert B	SE AND MARRIAGE CERTIFICATE rk of the Circuit Court of Hendricks County, Indiana, dated May 22, arnett and Sally L Campbell I, Janet S. Smith (name),
wars married by me as authorized under a marriage license that was iss	ks County, Indiana (state) ks County, Ourt of Hendricks County Indiana dated
May 22, 2003 Signed by: Janet S. Smith Filed and recorded in accordance with the laws of the State of Indiana on	Hend Co Deputy Clerk (official designation) June 5, 2003 (date).

Signed ______ Hendricks Circuit Court Clerk

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Book 47
Page 27/
5-22-03
Date of Application

FEMALE APPLICANT MALE APPLICANT Name Name Date of Birth Date of Birth Place of Birth (State or foreign country) Place of Birth (State or foreign country) Residence Address Street or R.R Residence Address 188 avon OR No. of Previous Marriages. OR No. of Previous Marriages. Never Married Previous Marital Status: Never Married Death Divorce Annulment Date 2000 Death Divorce Annulment Date Last Marriage Ended By: Last Marriage Ended By: Other (Specify) Other (Specify) ☐ Birth Certificate ☐ Birth Certificate Date of Birth Verified By: Date of Birth Verified By: Are you now or have you ever been adjudged to be of unsound mind? No Yes No Yes Are you now 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 🗆 No Yes Are you related to the female applicant closer than second cousin? Are you related to the male applicant closer than second cousin? No Yes No TYes Are you now under the influence of an alcoholic beverage? Are you now under the influence of an alcoholic beverage? Are you now under the influence of a narcotic drug? No - Yes No Yes Are you now under the influence of a narcotic drug List the full names of any dependent children the full names of any dependent children. 6. (a) Full name of applicant's father Haul 6. (a) Full name of applicant's father (If adopted, list adoptive parents only) (If adopted, list adoptive parents only) Residence of father (if deceased, so state) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) Birthplace of father (State or foreign country) Full maiden name of applicant's mother Kathlee (b) Full maiden name of applicant's mother (If adopted, list adoptive parents only) (If adopted, list adoptive parents only) . Residence of mother (if deceased, so state) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) ACKNOWLEDGEMENT **ACKNOWLEDGEMENT** I acknowledge that I have received information regarding dangerous communicable diseases that I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a tryt of the test sites for the virus that causes AIDS (acquired are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). immune deficiency syndrome) Signature of Applicant Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. acknowledgment because of religious beliefs. Clerk of Court Clerk of Court Date State of Indiana State of Indiana I swear/affirm that the information given I swear/affirm that the information given County of Hendricks in this application is true and correct. in this application is true and correct. County of Hendricks New Address __ SAME Subscribed and sworn to before me this and day of ______ Clerk of the Bend _ Clerk of the Bendricks Circuit Court 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, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary _ State of Indiana) County of Hendricks) County of Hendricks) Father __ Father _ Mother . Subscribed and sworn to before me this _ Subscribed and sworn to before me this __ COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _ Court, by written order issued _ _____ County _ ___, authorizes and directs the issuance of a marriage license to the above named parties. and filed in _ RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 22, __ and __Kristine Elizabeth Scruggs. ____, authorizing the marriage of Paul Harlin Boone I further certify that the following marriage certificate was filed in my office: I, _____Donald Short ____(date), at ___Indianapolis certify that on June 14, 2003 ___ in ___ ___of _Hendricks County, Indiana, Paul Harlin Boone Indiana _County, _ (state), and Kristine Elizabeth Scruggs Hendricks County, Indiana were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated

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

May 22, 2003 . Signed by: Donald Short

Filed and recorded in accordance with the laws of the State of Indiana on ______ June 24, 2003

Signed Slaran Augan
Hendricks Circuit Court

Evangelist

_ Clerk

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

IC 31-11-11-1. Furnishing false information upon applying for license.

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

Date of Application

No 🗗

Yes 🗆

IC 31-11-11. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.	Female Applicant > 50 No Yes Temporal Yes If No, Medical Examination or Report Dated Name of Physician ALAN SECCOULT 2
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last SCOTT FALBE	Name First Middle BEATY
Date of Birth Month Day Year 1977	1 10 1978
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State 10384 CARRINGTON WAY INDEED HENDRICKS IN	Residence Address Street or R.R. City County State 10384 CARRINGTON WAY TADRES HEADERCES 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	
Date of Birth Verified By: Birth Certificate Other (Specify)	Date of Birth Verified By: Birth Certificate Other (Specify)
DRIVERS LICENSE	DRIVERS LICENSE
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes I f answer is "yes", has the adjudication been removed? No Yes 2. Are you related to the female applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes 4. Are you now under the influence of a narcotic drug? No Yes 5. List the full names of any dependent children.	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes", has the adjudication been removed? No Yes 2. Are you related to the male applicant closer than second cousin? No Yes 4. Are you now under the influence of an alcoholic beverage? 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)	6. (a) Full name of applicant's fath (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)
are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant 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	are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquire immune deficiency syndrome) Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of Hendricks Signed New Address Subscribed and sworn to before the this 22 day of MAC 7005	State of Indiana County of Hendricks Signed I swear/affirm that the information give in this application is true and correct signed
Signed New Address SAME Subscribed and sworn to before me this ZZ day of Clerk of the Hendricks Circuit Court	Subscribed and sworn to before me this 20 day of Clerk of the Hendricks Circuit Cou
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent sign state facts which make the consent of the other parent unnecessary
State of Indiana) County of Hendricks)	State of Indiana) County of Hendricks) ID #
Father ID # Mother ID #	Mother ID #
Subscribed and sworn to before me this day of Clerk	Subscribed and sworn to before me this day of Cler
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR	T. A marriage license having been refused to the above named parties, the
County	Court, by written order issued orizes and directs the issuance of a marriage license to the above named partie
RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the Cle 2003 authorizing the marriage of Brandon Scot	SE AND MARRIAGE CERTIFICATE ork of the Circuit Court of Hendricks County, Indiana, dated May 22, t Falbe and Kristy Lee Beaty
certify that on June 21, 2003 (date) at A	I, Rev. Royce Willerton (name von in Hendricks dricks County, Indiana
were married by me as authorized under a marriage license that was iss	County, Indiana (statement of the Circuit Court of Hendricks County, Indiana, datement of the Circuit Court of Hendricks County, Indiana, datement of the Circuit Court of Hendricks County, Indiana, datement of the Circuit Court of Hendricks County, Indiana, datement of the Circuit Court of Hendricks County, Indiana (statement of the Circuit Court of Hendricks County, Indiana (statement of the Circuit Court of Hendricks County, Indiana (statement of the Circuit Court of Hendricks County, Indiana (statement of the Circuit Court of Hendricks County, Indiana (statement of the Circuit Court of Hendricks County, Indiana (statement of the Circuit Court of Hendricks County, Indiana (statement of the Circuit Court of Hendricks County, Indiana, datement of the Circuit Court of Hendricks County, Indiana, datement of the Circuit Court of Hendricks County, Indiana, datement of the Circuit Court of Hendricks County, Indiana, datement of the Circuit Court of Hendricks County, Indiana, datement of the Circuit Court of Hendricks County, Indiana, datement of the Circuit Court of Hendricks County, Indiana, datement of the Circuit Court of Hendricks County, Indiana, datement of the Circuit Court of Hendricks County, Indiana, datement of the Circuit Court of Hendricks County, Indiana, datement of the Circuit Court of Hendricks County, Indiana, datement of the Circuit Court of Hendricks County, Indiana, datement of the Circuit Court of Hendricks County, Indiana, datement of the Circuit Court of Hendricks County, Indiana, datement of the Circuit Court of Hendricks County, Indiana, datement of the Circuit Court of Hendricks County, Indiana, datement of the Circuit Court of Hendricks County, Indiana, datement of the Circuit Court of Hendricks County, Indiana, datement of the Circuit Court of Hendricks County, Indiana, datement of the Circuit Court of Hendricks County, Indiana, datement of the Circuit Court of Hendricks County, Indiana, datement of the Circuit Court of Hendricks Court of Hendricks Court of Hendricks Court of Hendricks C
The and recorded in accordance with the fairs of the state of indiana on	Signed Slaran Dugan Cler
BOYCE FORMS • SYSTEMS 1-800-382-8702 1477	Hendricks Circuit Court

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Book 47
Page 373
5-22-03
Date of Application

Name of Physician FEMALE APPLICANT
Date of Birth (State or foreign country) Residence Address Street or R.R. City County State Previous Marriages Previous Marital Status: Never Married OK 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 Are you now under the influence of an alcoholic beverage? No Yes Are you now under the influence of a narcotic drug? No Yes List the full names of any dependent children.
Date of Birth (State or foreign country) Residence Address Street or R.R. City County State Previous Marrial Status: 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 Are you now under the influence of an alcoholic beverage? No Yes Are you now under the influence of a narcotic drug? No Yes List the full names of any dependent children.
Date of Birth (State or foreign country) Residence Address Street or R.R. City County State Of No. of Previous Marriages. Previous Marital Status: Never Married Of 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 Are you related to the male applicant closer than second cousin? No Yes Are you now under the influence of an alcoholic beverage? No Yes List the full names of any dependent children.
Place of Birth (State or foreign country) Residence Address
Residence Address Street or R.R. City County States City County States
Previous Marital Status: Never Married OR No. of Previous Marriages Last Marriage Ended By: Death Divorce Annulment Date Date of Birth Verified By: Birth Certificate Other (Specify) 1. Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes", has the adjudication been removed? No Yes 2. Are you related to the male applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes 5. List the full names of any dependent children.
Previous Marital Status: 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 If answer is "yes", has the adjudication been removed? No Yes If answer is "yes", has the adjudication been removed? No Yes If answer is "yes", has the adjudication been removed? No Yes If answer is "yes", has the adjudication been removed? No Yes If answer is "yes", has the adjudication been removed? No Yes If answer is "yes", has the adjudication been removed? No Yes If answer is "yes", has the adjudication been removed? No Yes If answer is "yes", has the adjudication been removed? No Yes If answer is "yes", has the adjudication been removed? No Yes If answer is "yes", has the adjudication been removed? No Yes If answer is "yes", has the adjudication been removed? No Yes If answer is "yes", has the adjudication been removed? No Yes If answer is "yes", has the adjudication been removed? No Yes If answer is "yes", has the adjudication been removed? No Yes If answer is "yes", has the adjudication been removed? No Yes If answer is "yes", has the adjudication been removed? No Yes If answer is "yes", has the adjudication been removed? No Yes If answer is "yes", has the adjudication been removed? No Yes If answer is "yes", has the adjudication been removed? No Yes If answer is "yes", has the adjudication been removed? No Yes If answer is "yes", has the adjudication been removed? No Yes If answer is "yes", has the adjudication been removed? No Yes If answer is "yes", has the adjudication been removed? No Yes If answer is "yes", has the adjudication been removed? No Yes If answer is "yes", has the adjudication been removed?
Last Marriage Ended By: Death Divorce Annulment Date Date of Birth Verified By: Birth Certificate Other (Specify) 1. Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes", has the adjudication been removed? No Yes 2. Are you related to the male applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes 5. List the full names of any dependent children.
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes", has the adjudication been removed? No Yes 2. Are you related to the male applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes 4. Are you now under the influence of a narcotic drug? No Yes 5. List the full names of any dependent children.
If answer is "yes", has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. 6. (a) Full name of applicant's father Senny Mac Mc Clean
If answer is "yes", has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.
If answer is "yes", has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.
2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. 6. (a) Full name of applicant's father Senny Mac Mc Clean
 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. 6. (a) Full name of applicant's father Senny Mac Mc Clean
 List the full names of any dependent children. (a) Full name of applicant's father Benny Mac Mc Clear
6. (a) Full name of applicant's father Benny Mac Mc Clear
(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 Almeta Koris Sous
(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)
I acknowledge that I have received information regarding dangerous communicable diseases 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 5/22/82
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of Hendricks Signed New Address Subscribed and sworn to before me this 22 day of Many 3003
Clerk of the Headricks Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana) County of Hendricks)
Father ID # ID # Subscribed and sworn to before me this day of
Clerk
A marriage license having been refused to the above named parties, the Court, by written order issued
es and directs the issuance of a marriage license to the above named parties.
AND MARRIAGE CERTIFICATE of the Circuit Court of Hendricks County, Indiana, dated May 22, Neeb and Casey Lynn McCleary
Neeb and Casey Lynn McCleary Douglas Lay (name), ovia in Morgan cks County, Indiana
ovia in Morgan (name),
cks County, Indiana
e County, Indiana (state) by the Clerk of the Circuit Court of Hendricks County, Indiana, dated
hard Cl 1 c 1
A A A A A A A A A A A A A A A A A A A

Signed _____ Hendricks Circuit Court

Clerk

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Book
Page 274
5-22-03
Date of Application

Clerk

IC 31-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.	Female Applicant > 50 No Yes 15-22-03 If No, Medical Examination or Report Dated Name of Physician 17. Gaday
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last Name Date of Birth Month Day Year	Name CeleSte A. Track Date of Birth Month Day Year
Place of Birth (State or foreign country) KANSUS Residence Address Street or R.R. City County State 103 S SR HI ALON HEND TAL	Place of Birth (State or foreign country) Residence Address Street or R.R. City County State 1301 Legacy (+. Tanaple. Hence Talapane)
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 Date of Birth Verified By: Birth Certificate Other (Specify)	Date of Birth Verified By: Birth Certificate Other (Specify)
Driver's Linense	Driver's License
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes I fanswer is "yes", has the adjudication been removed? No Yes Are you related to the female applicant closer than second cousin? No Yes Are you now under the influence of an alcoholic beverage? No Yes Are you now under the influence of a narcotic drug? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes I If answer is "yes", has the adjudication been removed? No Yes S. Are you related to the male applicant closer than second cousin? No Yes Are you now under the influence of an alcoholic beverage? No Yes S. List the full names of any dependent children.
6. (a) Full name of applicant's father James Selmies (If adopted, list adoptive parents only) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Thatiana Indiana	6. (a) Full name of applicant's father JOHO P. TVOCH (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 5/72/03	ACKNOWLEDGEMENT I acknowledge that I have received information regarding dangerous communicable diseases 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 5/09/03
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	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of Hendricks New Address Subscribed and sworn to before me this 22 day of 2003 Clerk of the Hendricks Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	State of Indiana County of Hendricks Signed New Address Subscribed and sworn to before me this 22 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)	state facts which make the consent of the other parent unnecessary State of Indiana)
County of Hendricks) Father ID # Mother ID #	County of Hendricks) Father ID # Mother ID #
Subscribed and sworn to before me this day of Clerk	Subscribed and sworn to before me this day of Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT	T. A marriage license having been refused to the above named parties, the Court, by written order issued
and filed in, author	orizes 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 Cler 2003 authorizing the marriage of James Renaa S	E AND MARRIAGE CERTIFICATE rk of the Circuit Court of Hendricks County, Indiana, dated May 22, Selmier II and Celeste Ann Tracy
I further certify that the following marriage certificate was filed in my office: certify that on June 7, 2003 (date), at Brown County Indiana James Renaa Selmier II of Hence	I, Richard S. Kassel (name), wnsburg in Hendricks
were married by me as authorized under a marriage license that was issumed and recorded in accordance with the laws of the State of Indiana on	ned by the Clerk of the Circuit Court of Hendricks County, Indiana, dated

Signed ______ Hendricks Circuit Court

Clerk

STATE OF INDIANA

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

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

C 31-11-4-4 commits a Class D felony.	
MALE APPLICANT	FEMALE APPLICANT
ame First Middle Last	Name Prirst Middle Plast
andrew L B.115	bramon - Diail
ate of Birth Month Day Year	Date of Birth Month Day Year
3 24 1972	Place of Birth (State or foreign country)
ace of Birth (State or foreign country)	Place of Birth (state of foleign country)
esidence Address Street or R.R. City County State	Residence Address , Street or R.R. City , County, State
esidence Address Street or R.R. City County State 154 Holifaz Ct Indob Herdricks IN 46231	1154 Halifaz Ct Indots Herdricks IN 4
VI Harrisa	Previous Marital Status: Never Married OR No. of Previous Marriages
evious Marital Status: Never Married OR No. of Previous Marriages	Pievious Marital Status. Never Marited
ast Marriage Ended By: Death Divorce Annulment Date 2000	Last Marriage Ended By: Death Divorce Annulment Date 1996
ist Wairiage Ended By.	
ate of Birth Verified By: Birth Certificate Other (Specify)	Date of Birth Verified By: Birth Certificate Other (Specify)
11100 110000	Privers Lieense
7 les License	Y X
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?	If allower is yes, has the adjusted on even terms to
Are you related to the female applicant closer than second cousin?	
Are you now under the influence of an alcoholic beverage? No Yes Are you now under the influence of a narcotic drug? Are you now under the influence of a narcotic drug?	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No 2 Yes Yes
The job now ander the minutes of the party o	List the full names of any dependent children.
List the full names of any dependent children.	J. List the full maines of any dependent emission
(a) Full name of applicant's father by you D. 15	6. (a) Full name of applicant's father Urew Diac
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Jackee 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)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country) England	Birthplace of mother (State or foreign country)
ACKNOWLEDGEMENT acknowledge that I have received information regarding dangerous communicable diseases that re sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired namune deficiency syndrome).	are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
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Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Book 47
Page 376
5-23-03
Date of Application

Clerk

IC 31-11-1. Furnishing false information upon applying for license. No 🖯 Yes 🗆 Female Applicant > 50 5-20-03 A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under mo IC 31-11-4-4 commits a Class D felony. FEMALE APPLICANT MALE APPLICANT Middle Name Middle Name Date of Birth Date of Birth Place of Birth (State or foreign country) Place of Birth (State or foreign country) Residence Address Residence Address OR No. of Previous Marriages. Previous Marital Status: Never Married Previous Marital Status: Death Divorce Annulment Date 1997 Death Divorce Annulment Date 1998 Last Marriage Ended By: Last Marriage Ended By: Other (Specify) ☐ Birth Certificate Date of Birth Verified By: ☐ Birth Certificate Other (Specify) Date of Birth Verified By: 1. Are you now or have you ever been adjudged to be of unsound mind? Are you now or have you ever been adjudged to be of unsound mind? No Yes 🗆 No Yes If answer is "yes", has the adjudication been removed? No Yes If answer is "yes", has the adjudication been removed? No Yes Are you related to the male applicant closer than second cousin? No Yes Are you related to the female applicant closer than second cousin? No TYes Are you now under the influence of an alcoholic beverage? No Yes Are you now under the influence of an alcoholic beverage? No ☐ Yes, □ Are you now under the influence of a narcotic drug? Are you now under the influence of a narcotic drug? No Yes List the full names of any dependent children List the full names of any dependent children. n ainsworth 6. (a) Full name of applicant's father (a) Full name of applicant's father Nomal (If adopted, list adoptive parents only) (If adopted, list adoptive parents only) Residence of father (if deceased, so state) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) Birthplace of father (State or foreign couptry) (b) Full maiden name of applicant's mother (b) Full maiden name of applicant's mother (If adopted, list adoptive parents only) (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) _ Birthplace of mother (State or foreign country) **ACKNOWLEDGEMENT** ACKNOWLEDGEMENT I acknowledge that I have received information regarding dangerous communicable diseases that I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). immune deficiency syndrome) Signature of Applicant Ma Date Mery 23, 2003 Signature of Applicant Juny The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. acknowledgment because of religious beliefs. Clerk of Court Date Clerk of Court _ I swear/affirm that the information given State of Indiana I swear/affirm that the information given State of Indiana in this application is true and correct. County of Hendricks) in this application is true and correct. County of Hendricks) . Clerk of the Mendricks Circuit Court _ 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, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary _ State of Indiana State of Indiana) County of Hendricks) County of Hendricks) Father _ Father _ Mother Subscribed and sworn to before me this _ Subscribed and sworn to before me this _ COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _ Court, by written order issued _ _County _ _, authorizes and directs the issuance of a marriage license to the above named parties. and filed in RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 23, and Mary Elizabeth Hurst 2003 _____, authorizing the marriage of _____Terry Max Myers (name), Hendricks Indiana _ County, _ (state), and Mary Elizabeth Hurst of Madison County, _ Indiana were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 23, 2003 Signed by: David Jefferson ____ (official designation) Minister June 13, 2003 ___ (date). Filed and recorded in accordance with the laws of the State of Indiana on _

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Book 47
Page 277
5-23-03
Date of Application

(date).

Hendricks Circuit Court

Clerk

IC 31-11-11. Furnishing false information upon applying for license. No 3 Female Applicant > 50 A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under Name of Physician Thaddaeus M. Poe IC 31-11-4-4 commits a Class D felony. FEMALE APPLICANT MALE APPLICANT Middle Name Date of Birth 22 52 30 Place of Birth (State or foreign country) Place of Birth (State or foreign country) Residence Address Residence Address Street or R.R. Never Married Death Divorce Annulment Date Jobi Death Divorce Annulment Date Last Marriage Ended By: Last Marriage Ended By: Other (Specify) ☐ Birth Certificate Date of Birth Verified By: ☐ Birth Certificate Other (Specify) Date of Birth Verified By: ruys is game 1. Are you now or have you ever been adjudged to be of unsound mind? No Tyes Are you now or have you ever been adjudged to be of unsound mind? No Yes No Yes No Yes If answer is "yes", has the adjudication been removed? If answer is "yes", has the adjudication been removed? No - Yes Are you related to the female applicant closer than second cousin? No Yes 2. Are you related to the male applicant closer than second cousin? No 🗗 Yes 🗆 Are you now under the influence of an alcoholic beverage? No Yes Are you now under the influence of an alcoholic beverage? Are you now under the influence of a narcotic drug? No Tyes No Yes Are you now under the influence of a narcotic drug? List the full names of any dependent children. List the full names of any dependent children. 6. (a) Full name of applicant's father Carnest (a) Full name of applicant's father (If adopted, list adoptive parents only) (If adopted, list adoptive parents only) Residence of father (if deceased, so state) Residence of father (if deceased, so state) Birthplace of father (State or foreign country Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother (b) Full maiden name of applicant's mother (If adopted, list adoptive parents only) (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) **ACKNOWLEDGEMENT** ACKNOWLEDGEMENT I acknowledge that I have received information regarding dangerous communicable diseases that I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrame). immune deficiency syndrome). Signature of Applicant Buchdy Mae Chark Date 5/23 X Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. acknowledgment because of religious beliefs. Date . Clerk of Court Date Clerk of Court I swear/affirm that the information given I swear/affirm that the information given State of Indiana State of Indiana in this application is true and correct. County of Hendricks County of Hendricks) in this application is true and correct. Nae WANN 169 Subscribed and sworn to before me this 23 day of _ 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, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _ state facts which make the consent of the other parent unnecessary State of Indiana State of Indiana County of Hendricks) County of Hendricks) Father ___ Father _ Mother ID # Mother Subscribed and sworn to before me this _ Subscribed and sworn to before me this _ COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued , authorizes and directs the issuance of a marriage license to the above named parties. and filed in RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 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), __ (date), at ___ Danville Hendricks certify that on May 23, 2003 County, Indiana, James Edgar Edwards Indiana Marion __ of _ County, _ (state), and Lucindy Mae Clark Hendricks County, _ Indiana __ of ___ were 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

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Book . 5-22-03 Date of Application

MALE ADDITIONAL	FEMALE APPLICANT
MALE APPLICANT Ame First Middle Lasy	Name First Middle Last
Joseph Patrick Golcombe	amanda do me mulles
te of Birth Month Day Year	Date of Birth Month Day Year
12 8 80	9 22 74
ace of Birth (State or foreign country)	Place of Birth (State or foreign country)
sellinos de sur de	Residence Address Street or R.R. City County State
sidence Address Street or R.R. City County Lenstate	211-11) 1-12 12:0161
5 / Winding Creek Stail Brownsburg in	Previous Marital Status: Never Married OR No. of Previous Marriages
evious Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
st Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
ate of Birth Verified By: Birth Certificate Other (Specify)	Date of Birth Verified By: Birth Certificate
ine of Britin Vermed By.	0 . (0 .
Driver's Deanse	Drus's Secure
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 X Yes
If answer is "yes", has the adjudication been removed?	If answer is "yes", has the adjudication been removed? No Yes Yes Are you related to the male applicant closer than second cousin? No Yes Yes
Are you related to the female applicant closer than second cousin? No X Yes Are you now under the influence of an alcoholic beverage? No X Yes Ves Ves Ves Ves Ves Ves Ves V	2. Are you related to the male appreciant elected man become
Are you now under the influence of an alcoholic beverage? No Service Yes Are you now under the influence of a narcotic drug? No Service Yes Service Yes	3. Are you now under the influence of an alcoholic beverage? No Yes 4. Are you now under the influence of a narcotic drug? No Yes □ Yes □
Are you now under the influence of a narcotic drug? List the full names of any dependent children.	5. List the full names of any dependent children.
List the full names of any dependent children.	
	Det de la
(a) Full name of applicant's father Anthon Ustalus Notes	will (a) Full name of applicant's father Kichorol Lee Locker
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Darbara Tune Fo,
(b) Full maiden name of applicant's mother	(If adopted, list adoptive parents only)
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
knowledge that I have received information regarding dangerous communicable diseases that sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired name deficiency syndrome). Date 5-22-03	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the lest sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Communication regarding dangerous communicable diseases that are sexually transmitted, and a list of the lest sites for the virus that causes AIDS (acquired immune deficiency syndrome). Date 5/22/03
guature of Applicant	
he above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
knowledgment because of religious beliefs.	acknowledgment because of religious beliefs. Clerk of Court Date
erk of Court Date	CICIN OF COURT
ate of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information giver County of Hendricks) I swear/affirm that the information giver the county of Hendricks)
ounty of Hendricks in this application is true and correct.	Signed Smade 1/1/1/11
Art Art Mandal	New Address \ \Danke
bscribed and sworn to before me this day of day of	Subscribed and sworn to before me this day of
Clerk of the Hendreks Circuit Court	Clerk of the Hendricks Circuit Cour
DISENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
e, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs
te facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
	State of Indiana
ute of Indiana) unty of Hendricks)	State of Indiana) County of Hendricks)
ther ID #	Father ID #
other ID #	Mother ID #
oscribed and sworn to before me this day of Clerk	Subscribed and sworn to before me this day of
THE PARTY OF A PRINCIPLE OF COURSE OF COURSE	T. A granical ligance having been refused to the above named parties th
County	T. A marriage license having been refused to the above named parties, th Court, by written order issued
d filed in author	orizes and directs the issuance of a marriage license to the above named parties
partify that there was filed in my office a marriage license issued by the Cle	SE AND MARRIAGE CERTIFICATE rk of the Circuit Court of Hendricks County, Indiana, dated May 23,
2003 authorizing the marriage of Wollah Hat	rick Notombe and amenda of Mc. Mulley
further certify that the following marriage certificate was filed in my office:	I,
ertify that on (Very 2/8003 (date) at Kon	profle in Parke
ounty Indiana lose sh Patrick Holomb of Sha	ndricks County County.
tate), and amenda fo McMullen of Sunda	County, Andlana (state
ere married by me as authorized under a marriage license that was issue	ued by the Clerk of the Circuit Court of Hendricks County, Indiana, date
Signed by: Of Drak Dumgardner	1-15-04 (date). (official designation
led and recorded in accordance with the laws of the State of Indiana on	(date).
	Simul Sharan Dugan
	SignedCler

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

IC 31-11-11-1. Furnishing false information upon applying for license.

A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under

Name of Physician

Name of Physician

MALE APPLICANT	FEMALE APPLICANT Name First Middle Last
me First Middle Last	Name First Middle Last Adams
te of Birth Month Day Year	Date of Birth Month Day Year
5 24 83	7 14 82
ace of Birth (State or foreign country) California	Place of Birth (State or foreign country) Andlana
esidence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
96 E. Min St. apt 4 Navelle Hend In 44122	396 E. Main St. apt 4 Nanulle Hend Inte
evious Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
st Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
ate of Birth Verified By:	Date of Birth Verified By:
Drues's General	Indiana I D Card
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?
If answer is "yes", has the adjudication been removed?	If allower is yes, has the adjustment of the service 2. No. 19 Vos.
Are you prove under the influence of an alcoholic beverage?	 Are you related to the male applicant closer than second cousin? Are you now under the influence of an alcoholic beverage? No Yes □
Are you now under the infraence of an area area.	4. Are you now under the influence of a narcotic drug? No Yes
Are you now under the influence of a narcotic drug? List the full names of any dependent children.	5. List the full names of any dependent children.
	1 1 00
(a) Full name of applicant's father Jury Morris Baker	6. (a) Full name of applicant's father Dordon Jury Udams
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of families (if december, as simily
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Bebenca Sue Ford	(b) Full maiden name of applicant's mother Garlene Thurselfus
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Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
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re sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
acknowledge that I have received information regarding dangerous communicable diseases that re sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired minume deficiency syndroms) leath BB Date 5-33-03	are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant AIDS (ACQUIRED Date 5-23-0)
re sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant AIDO AIDO AIDO AIDO AIDO AIDO AIDO AIDO
The above applicant has objected to verifying by oath or affirmation or signature to the above above definition of the court beauty beliefs. Clerk of Court Date I swear/affirm that the information given in this application is true and correct.	are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant ANO CO
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The above applicant has objected to verifying by oath or affirmation or signature to the above applicant because of religious beliefs. The above applicant has objected to verifying by oath or affirmation or signature to the above exhaust of Lerk of Court The above applicant has objected to verifying by oath or affirmation or signature to the above exhaust of I swear/affirm that the information given in this application is true and correct. Signed New Address The above applicant has objected to verifying by oath or affirmation or signature to the above exhaust of I swear/affirm that the information given in this application is true and correct. Consent of Hendricks Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of Hendricks County of Hendricks County of Hendricks	are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant AIVO Date Date Date Date Date Date Date Date
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re sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired minune deficiency syndroms) light and the above applicant	are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquire immune deficiency syndrome). Signature of Applicant AYO AOO AOO Date 5 23 70 The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date State of Indiana County of Hendricks Subscribed and sworn to before me this AOO AOO AOO AOO AOO AOO AOO AOO AOO AO

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Book 47
Page 280
5-23-03
Date of Application

IC 31-11-1. Furnishing false information upon applying for license. Female Applicant > 50 No 3 A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under Name of Physician _ Clisaboth IC 31-11-4-4 commits a Class D felony. FEMALE APPLICANT MALE APPLICANT Date of Birth Date of Birth Place of Birth (State or foreign country) Place of Birth (State or foreign country) Residence Address 8242 Bushow In Never Married OR No. of Previous Marriages Never Married Death Divorce Annulment Date Death Divorce Annulment Date 2000 Last Marriage Ended By: Other (Specify) ☐ Birth Certificate Date of Birth Verified By: Other (Specify) ☐ Birth Certificate Date of Birth Verified By: Are you now or have you ever been adjudged to be of unsound mind? No Yes Are you now or have you ever been adjudged to be of unsound mind? No Yes No Yes If answer is "yes", has the adjudication been removed? No Yes If answer is "yes", has the adjudication been removed? No - Yes Are you related to the male applicant closer than second cousin? Yes 🗌 Are you related to the female applicant closer than second cousin? No 🖯 No TYes Are you now under the influence of an alcoholic beverage? No TYes Are you now under the influence of an alcoholic beverage? No T Yes No B Yes Are you now under the influence of a narcotic drug? Are you now under the influence of a narcotic drug? List the full names of any dependent children. Dick List the full names of any dependent children. 6. (a) Full name of applicant's father Bichard allen Baker (a) Full name of applicant's father Cugine Dellurt Schmidt (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) Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Augmarie ameson (b) Full maiden name of applicant's mother Marlene, (If adopted, list adoptive parents only) . (If adopted, list adoptive parents only) _ alifornia Residence of mother (if deceased, so state) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) ACKNOWLEDGEMENT ACKNOWLEDGEMENT I acknowledge that I have received information regarding dangerous communicable diseases that I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Voignature of Applicant Moruco Boker immune deficiency syndrome). XSignature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. acknowledgment because of religious beliefs. Clerk of Court _ Date _ Clerk of Court . State of Indiana I swear/affirm that the information given I swear/affirm that the information given State of Indiana in this application is true and correct. County of Hendricks in this application is true and correct. County of Hendricks Signed . Subscribed and sworn to before the this 23 day of 9003 Clerk of the rendricks 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, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____ state facts which make the consent of the other parent unnecessary _ State of Indiana) State of Indiana) County of Hendricks) County of Hendricks) ID #__ Father ____ Father __ ID #_ Mother . Mother Subscribed and sworn to before me this . day of _ COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ___ Court, by written order issued __ _ County _ , authorizes and directs the issuance of a marriage license to the above named parties. and filed in RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated __May 23, 2003 authorizing the marriage of _______ Jammie Eugene Schmidt ____ and _____ Monica Marie Baker (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 were 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) July 24, 2003 (date). Filed and recorded in accordance with the laws of the State of Indiana on _____

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

IC 31-11-1. Furnishing false information upon applying for license. Female Applicant > 50 No 🗆 A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under Name of Physician .. IC 31-11-4-4 commits a Class D felony. FEMALE APPLICANT MALE APPLICANT onna Date of Birth Place of Birth (State or foreign country) Place of Birth (State or foreign country) Street or R.R. 3440 Marabou Mills OR No. of Previous Marriago Never Married Previous Marital Status: Never Married Annulment Date 197 Death □ Divorce Annulment □ Date 1981 Death Divorce D Last Marriage Ended By: Last Marriage Ended By: Other (Specify) ☐ Birth Certificate Date of Birth Verified By: ☐ Birth Certificate Other (Specify) Date of Birth Verified By: icense W cense Are you now or have you ever been adjudged to be of unsound mind? Are you now or have you ever been adjudged to be of unsound mind? No Ves If answer is "yes", has the adjudication been removed? No P Yes No Yes If answer is "yes", has the adjudication been removed? Yes 🗆 Are you related to the male applicant closer than second cousin? No. No Yes O Are you related to the female applicant closer than second cousin? No K Yes 🗆 Are you now under the influence of an alcoholic beverage? Are you now under the influence of an alcoholic beverage? No TYes 🗆 Are you now under the influence of a narcotic drug? Yes 🗌 Are you now under the influence of a narcotic drug? List the full names of any dependent children. List the full names of any dependent children. 6. (a) Full name of applicant's father Law (a) Full name of applicant's father ack (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) Birthplace of father (State or foreign country) Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Mary Ja (b) Full maiden name of applicant's mother (e) (If adopted, list adoptive parents only) _ (If adopted, list adoptive parents only) _ Residence of mother (if deceased, so state) QECEONEO Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) _ Birthplace of mother (State or foreign country) ACKNOWLEDGEMENT ACKNOWLEDGEMENT I acknowledge that I have received information regarding dangerous communicable diseases that I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Jonna & Nolland immune deficiency syndrome Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. acknowledgment because of religious beliefs. Clerk of Court _ Date . Clerk of Court I swear/affirm that the information given allock in this application is true and correct. State of Indiana I swear/affirm that the information given State of Indiana County of Hendricks in this application is true and correct. County of Hendricks Signed _ New Address dland sworn to before me this day of _ Clerk of the Hendricks Circuit Court 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, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____ state facts which make the consent of the other parent unnecessary ____ State of Indiana State of Indiana) County of Hendricks) County of Hendricks) _ ID #__ Father ____ Father ___ ID #_ Mother _ Mother _ Subscribed and sworn to before me this . day of _ Subscribed and sworn to before me this _ COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the __ Court, by written order issued __ County , authorizes and directs the issuance of a marriage license to the above named parties. and filed in .. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE ___ and __ Donna Lou Wallace Janet S. Smith (name). I further certify that the following marriage certificate was filed in my office: I, certify that on May 23, 2003 (date), at Danvi _in _Hendricks __ (date), at __ Danville of Marion Indiana County, Indiana, Roger C Stanley County,

County, ___

were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated

Indiana

Hend Co Deputy Clerk (official designation)

Clerk

(state), and ____ Donna Lou Wallace ____ of ___ Hendricks

May 23, 2003 Signed by: Janet S. Smith

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

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

A person who knowingly furnishes false information upon applying for incense. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.	Female Applicant > 50 No La Yes La /- 23-03 If No, Medical Examination or Report Dated
	FEMALE APPLICANT
MALE APPLICANT	Name First Middle Last
Name First Middle Last	Goth an Kung
Date of Birth Month Day Year	Date of Birth Month Day Year
1 18 60	Place of Birth (State or foreign country)
Place of Birth (State or foreign country)	Place of Birth (State of Totelgii Country)
Residence Address Street or R.R. City County/ State	Residence Address Street or R.R. City County State
10795 N. Cold 350 W. Oxitor Kind In Horyg	10 Northerin Ds. Danville Hend Sh Hel22
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 1991
Last Marriage Ended By: Death Divorce Annulment Date 2001	Last Marriage Ended By: Death Divorce Annulment Date
Date of Birth Verified By: Birth Certificate Other (Specify)	Date of Birth Verified By: Birth Certificate Other (Specify)
Date of Birth Verified By:	
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Driver's Haerse	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 \Box. If anywar is "yes" has the adjudication been removed?	If answer is "yes", has the adjudication been removed?
If all swell is yes, has the adjudention over the second cousin? No Yes	2. Are you related to the male applicant closer than second cousin?
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 No Yes No Yes No Yes Yes No Yes
4. Are you now under the influence of a narcotic drug?	4. Ale you now under the infraence of a fine state of the
5. List the full names of any dependent children. Ames Marsin Marge,	5. List the full names of any dependent children. The will the full strong of any dependent children. The strong of the full st
6. (a) Full name of applicant's father Museum Wood Thorpe	6. (a) Full name of applicant's father Kussell alan Duchenan .
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
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Birthplace of father (State or foreign country)	(b) Full maiden name of applicant's mother However Cothe again
(b) Full maiden name of applicant's mother The Hears	(If adopted, list adoptive parents only)
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
	ACKNOWLEDGEMENT
ACKNOWLEDGEMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndroms). VSignature of Applicant Beth Comm Kung Date 5.23.03
Signature of Applicant John Lable Thomas Date 5-23-03	Y Signature of Applicant Survey Control Contro
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 County of Hendricks Signed New Address 1313 New Address Subscribed and sworn to before me this Clerk of the Hondricks Circuit Court	State of Indiana) County of Hendricks) Signed Both Omn Kung New Address 1313 North CR 300 East, Danville IN. 4616
Subscribed and sworn to before me this 32 day of	Subscribed and sworn to before me this
	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)
C CII Lists >	County of Hendricks)
Fother ID #	Father ID #
Mother ID # Subscribed and sworn to before me this day of	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 COUR	RT. A marriage license having been refused to the above named parties, the
and filed in, autr	norizes and directs the issuance of a marriage needs to the needs to
I certify that there was filed in my office a marriage license issued by the Cl	SE AND MARRIAGE CERTIFICATE erk of the Circuit Court of Hendricks County, Indiana, dated May 23, Le Thorpe and Beth Ann Kunz Comparison Court of Hendricks County, Indiana, dated May 23, Le Thorpe and Beth Ann Kunz (name).
I further certify that the following marriage certificate was filed in my office:	:I,
certify that on June 21, 2003 (date), at Da	in Hendricks
County Indiana, James Leslie Thorpe of Hence	dricks County, Indiana (state)
(state), and Beth Ann Kunz of Hendric	
were married by me as authorized under a marriage licelise that was is	Minister (official designation)
May 23, 2003 Signed by: Don Bartemus Filed and recorded in accordance with the laws of the State of Indiana on	
	Sharan Duana)
ROYCE FORMS • SYSTEMS 1-800-382-8702 1477	Hendricks Circuit Court

Clerk

STATE OF INDIANA

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Page 283
Date of Application

IC 31-11-11. Furnishing false information upon applying for license. No Yes 🗆 Female Applicant > 50 A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under Parry Fruman Name of Physician _ IC 31-11-4-4 commits a Class D felony. MALE APPLICANT FEMALE APPLICANT Name Name Date of Birth Date of Birth Place of Birth (State or foreign country) Place of Birth (State or foreign country) Street or R.R. Residence Address Residence Address Street or R.R. 5807 Oberlies Wa Previous Marital Status: Previous Marital Status: Never Married Death Divorce Annulment Date 1998 Death Divorce Annulment Date 1999 Last Marriage Ended By: Other (Specify) Other (Specify) ☐ Birth Certificate Date of Birth Verified By: Date of Birth Verified By: ☐ Birth Certificate Are you now or have you ever been adjudged to be of unsound mind? No Yes No Yes Are you now or have you ever been adjudged to be of unsound mind? No 🗆 If answer is "yes", has the adjudication been removed? No Yes If answer is "yes", has the adjudication been removed? No -Yes -Are you related to the male applicant closer than second cousin? No Yes Are you related to the female applicant closer than second cousin? Are you now under the influence of an alcoholic beverage? No Yes No Yes Are you now under the influence of an alcoholic beverage? No Yes Are you now under the influence of a narcotic drug Yes 🗌 Are you now under the influence of a narcotic drug? List the full names of any dependent children. Lan List the full names of any dependent children. sseca Wolfe Cvan Wines 6. (a) Full name of applicant's father 6. (a) Full name of applicant's father (If adopted, list adoptive parents only (If adopted, list adoptive parents only) Residence of father (if deceased, so state) Residence of father (if deceased, so state) Birthplace of father (State or foreign country Birthplace of father (State or foreign country), (b) Full maiden name of applicant's mother (b) Full maiden name of applicant's mother (If adopted, list adoptive parents only) (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) **ACKNOWLEDGEMENT ACKNOWLEDGEMENT** I acknowledge that I have received information regarding dangerous communicable diseases that I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired are sexually transmitted, antha list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome)
Signature of Applicant immune deficiency syndrome) Date 5/23/03 VSignature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. acknowledgment because of religious beliefs. Clerk of Court Clerk of Court Date . I swear/affirm that the information given State of Indiana I swear/affirm that the information given State of Indiana in this application is true and correct. County of Hendricks) in this application is true and correct. County of Hendricks) (/ Signed SAME New Address New Address Subscribed and sworn to before me this Subscribed and sworn to before me this _ Clerk of the Hendricks Circuit Court _ 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, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____ state facts which make the consent of the other parent unnecessary ____ State of Indiana County of Hendricks) County of Hendricks) Father ___ Father ___ Mother __ Subscribed and sworn to before me this _ Subscribed and sworn to before me this _ COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ___ Court, by written order issued _ ____ County _ _, authorizes and directs the issuance of a marriage license to the above named parties. and filed in _ RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated _May 23, 2003 _____, authorizing the marriage of ______ Bryant Wines _____ and ____ Cathy Ann Wolfe I further certify that the following marriage certificate was filed in my office: I, _____ Thomas A. Whitsitt certify that on June 14, 2003 (date), at __Indianapolis in __Marion _____County, ___Indiana County, Indiana, James Bryant Wines of Hendricks (state), and <u>Cathy Ann Wolfe</u> of <u>Hendricks</u> County, <u>Indiana</u> were 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 Ctofficial designation)

Signed :

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

IC 31-11-11. Furnishing false information upon applying for license. Female Applicant > 50 No 🗗 Yes 🗆 A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under Name of Physician Leattl Backs IC 31-11-4-4 commits a Class D felony. MALE APPLICANT FEMALE APPLICANT Name Date of Birth Place of Birth (State or foreign country) Place of Birth (State or foreign country) Residence Address Street or R.R. 122 William Dr. Never Married Previous Marital Status: Never Married Last Marriage Ended By: Death Divorce Annulment Date Death Divorce Annulment Date Last Marriage Ended By: Date of Birth Verified By: ☐ Birth Certificate Other (Specify) Date of Birth Verified By: ☐ Birth Certificate Other (Specify) Are you now or have you ever been adjudged to be of unsound mind? No Yes Are you now or have you ever been adjudged to be of unsound mind? No 🗆 Yes 🗆 If answer is "yes", has the adjudication been removed? If answer is "yes", has the adjudication been removed? No Yes Are you related to the female applicant closer than second cousin? No Yes Are you related to the male applicant closer than second cousin? No Yes Are you now under the influence of an alcoholic beverage? No Yes Are you now under the influence of an alcoholic beverage? No -Yes Are you now under the influence of a narcotic drug? No Yes Are you now under the influence of a narcotic drug? No Tyes List the full names of any dependent children. List the full names of any dependent children. (a) Full name of applicant's father Kichard (a) Full name of applicant's father (If adopted, list adoptive parents only) (If adopted, list adoptive parents only) Residence of father (if deceased, so state) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Physics (b) Full maiden name of applicant's mother (If adopted, list adoptive parents only) _ (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) ACKNOWLEDGEMENT **ACKNOWLEDGEMENT** I acknowledge that I have received information regarding dangerous communicable diseases that I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndromy immune deficiency syndrome X Signature of Applicant Signature of Applicant _ The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. acknowledgment because of religious beliefs. Clerk of Court Clerk of Court . Date . Date State of Indiana swear/affirm that the information given State of Indiana I swear/affirm that the information given County of Hendrick in this application is true and correct. County of Hendricks in this application is true and correct. Y Signed X Signed ≤ 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, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ___ state facts which make the consent of the other parent unnecessary ____ State of Indiana County of Hendricks) County of Hendricks) Father _ Father __ Mother Subscribed and sworn to before me this _ Subscribed and sworn to before me this _ COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ____ County _____ Court, by written order issued _ _, authorizes and directs the issuance of a marriage license to the above named parties. and filed in RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE 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 _County, __Indiana were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 27, 2003 Signed by: Dana Spurgeon Pastor Filed and recorded in accordance with the laws of the State of Indiana on _____ July 10, 2003 (date).

Clerk

STATE OF INDIANA

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Book 47
Page 285

5-27-03
Date of Application

IC 31-11-1. Furnishing false information upon applying for license.

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

Female Applicant > 50 No Yes 5.23.03

If No, Medical Examination or Report Dated
Name of Physician 20141

MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name First Middle Last
Date of Birth Month Day Year	Date of Birth Month Day, Year
Date of Birth Month Day Year 3 /98/	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	
Residence Address Street or R.R. City County State 750 STAFFORD RORD PLAINFIELD HENDERCUS IN	Residence Address Street or R.R. City County State 499 Summit Court FIRINFIED HEWRES IN
Previous Marital Status: Never Married OR No. of Previous Marriages	
Trevious Maintal Status. Nevel Mainted L3 OK No. of Previous Maintages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of Birth Verified By: Birth Certificate Other (Specify)	Date of Birth Verified By:
DENERS LICENSE	DRIVERS LICENSE
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed?	If answer is "yes", has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes	2. Are you related to the male applicant closer than second cousin? No Yes
4. Are you now under the influence of a narcotic drug?	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No Yes Yes
5. List the full names of any dependent children.	5. List the full names of any dependent children.
(a) Full name of applicant's father DAUID THOMAS	mail(III) Thursday
	6. (a) Full name of applicant's father MELUIN DANIEL
(If adopted, list adoptive parents only) Residence of father (if deceased, so state)	(If adopted, list adoptive parents only) Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Residence of father (if deceased, so state) Birthplace of father (State or foreign country) FU
(b) Full maiden name of applicant's mother CAROL RAGS DALE	(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)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country) South AFRICA	Birthplace of mother (State or foreign country)
ACKNOWLEDGEMENT	
	ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that
mmune deficiency syndrome).	are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndtoms).
Signature of Applicant Matthew R. Thomas Date 5/21/03	Signature of Applicant Kene 7. Danuel Date 5-27-03
he above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
cknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
lerk of Court Date	Clerk of Court Date
tate 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.	
Signed Matthe R. Thomas	Signed Sene L. Daniel Signed
New Address 4515 Lindell Blvd. + 203, St. Louis, MO, 63110	New Address 4515 Lindell Blvd. #203, St. Louis, MD
ubscribed and sworn to before me this day of Clerk of the Hendricks Circuit Court	Subscribed and sworn to before me this day of
Sharan Augan Ciek of the Hendricks Circuit Court	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,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
ate facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
tate of Indiana)	State of Indiana)
ounty of Hendricks)	County of Hendricks)
ather ID #	Father ID #
lother ID #	Mother ID #
abscribed and sworn to before me this day of	Subscribed and sworn to before me this day of Clerk
	Γ. A marriage license having been refused to the above named parties, the
OMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURS	Court, by written order issued
County	المروب والمرابع
County	orizes and directs the issuance of a marriage license to the above named parties.
nd filed in, author	orizes and directs the issuance of a marriage license to the above named parties.
County, authorder RETURN OF MARRIAGE LICENS.	orizes and directs the issuance of a marriage license to the above named parties. E AND MARRIAGE CERTIFICATE
County, authorder a marriage license issued by the Cler	E AND MARRIAGE CERTIFICATE k of the Circuit Court of Hendricks County, Indiana, dated May 27,
County, authorizing the marriage of Matthew Ryan	E AND MARRIAGE CERTIFICATE the of the Circuit Court of Hendricks County, Indiana, dated May 27, Thomas and Rene Lynn Daniel
RETURN OF MARRIAGE LICENS certify that there was filed in my office a marriage license issued by the Cler 2003, authorizing the marriage of Matthew Ryan ' further certify that the following marriage certificate was filed in my office: I ertify that on	E AND MARRIAGE CERTIFICATE the of the Circuit Court of Hendricks County, Indiana, dated May 27. Thomas and Rene Lynn Daniel I, Dr. John P. Ragsdale (name), Infield in Hendricks
RETURN OF MARRIAGE LICENS certify that there was filed in my office a marriage license issued by the Cler 2003, authorizing the marriage of Matthew Ryan further certify that the following marriage certificate was filed in my office: I ertify that on	E AND MARRIAGE CERTIFICATE the of the Circuit Court of Hendricks County, Indiana, dated May 27. Thomas and Rene Lynn Daniel I, Dr. John P. Ragsdale (name), Infield in Hendricks County Indiana
RETURN OF MARRIAGE LICENS. certify that there was filed in my office a marriage license issued by the Cler 2003, authorizing the marriage of Matthew Ryan of further certify that the following marriage certificate was filed in my office: I ertify that on	E AND MARRIAGE CERTIFICATE Thomas and Rene Lynn Daniel Thomas In Hendricks In Hendricks County, Indiana County, Indiana (state)
RETURN OF MARRIAGE LICENS. certify that there was filed in my office a marriage license issued by the Cler 2003, authorizing the marriage of Matthew Ryan of further certify that the following marriage certificate was filed in my office: I ertify that on	E AND MARRIAGE CERTIFICATE Thomas and Rene Lynn Daniel I, Dr. John P. Ragsdale (name), Infield in Hendricks County, Indiana (state) County, Indiana (state) County, Indiana (state) Med by the Clerk of the Circuit Court of Hendricks County, Indiana, dated
RETURN OF MARRIAGE LICENS. certify that there was filed in my office a marriage license issued by the Cler 2003, authorizing the marriage of Matthew Ryan of further certify that the following marriage certificate was filed in my office: I sertify that on	E AND MARRIAGE CERTIFICATE Thomas and Rene Lynn Daniel I, Dr. John P. Ragsdale (name), nfield in Hendricks County, Indiana (state) County, Indiana (state) County, Indiana (state) Med by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Minister (official designation)

Signed

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

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APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Book 67
Page 286
5-21-03
Date of Application

Clerk

IC 31-11-1. Furnishing false information upon applying for license. Female Applicant > 50 No 🗗 Yes 🗆 A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under David Hadle Name of Physician IC 31-11-4-4 commits a Class D felony. MALE APPLICANT FEMALE APPLICANT Name Date of Birth Month Date of Birth Place of Birth (State or foreign country) Place of Birth (State or foreign country) Residence Address Residence Address Street or R.R. Street or R.R. 4673 8 10673 C. Never Married Never Married 🗗 OR No. of Previous Marriage Death Divorce Annulment Date Last Marriage Ended By: Death Divorce Annulment Date Last Marriage Ended By: ☐ Birth Certificate Date of Birth Verified By: Other (Specify) Date of Birth Verified By: ☐ Birth Certificate Other (Specify) Are you now or have you ever been adjudged to be of unsound mind? No Yes Are you now or have you ever been adjudged to be of unsound mind? No 🗆 If answer is "yes", has the adjudication been removed? Yes 🗆 If answer is "yes", has the adjudication been removed? No Yes No 3 Yes 🗆 Are you related to the female applicant closer than second cousin? No Yes Are you related to the male applicant closer than second cousin? No Yes Are you now under the influence of an alcoholic beverage? Are you now under the influence of an alcoholic beverage? No Yes Are you now under the influence of a narcotic drug? No Yes a Are you now under the influence of a narcotic drug? No Yes List the full names of any dependent children. List the full names of any dependent children. Conner David Spincer (a) Full name of applicant's father Leglest (a) Full name of applicant's father _ (If adopted, list adoptive parents only) (If adopted, list adoptive parents only) Residence of father (if deceased, so state) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother (b) Full maiden name of applicant's mother (b) (If adopted, list adoptive parents only) (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) ACKNOWLEDGEMENT **ACKNOWLEDGEMENT** I acknowledge that I have received information regarding dangerous communicable diseases that I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome Conspience immune deficiency syndrome Signature of Applicant _ Signature of Applicant L The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. acknowledgment because of religious beliefs. Clerk of Court _ Date Clerk of Court 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. in this application is true and correct. County of Hendricks Signed | Signed MORESMUE, IN 46158 Subscribed and sworn to before me this Clerk of the Mendricks Circuit Court 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, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _ state facts which make the consent of the other parent unnecessary _ State of Indiana State of Indiana County of Hendricks) County of Hendricks) Father _ Father _ ID #_ Mother . Subscribed and sworn to before me this _ Subscribed and sworn to before me this _ COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County _ _ Court, by written order issued _ and filed in , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated _ 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 Hendricks County, Indiana, Cory David Spencer __of __Hendricks Indiana _ County, County, _Indiana (state), and Christina Marie Bobb _ of ___ Hendricks were 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).

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

IC 31-11-11. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.	Female Applicant > 50 No Yes \(\square \) If No, Medical Examination or Report Dated Name of Physician \(\square \) Name of Physician \(\square \)
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last Onte of Birth Month Day Near	Name Pirst Middle Last Dangelle Nicole Visnon Date of Birth Month Day Year 80
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State 5318 Ridaehill Way Aven Herb In 4412
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 Green (Specify)	Date of Birth Verified By: Birth Certificate Other (Specify)
Druis Leine	Drues in Seance
1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐ If answer is "yes", has the adjudication been removed? No ☐ Yes ☐ 2. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐	 Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes", has the adjudication been removed? No Yes Are you related to the male applicant closer than second cousin? No Yes Are you now under the influence of an alcoholic beverage? No Yes Inc.
 Are you now under the influence of an alcoholic beverage? Are you now under the influence of a narcotic drug? List the full names of any dependent children. 	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.
6. (a) Full name of applicant's father Randy Beynolds (If adopted, list adoptive parents only)	6. (a) Full name of applicant's father Linry Gesard Version (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)	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)	Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Sentucky
ACKNOWLEDGEMENT I acknowledge that I have received information regarding dangerous communicable diseases 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 5/27/0.3	ACKNOWLEDGEMENT I acknowledge that I have received information regarding dangerous communicable diseases 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 5127 03
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of Hendricks Signed New Address Subscribed and sworn to before me this 27 day of 100 May 100 3	State of Indiana) I swear/affirm that the information given in this application is true and correct. Signed New Address Some Address Subgright of the State of
Subscribed and sworn to before me this day of day of Clerk of the Hendricks Circuit Court	Subscribed and sworn to before me this 27 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	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana) County of Hendricks) Father ID #	State of Indiana) County of Hendricks) Father
Mother ID # Subscribed and sworn to before me this day of Clerk	Mother ID # Subscribed and sworn to before me this day of Clerk
	RT. A marriage license having been refused to the above named parties, the
County	Court, by written order issuednorizes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICEN Legrify that there was filed in my office a marriage license issued by the Cl	SE AND MARRIAGE CERTIFICATE erk of the Circuit Court of Hendricks County, Indiana, dated May 27,
2003 , authorizing the marriage of Jeffrey Scot	t Reynolds and Danyelle Nicole Vernon (name),
certify that on June 6, 2003 (date), at Dan	ville in Hendricks dricks County, Indiana
(state), and Danyelle Nicole Vernon of Hendric	sued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated
May 27, 2003 Signed by: George M. Stone Filed and recorded in accordance with the laws of the State of Indiana on	

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

IC 31-11-11. Furnishing false information upon applying for license.

A person who knowingly furnishes false information to a clerk of the

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Female Applicant > 50

No 🖳

Yes 🗆

Date of Application

If No, Medical Examination or Report Dated Name of Physician Dr. 2000 circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony. MALE APPLICANT FEMALE APPLICANT Name First Middle Name Date of Birth Date of Birth Place of Birth (State or foreign country) Place of Birth (State or foreign country) Residence Address Street or R.R. Residence Address Street or R.R. Previous Marital Status: Never Married OR No. of Previous Marriage Never Married Previous Marital Status: OR No. of Previous Marriages Death Divorce Annulment Date Last Marriage Ended By: Last Marriage Ended By: Death Divorce Annulment Date Date of Birth Verified By: ☐ Birth Certificate Other (Specify) Date of Birth Verified By: ☐ Birth Certificate Other (Specify) Are you now or have you ever been adjudged to be of unsound mind? Are you now or have you ever been adjudged to be of unsound mind? No 🗆 Yes 🗆 If answer is "yes", has the adjudication been removed? If answer is "yes", has the adjudication been removed? Are you related to the female applicant closer than second cousin? No Yes Are you related to the male applicant closer than second cousin? No Yes Are you now under the influence of an alcoholic beverage? No Yes 3. Are you now under the influence of an alcoholic beverage? No Tyes Are you now under the influence of a narcotic drug? No Yes 4. Are you now under the influence of a narcotic drug? No TYes List the full names of any dependent children. List the full names of any dependent children. (a) Full name of applicant's father (a) Full name of applicant's father Werman Torre (If adopted, list adoptive parents only) (If adopted, list adoptive parents only) Residence of father (if deceased, so state) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) Birthplace of father (State or foreign country) Malan Full maiden name of applicant's mother Magaset Senora Newlin (b) Full maiden name of applicant's mother S (If adopted, list adoptive parents only) (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) . Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) ACKNOWLEDGEMENT **ACKNOWLEDGEMENT** I acknowledge that I have received information regarding dangerous communicable diseases that I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome Signature of Applicant Date 5-27-03 Signature of Applicant _ The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. acknowledgment because of religious beliefs. Clerk of Court Clerk of Court Date _ State of Indiana

Subscribed and sworn to before me this 27 Clerk of the Hendricks Circuit Court 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, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _ state facts which make the consent of the other parent unnecessary _ State of Indiana State of Indiana) County of Hendricks) County of Hendricks) Father _ Father _ ID #_ Mother Subscribed and sworn to before me this. Subscribed and sworn to before me this _ COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _ County _ __ Court, by written order issued _, authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I 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, and Erika Lynn Lopossa _____, authorizing the marriage of ______Jeremy Jay Skaggs 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 _of ___Morgan County, Indiana, <u>Jeremy Jay Skaggs</u> Indiana _ County, (state), and Erika Lynn Lopossa of Hendricks _County, __Indiana were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Minister (official designation) July 10, 2003 Filed and recorded in accordance with the laws of the State of Indiana on ___

State of Indiana

County of Hendricks Q

I swear/affirm that the information given

in this application is true and correct.

Hendricks Circuit Court

I swear/affirm that the information given

_ day of May, 2003

in this application is true and correct.

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

County of Hendricks)

New Address

Clerk

STATE OF INDIANA

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

IC 31-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.	Female Applicant > 50 No Yes 1 If No, Medical Examination or Report Dated Name of Physician DV. OMIHM
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last Very Date of Birth Month Bay 13 Place of Birth (State or foreign country) Thou and Residence Address Street or R.R., Street or R.R., Location City County State 310/A CYCOH Lakes (IV. W. Lands Marian IV.) Previous Marital Status: Never Married OR No. of Previous Marriages Last Very Year 1071 City County State OR No. of Previous Marriages Last Very Year 1071 OR No. of Previous Marriages Last Very Year 1071 OR No. of Previous Marriages Last Very Year 1071 OR No. of Previous Marriages Last Very Year 1071 OR No. of Previous Marriages Last Very Year 1071 OR No. of Previous Marriages Last Very Year 1071 OR No. of Previous Marriages	Name First Middle C. Phel S.
Last Marriage Ended By: Death Divorce Annulment Date 1-03	Last Marriage Ended By: Death Divorce Annulment Date
Date of Birth Verified By:	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 I fanswer is "yes", has the adjudication been removed? No Yes Are you related to the female applicant closer than second cousin? No Yes Are you now under the influence of an alcoholic beverage? No Yes Are you now under the influence of a narcotic drug? No Yes List the full names of any dependent children.	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes I If answer is "yes", has the adjudication been removed? No Yes Are you related to the male applicant closer than second cousin? No Yes Are you now under the influence of an alcoholic beverage? No Yes Are you now under the influence of a narcotic drug? No Yes State 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)	6. (a) Full name of applicant's father Michael k. Phelps (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 52703	ACKNOWLEDGEMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). ### SSA C Philips Date 5-27-0.5
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of Hendricks New Address Subscribed and sworn to before me this Clerk of the Hendricks Circuit Court	State of Indiana County of Hendricks Signed New Address Subscribed and sworn to before me this Clerk of the Hendricks Circuit County State of Indiana I swear/affirm that the information gives In this pupilication is true and correct Aday of May 3003 Clerk of the Hendricks Circuit County Clerk of the Hendricks Circuit County Clerk of the Hendricks Circuit County County of Indiana I swear/affirm that the information gives Aday of May 3003
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs state facts which make the consent of the other parent unnecessary
State of Indiana) County of Hendricks) Father ID # Mother ID # Subscribed and sworn to before me this day of	State of Indiana) County of Hendricks) Father ID # Mother ID # Subscribed and sworn to before me this day of
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR	Cler CT. A marriage license having been refused to the above named parties, th
County	Court, by written order issuednorizes 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 Cle 2003, authorizing the marriage of Michael J. Be I further certify that the following marriage certificate was filed in my office: certify that on June 7, 2003 (date), at Clean Michael J. Berkley of Hendrich County Indiana Michael J. Berkley	I, <u>Michael W. Phelps</u> (name loverdale in <u>Putnam</u>
were married by me as authorized under a marriage license that was iss	sued by the Clerk of the Circuit Court of Hendricks County, Indiana, date

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Book 290

5-27-03

Date of Application

Clerk

IC 31-11-1. Furnishing false information upon applying for license. No ☐ Yes □ Female Applicant > 50 A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under Name of Physician Amald K See IC 31-11-4-4 commits a Class D felony. MALE APPLICANT FEMALE APPLICANT Middle Name Date of Birth Date of Birth Place of Birth (State or foreign country) Place of Birth (State or foreign country) Residence Address Residence Address Street or R.R 10 aintras Way Never Married Previous Marital Status: Never Married OR No. of Previous Marriages Death Divorce Annulment Date Death Divorce Annulment Date Last Marriage Ended By: Last Marriage Ended By: ☐ Birth Certificate Other (Specify) Date of Birth Verified By: Other (Specify) ☐ Birth Certificate Date of Birth Verified By: Are you now or have you ever been adjudged to be of unsound mind? No Tes [Are you now or have you ever been adjudged to be of unsound mind? No Yes No Yes No 🗆 Yes 🗆 If answer is "yes", has the adjudication been removed? If answer is "yes", has the adjudication been removed? No Yes No 🗗 Yes 🗌 Are you related to the male applicant closer than second cousin? Are you related to the female applicant closer than second cousin? No T Yes No Yes Are you now under the influence of an alcoholic beverage? Are you now under the influence of an alcoholic beverage? No TYes No Yes Are you now under the influence of a narcotic drug? Are you now under the influence of a narcotic drug? List the full names of any dependent children. List the full names of any dependent children. (a) Full name of applicant's father Marles (a) Full name of applicant's father Ausla (If adopted, list adoptive parents only) (If adopted, list adoptive parents only) Residence of father (if deceased, so state) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) Birthplace of father (State or foreign country) Full maiden name of applicant's mother (b) Full maiden name of applicant's mother Deligion (If adopted, list adoptive parents only) (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) ACKNOWLEDGEMENT **ACKNOWLEDGEMENT** I acknowledge that I have received information regarding dangerous communicable diseases that I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome Signature of Applicant immune deficiency syndrome) Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. acknowledgment because of religious beliefs. Clerk of Court Date . Clerk of Court State of Indiana I swear/affirm that the information given I swear/affirm that the information given State of Indiana County of Hendricks in this application is true and correct. County of Hendrick in this application is true and correct. New Address _ Subscribed and sworn to before me this 27 Subscribed and sworm to before the this and day of Illay, 2003 _ 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, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____ state facts which make the consent of the other parent unnecessary _ State of Indiana) County of Hendricks) County of Hendricks) Father ____ Father ____ Mother . Mother _____ Subscribed and sworn to before me this _ Subscribed and sworn to before me this _ COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ Court, by written order issued _ ____ County _____ , authorizes and directs the issuance of a marriage license to the above named parties. and filed in _ RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 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 certify that on ______ June 7, 2003 ______ (date), at __Brownsburg ______ in ___ Hendricks __County, __Indiana County, Indiana, Chad Allen LaRoche of Hendricks (state), and Brodi Elisa Ruhmann of Hendricks _County, __Indiana were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 27, 2003 Signed by: __Dr. Thomas Walker ____, ____ Minister ____ (official designation)

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

IC 31-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the Female Applicant > 50 No 🗹 Yes 🗆 circuit court when the person applies for a marriage license under If No, Medical Examination or Report Dated Name of Physician STEPHEN HEES IC 31-11-4-4 commits a Class D felony. MALE APPLICANT FEMALE APPLICANT Name Middle First Middle BRIAN 1065DILL Date of Birth Month Date of Birth 2 Place of Birth (State or foreign country) Place of Birth (State or foreign country) Street or R.R. City Residence Address Street or R.R 824 HARDING ST PLAINFIELD 824 HARDING ST. HENDRICKS PLAINFIELD HENDRICKS 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 2002 Death Divorce Annulment Date 199 Date of Birth Verified By: ☐ Birth Certificate Other (Specify) Date of Birth Verified By: ☐ Birth Certificate Other (Specify) DELVERS LICENSE DEIVERS LICENSE 1. Are you now or have you ever been adjudged to be of unsound mind? No Yes \square Are you now or have you ever been adjudged to be of unsound mind? No Yes \(\square\$ If answer is "yes", has the adjudication been removed? No 🗆 /Yes 🗆 If answer is "yes", has the adjudication been removed? ved?

No Yes

second cousin?

No Yes

veverage?

No Yes

g?

MISTY MARIE DURBIN Are you related to the female applicant closer than second cousin? No Yes Are you related to the male applicant closer than second cousin? Are you now under the influence of an alcoholic beverage? No Yes O Are you now under the influence of an alcoholic beverage? Are you now under the influence of a narcotic drug? Are you now under the influence of a narcotic drug? List the full names of any dependent children. _ List the full names of any dependent children. CHEISTING LETCH PUN DURBIN AMMIE LYNN DURBIN (a) Full name of applicant's father DENNS EUGENE (a) Full name of applicant's father JOHN CIINTON STORSDILL (If adopted, list adoptive parents only) (If adopted, list adoptive parents only) Residence of father (if deceased, so state) Residence of father (if deceased, so state) _ Birthplace of father (State or foreign country)

(b) Full maiden name of applicant's mother

RUTH EVELYN MADISON Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother MALTHA (If adopted, list adoptive parents only) _ (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) ACKNOWLEDGEMENT **ACKNOWLEDGEMENT** I acknowledge that I have received information regarding dangerous communicable diseases that I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome immune deficiency syndrome) Signature of Applicant Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. acknowledgment because of religious beliefs. Clerk of Court _ _ Date _ Clerk of Court . 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 Signed New Address Lame Subscribed and sworn to before me this Subscribed and sworn to before me this _28 day of _MAY 2003 _ 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, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____ state facts which make the consent of the other parent unnecessary _ State of Indiana) State of Indiana County of Hendricks) County of Hendricks) Father __ Father _ ID# Mother _ Subscribed and sworn to before me this _ Subscribed and sworn to before me this __ COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _ County _ __ Court, by written order issued _ and filed in , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I 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 certify that on _June 21, 2003 _____(date), at ___Indianapolis (name), ____in ___ Marion County, Indiana, Brian Kim Bates ____of ____Hendricks (state), and Paula Jean Stogsdill of Hendricks County, Indiana _County, __Indiana were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 28, 2003 Signed by: Rev. Wayne C. Carnes __, ____Ordained Elder Filed and recorded in accordance with the laws of the State of Indiana on _______ June 26, 2003 _ (official designation)

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Book Page 5-28-03 Date of Application

C 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the ircuit court when the person applies for a marriage license under C 31-11-4-4 commits a Class D felony.	Female Applicant > 50 No Yes \(\square \) If No, Medical Examination or Report Dated Name of Physician \(\sum \) Name of Physician
MALE APPLICANT	FEMALE APPLICANT
ame First Middle Last	Name Buffy To Last LLOYD
KENNETH Clenn STEIN te of Birth Month Day, Year	Date of Birth Month Day Year
4 25 1972	
ce of Birth (State or foreign country)	Place of Birth (State or foreign country)
idence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
5000 S. ST Rd 39 CINYTON HENDRICES IN	Does of the of CINTION HELLING
vious Marital Status: Never Married OR No. of Previous Marriages	1000
t Marriage Ended By: Death Divorce Annulment Date 2002	Last Marriage Ended By: Death Divorce Annulment Date 1978
e of Birth Verified By:	Date of Birth Verified By:
DRIVERS LICENSE	DEFUERS LICENSE
Are you now or have you ever been adjudged to be of unsound mind? No Yes I If answer is "yes", has the adjudication been removed? No Yes Are you related to the female applicant closer than second cousin? No Yes Are you now under the influence of an alcoholic beverage? No Yes Are you now under the influence of a narcotic drug? No Yes List the full names of any dependent children.	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes I If answer is "yes", has the adjudication been removed? No Yes 2. Are you related to the male applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes 4. Are you now under the influence of a narcotic drug? Yes 5. List the full names of any dependent children.
(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) (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)	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)
exhowledge that I have received information regarding dangerous communicable diseases that a sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired mune deficiency syndrome). Date 5-78-63 The above applicant has objected to verifying by oath or affirmation or signature to the above knowledgment because of religious beliefs. Date	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome) Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
	I award of firm that the information given
I swear/affirm that the information given in this application is true and correct. Signed New Address We Address Signed New Address We Address Clerk of the Hendricks Circuit Court	State of Indiana County of Hendricks Signed New Address Subscribed and sworn to before me this Clerk of the Hendricks Circuit Court
DISENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
e, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, te 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
ate of Indiana)	State of Indiana)
unty of Hendricks)	County of Hendricks) Father ID #
her ID # ther ID #	Mother ID #
oscribed and sworn to before me this day of Clerk	Subscribed and sworn to before me this day of Clerk
OMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR	T. A marriage license having been refused to the above named parties, the
County	Court, by written order issuedorizes and directs the issuance of a marriage license to the above named parties.
	SE AND MARRIAGE CERTIFICATE
certify that there was filed in my office a marriage license issued by the Cle	rk of the Circuit Court of Hendricks County, Indiana, dated <u>May 28,</u> and Stein and Buffy Jo Lloyd
catalogue of the state of the spine marriage certificate was filed in my office.	I Janet S. Smith (name).
ertify that on May 28, 2003 (date), at Dan ounty, Indiana, Kenneth Glenn Stein of Hend	IVIIIE III HERGITERS
tate) and Buffy Jo Lloyd of Hendrick	County, Indiana (state)
ere married by me as authorized under a marriage license that was iss	ued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Hend Co Deputy Clerk (official designation)
ned and recorded in accordance with the laws of the State of Indiana on	
	Signed Llaran Dugan Clerk Hendricks Circuit Court
OYCE FORMS • SYSTEMS 1-800-382-8702 1477	Hendricks Circuit Court

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

-28-03 Date of Application

IC 31-11-1. Furnishing false information upon applying for license. No 🗗 Female Applicant > 50 A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated 22/ Name of Physician European Metakewak circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony. FEMALE APPLICANT MALE APPLICANT Name Name Date of Birth Date of Birth Place of Birth (State or foreign country) Place of Birth (State or foreign country) Residence Address Street or R.R. Residence Addre OR No. of Previous Marriages. Never Married Never Married Previous Marital Status: Death Divorce Annulment Date 1998 Death Divorce Annulment Date Last Marriage Ended By: Last Marriage Ended By: Other (Specify) Date of Birth Verified By: ☐ Birth Certificate ☐ Birth Certificate Other (Specify) Date of Birth Verified By: No Tyes Are you now or have you ever been adjudged to be of unsound mind? No Yes Are you now or have you ever been adjudged to be of unsound mind? No Yes No Yes If answer is "yes", has the adjudication been removed? If answer is "yes", has the adjudication been removed? No Yes No Yes No Yes Are you related to the male applicant closer than second cousin? 2. Are you related to the female applicant closer than second cousin? No Yes Are you now under the influence of an alcoholic beverage? Are you now under the influence of an alcoholic beverage? No Yes No Yes Are you now under the influence of a narcotic drug? Are you now under the influence of a narcotic drug? List the full names of any dependent children. _

List the full names of any dependent children. (a) Full name of applicant's father Harle (a) Full name of applicant's father _ (If adopted, list adoptive parents only) (If adopted, list adoptive parents only) Residence of father (if deceased, so state) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother pasia (b) Full maiden name of applicant's mother Horma Jow Burse (If adopted, list adoptive parents only) (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) _ ACKNOWLEDGEMENT ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired 5/28/03 immune deficiency syndrome). immune deficiency syndrome XSignature of Applicant Lary Los Date 5-28-03 Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. acknowledgment because of religious beliefs. Clerk of Court Date Clerk of Court swear/affirm that the information given State of Indiana I swear/affirm that the information given State of Indiana

in this application is true and correct. County of Hendricks County of Hendricks in this application is true and correct. New Address 25 me 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, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary _ State of Indiana State of Indiana County of Hendricks) County of Hendricks) Father _ Father __ Mother Mother _ Subscribed and sworn to before me this _ Subscribed and sworn to before me this _

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _ Court, by written order issued . County .

, authorizes and directs the issuance of a marriage license to the above named parties.

and filed in RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 28, and ___ Brenda Sue Bryant 2003 , authorizing the marriage of Gary Lee Rasnake I further certify that the following marriage certificate was filed in my office: I, Rev. Timothy B. Leach (name). ___ (date), at ___ Avon __ in ____ certify that on _____June 28, 2003 of Hendricks Hendricks Indiana County, Indiana, Gary Lee Rasnake _ County, _ (state), and Brenda Sue Bryant Indiana _ of __ County, __ were 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 July 2, 2003 Filed and recorded in accordance with the laws of the State of Indiana on ____

Hendricks Circuit Court

Clerk

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

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

IC 31-11-11. Furnishing false information upon applying for license. Female Applicant > 50 No Yes 🗆 A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under Name of Physician William Mohr MD IC 31-11-4-4 commits a Class D felony. FEMALE APPLICANT MALE APPLICANT Name Name Date of Birth Date of Birth Place of Birth (State or foreign country) Place of Birth (State or foreign country) Residence Address Street or R.R. Residence Address Street or R.R. 105 Kobertalourt Never Married OR No. OR No. of Previous Marriage Death Divorce Annulment Date Death Divorce Annulment Date Last Marriage Ended By: Last Marriage Ended By: ☐ Birth Certificate Other (Specify) ☐ Birth Certificate Other (Specify) Date of Birth Verified By: Date of Birth Verified By: Xcense Are you now or have you ever been adjudged to be of unsound mind? No Yes Are you now or have you ever been adjudged to be of unsound mind? No Yes No Yes If answer is "yes", has the adjudication been removed? If answer is "yes", has the adjudication been removed? No Yes No Yes No Yes Are you related to the male applicant closer than second cousin? Are you related to the female applicant closer than second cousin? No Yes Are you now under the influence of an alcoholic beverage? Are you now under the influence of an alcoholic beverage? No Tyes Are you now under the influence of a narcotic drug? No Yes Are you now under the influence of a narcotic drug? No Yes List the full names of any dependent children. List the full names of any dependent children. Holiest Forster (a) Full name of applicant's father (a) Full name of applicant's father (If adopted, list adoptive parents only) (If adopted, list adoptive parents only) Residence of father (if deceased, so state) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother (b) Full maiden name of applicant's mother Aynn (If adopted, list adoptive parents only) . (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) ACKNOWLEDGEMENT ACKNOWLEDGEMENT I acknowledge that I have received information regarding dangerous communicable diseases that I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant immune deficiency syndrome). Signature of Applicant _ Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. acknowledgment because of religious beliefs. Tlerk of Court 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) County of Hendricks in this application is true and correct. in this application is true and correct. Signed L Y Signed New Address . New Address _ Subscribed and sworn to before me this 29 day of May, 2003 Subscribed and sworn to before me this A 4 day of May, 3003 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, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____ state facts which make the consent of the other parent unnecessary ____ State of Indiana State of Indiana County of Hendricks) County of Hendricks) Father __ Father ___ Mother Mother Subscribed and sworn to before me this _ Subscribed and sworn to before me this _ COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ___ County _ ____ Court, by written order issued _ and filed in , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I 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 <u>David Andrew Wright</u> _____ and <u>Suzanne Michelle Forsterling</u>
I further certify that the following marriage certificate was filed in my office: I, <u>Rev. Dean C. Wright</u> (name), County, Indiana, __David Andrew Wright___of __Hendricks____ __County, __Indiana (state), and Suzanne Michelle Forsterofing of Hendricks County, Indiana were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 29, 2003 Signed by: Rev. Dean C. Wright , Minister Filed and recorded in accordance with the laws of the State of Indiana on ______ June 26, 2003

STATE OF INDIANA

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Date of Application

IC 31-11-1. Furnishing false information upon applying for 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 P Yes I If No, Medical Examination or Report Dated Name of Physician Professional Name of Physician Name No 🖾

MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name An Susan White Last
Date of Birth Month Day Year	Date of Birth Month Day Year
Pale of Birth Month	3 18 1951
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address) Street or R.R. City County State 139 AVOLUMINAR OS-AVOL HENDRICKS TO 4612
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
ast Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date 1999
Date of Birth Verified By: Birth Certificate Other (Specify)	Date of Birth Verified By: Birth Certificate Other (Specify)
	Daver'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 X Yes
If answer is "yes", has the adjudication been removed?	If answer is "yes", has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? No \(\subseteq \text{Yes} \subseteq \)	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage? No Yes	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a parcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children.
	7 04 11:00
6. (a) Full name of applicant's father	(a) Full name of applicant's father Thelopis Mullique
(If adopted, list adoptive parents only)	(If adopted list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state) Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother	(b) Full maiden name of applicant's mother Velve Barnhard
(If adopted, list adoptive parents only)	(If adopted list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) Deceased
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
	ACKNOWLEDGEMENT
ACKNOWLEDGEMENT	
I acknowledge that I have received information regarding dangerous communicable diseases that	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sijes for the virus that causes AIDS (acquired
are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	are sexually transmitted, and a list of the test siles for the virus that causes Albo acquired
immune deficiency syndrome). Signature of Applicant Date	ximmune deficiency syndrome Sun Sulviture Dat 5/29/0
Signature of Applicant Date	Signature of the state of the s
and the shape	The above applicant has objected to verifying by oath or affirmation or signature to the above
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
Clerk of Court	
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.	County of Hendricks In this application is true and correct.
Signed	New Address Same
New Address	New Address
Subscribed and sworn to before me this day of	Subscribed and sworn to before me this day of day of Clerk of the Hendricks Circuit Court
Clerk of the Hendricks Circuit Court	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,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
state facts which make the consent of the other parent unnecessary	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 Clerk	Subscribed and sworn to before me this day of Clerk
County	RT. A marriage license having been refused to the above named parties, the Court, by written order issued
and filed in, auti	horizes and directs the issuance of a marriage license to the above named parties
RETURN OF MARRIAGE LICEN	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl	erk of the Circuit Court of Hendricks County, Indiana, dated and
I further certify that the following marriage certificate was filed in my office	I(name,
contifue that on (date) at	in
C taliana of	County.
County, Indiana,	County, (state
(State), and	sued by the Clerk of the Circuit Court of Hendricks County, Indiana, date
Signed by:	, (ornicial designation
Filed and recorded in accordance with the laws of the State of Indiana on _	(date).
	01
	Signed Sharan Dugan Cle
BOYCE FORMS • SYSTEMS 1-800-382-8702 1477	Hendricks Circuit Court

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Book . Date of Application

(name).

Clerk

___in __Hendricks

Priest (official designation)

_ County, ___Indiana

_County, __Indiana

IC 31-11-1. Furnishing false information upon applying for license. Female Applicant > 50 No 🗗 A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under Kon Stegmolle Name of Physician _ IC 31-11-4-4 commits a Class D felony. FEMALE APPLICANT MALE APPLICANT Name Name Date of Birth Date of Birth Place of Birth (State or foreign country) Place of Birth (State or foreign country) Street or R.R Residence Address Residence Address OR No. of Previous Marriages. Never Married OR No. of Previous Marriages Death Divorce Annulment Date Last Marriage Ended By: Death Divorce Annulment Date Last Marriage Ended By: Other (Specify) ☐ Birth Certificate Date of Birth Verified By: Other (Specify) ☐ Birth Certificate Date of Birth Verified By: Are you now or have you ever been adjudged to be of unsound mind? No Yes Are you now or have you ever been adjudged to be of unsound mind? No Yes No Yes If answer is "yes", has the adjudication been removed? No Yes If answer is "yes", has the adjudication been removed? No ☐ Yes ☐ Are you related to the male applicant closer than second cousin? No Yes Are you related to the female applicant closer than second cousin? No Yes Are you now under the influence of an alcoholic beverage? No Yes Are you now under the influence of an alcoholic beverage? No Tyes No Yes Are you now under the influence of a narcotic drug? Are you now under the influence of a narcotic drug? List the full names of any dependent children. List the full names of any dependent children. (a) Full name of applicant's father (a) Full name of applicant's father (If adopted, list adoptive parents only) (If adopted, list adoptive parents only) Residence of father (if deceased, so state) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother (b) Full maiden name of applicant's mother (If adopted, list adoptive parents only) (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) ACKNOWLEDGEMENT ACKNOWLEDGEMENT I acknowledge that I have received information regarding dangerous communicable diseases that I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Had A. Hard immune deficiency syndrone. Signature of Applicant _ X Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. acknowledgment because of religious beliefs. Clerk of Court . Clerk of Court I swear/affirm that the information given State of Indiana I swear/affirm that the information given State of Indiana in this application is true and correct. County of Hendricks County of Hendricks) in this application is true and correct. New Address . Subscribed and sworn to before me this 29 day of May scribed and sworn to before me this 99 Clerk of the Hendricks Circuit Court 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, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary ____ State of Indiana State of Indiana) County of Hendricks) County of Hendricks) Father ___ Father _ Mother _ Subscribed and sworn to before me this Subscribed and sworn to before me this _ COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the __ Court, by written order issued __ _ County _ , authorizes and directs the issuance of a marriage license to the above named parties. and filed in RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated __May 29, 2003 ____, authorizing the marriage of ____Chad Andrew Hardin _____ and ____ Megan Leigh Monts

__of ____Hendricks

____(date), at ___Danville

were 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,

Signed _

Hendricks Circuit Court

I further certify that the following marriage certificate was filed in my office: I, Rev. Thomas K. Stepanksi

certify that on June 14, 2003

County, Indiana, Chad Andrew Hardin

(state), and Megan Leigh Monts of Hendricks

May 29, 2003 . Signed by: Rev. Thomas K. Stepanski Filed and recorded in accordance with the laws of the State of Indiana on _____

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Book <u>07</u>
Page <u>397</u>
<u>5-29-03</u>
Date of Application

IC 31-11-1. Furnishing false information upon applying for 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 4 Yes 5-20-03

If No, Medical Examination or Report Dated 5-20-03

Name of Physician Karen Beeling MD

circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.	Name of Physician Karın Beeling MD
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Jast .	Name AFirst Middle Last
Date of Birth Month Day Year	Date of Birth Month Day Year
4 25 19	1 9 80
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
306 Highest. Danville Hind In Held?	206 Highest Danville Head In 4612.
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:	Date of Birth Verified By: Birth Certificate Other (Specify)
Drives 12 Leavise	Druisis Ecense
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?	If answer is "yes", has the adjudication been removed?
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
3. Are you now under the influence of an alcoholic beverage? No Yes 4. Are you now under the influence of a narcotic drug? No Yes	3. Are you now under the influence of an alcoholic beverage? No
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 Oran Reisson	6. (a) Full name of applicant's father David L. Williams
(If adopted, list adoptive parents only	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Lamela Hay 110 Fo	(b) Full maiden name of applicant's mother (If adopted, list adoptive parents only)
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
Signature of Applicant Date 5.29-03 The above applicant has objected to verifying by oath or affirmation or signature to the above	are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndroms). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs. Clerk of Court Date	acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana I swear/affirm that the information given in this application is true and correct. Signed Same Same	State of Indiana County of Hendricks Signed New Address I swear/affirm that the information given in this application is true and correct.
Subscribed and sworn to before me this 39 day of May, 2003 Clerk of the Gendricks Circuit Court	Subscribed and sworn to before me this 29 day of Clerk of the Handricks Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana) County of Hendricks)	State of Indiana) County of Hendricks)
Father ID # Mother ID #	Father ID #
Subscribed and sworn to before me this day of Clerk	Subscribed and sworn to before me this day of Clerk
(10.00 Particular 10.00 Particular 10.00 Particular 10.00 Particular 10.00 Particular 10.00 Particular 10.00 Pa	T. A marriage license having been refused to the above named parties, the
County	Court, by written order issued Courts the issuance of a marriage license to the above named parties.
PETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cler 2003, authorizing the marriage of James Paul P	rk of the Circuit Court of Hendricks County, Indiana, dated May 29, ierson and Sarah Nicole Denise William
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 Pla	ricks County, Indiana
(state) and Sarah Nicole Denise Williams of Hend	ricks County, Indiana (state)
	ued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated
May 29, 2003 Signed by: John L. Ross	
Filed and recorded in accordance with the laws of the State of Indiana on	June 24, 2003 (date).

Signed ______ Hendricks Circuit Court

Clerk

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

5-30-03 Date of Application

A person who knowingly furnishes false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.	Female Applicant > 50 No Yes Ves If No, Medical Examination or Report Dated Name of Physician Daniel Falley MD
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last Date of Birth Month Day Year	Name First Middle Floore Fowers Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County/ State	Residence Address Street or R.R. City Gounty State
2396 N. Co Rd. 425 W. Dawille Head Shaller	2/11 5. CoRd 900 E. Smaple Nend Sh 4623. Previous Marital Status: Never Married The OR No. of Previous Marriages.
Previous Marital Status: Never Married OR No. of Previous Marriages	
Last Marriage Ended By: Death Divorce Annulment Date	
Date of Birth Verified By: Birth Certificate Other (Specify)	Date of Birth Verified By: Birth Certificate Other (Specify)
Druis's France	Drues Deance
1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐ If answer is "yes", has the adjudication been removed? No ☐ Yes ☐ Yes ☐ Are you related to the female applicant closer than second cousin? No ☐ Yes ☐ Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐ Are you now under the influence of a narcotic drug? No ☐ Yes ☐ State the full names of any dependent children.	1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐ If answer is "yes", has the adjudication been removed? No ☐ Yes ☐ 2. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐ 3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐ 4. Are you now under the 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)	6. (a) Full name of applicant's father Clan B. Powers (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 The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date Date	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant
State of Indiana) County of Hendricks) Signed Indiana in this application is true and correct. New Address 2111 S COEd 900 E India Hend IN 446231 Subscribed and sworn to before the this day of Clerk of the Hendricks Circuit Court	State of Indiana) County of Hendricks) Signed New Address Subscribed and sworn to before me this Clerk of the Hendricks Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana) County of Hendricks)	State of Indiana) County of Hendricks) Father ID #
Father ID # Mother ID #	Mother ID #
Subscribed and sworn to before me this day of Clerk	Subscribed and sworn to before me this day of Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR	T. A marriage license having been refused to the above named parties, the
and filed in, auth	Court, by written order issuedorizes 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 Cle 2003, authorizing the marriage of Brandon Chris I further certify that the following marriage certificate was filed in my office: certify that on June 7, 2003 (date), at Da County, Indiana, Brandon Christopher Quarles of (state), and Kyria Brooke Powers of Hendrick were married by me as authorized under a marriage license that was iss May 30, 2003, Signed by: Dr. Billy Strother	SE AND MARRIAGE CERTIFICATE ork of the Circuit Court of Hendricks County, Indiana, dated May 30, stopher Quarles and Kyria Brooke Powers I, Dr. Billy Strother (name), anville in Hendricks Monroe County, Indiana (state) sued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Preacher (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	Signed Signed Clerk Hendricks Circuit Court

STATE OF INDIANA

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

IC 31-11-11. Furnishing false information upon applying for 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 4-11-03

If No, Medical Examination or Report Dated

Name of Physician

Amus Jetes M.O

IC 31-11-4-4 commits a Class D felony.	Name of Physician Janes Section 11/10
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name First Middle Last
Date of Birth Month Day Year	Date of Birth Cheryl Ann Day Year
Date of Birth Month Day Year	2 23 56
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State Holl	Residence Address Street or R.R. City County State
1008 Dalle Vinn Dollato Philital	1008 Valley Vine Dr Glainfuld Hend to Hold
Previous Marital Status: Never Married OR No. of Previous Marriages 2	Previous Marital Status. Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 1996	Last Marriage Ended By: Death Divorce Annulment Date 2002
Date of Birth Verified By: Birth Certificate Tother (Specify)	Date of Birth Verified By: Birth Certificate Other (Specify)
Indiana I D Case	Druin Senia
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 Tes
If answer is "yes", has the adjudication been removed?	If answer is "yes", has the adjudication been removed?
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 4. Are you now under the influence of a narcotic drug?	3. Are 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? 5. List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug? No Yes S. List the full names of any dependent children.
Summers	AND THE RESIDENCE OF THE PROPERTY OF THE PROPE
D. D 2 1.	Stand & Marie
6. (a) Full name of applicant's father Aleksia Summus	6. (a) Full name of applicant's father Source & Joseph & Jsosvig (If adopted, list adoptive parents only)
(If adopted, list adoptive parents only) Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) Monnesota
(b) Full maiden name of applicant's mother	(b) Full maiden name of applicant's mother Thangaset J. Dissect
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)
Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGEMENT	ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
	immune deficiency condenses // 1 // Cc 's
Signature of Applicant Jack S. S. Date 5-30-03	Signature of Applicant Huy K. Kory Date 5/30/13
The house of the district to the shows	The above applicant has objected to verifying by oath or affirmation or signature to the above
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	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)
	County of Hendricks \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
X Signed Readell L. Summers	Signed Therefor horings
K New Address 54m 8 Subscribed and sworn to before me this 30 day of 70ny, 2003	Subscribed and sworn to before me this 30 day of May, 2003
Clerk of the Hendricks Circuit Court	Clerk of the Hendricks Circuit Court
- war	
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) County of Hendricks)	State of Indiana) County of Hendricks)
Father ID #	Father ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me this day of Clerk	Subscribed and sworn to before me this day of Clerk
COMPLETE IE MARRIAGE LICENSE ISSUED BY ORDER OF COUR	T. A marriage license having been refused to the above named parties, the
and filed in, author	Court, by written order issuedorizes and directs the issuance of a marriage license to the above named parties.
DETUDN OF MADDIAGE LICENS	SE AND MARRIAGE CERTIFICATE
	rk of the Circuit Court of Hendricks County, Indiana, dated May 30,
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 Dany:	ille in Hendricks
County Indiana. Randall Lee Summers of Hend:	ricks County, Indiana
(state), and Cheryl Ann Trosvig of Hendricks	County, Indiana (state)
May 30, 2003 Signed by Janet S. Smith	ued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Hend Co Deputy Clerk (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	June 24, 2003 (date).
	01 . 0 . 1
	sharan Augan

APPLICATION FOR MARRIAGE LICENSE Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4 HENDRICKS COUNTY

Date of Application

IC 31-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.	Female Applicant > 50 No Yes Yes If No, Medical Examination or Report Dated S-12-03 Name of Physician Virginia a. Caine
	FEMALE APPLICANT
Name First Affor Middle Christopher BRYANT Date of Birth Month Day, Year	Name First Middle Last PICKell Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married OR No. of Previous Marriages.	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of Birth Verified By:	Date of Birth Verified By:
DEINERS LICENSE	DRIVERS LICENSE
1. Are you now or have you ever been adjudged to be of unsound mind? No	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes", has the adjudication been removed? No Yes 2. Are you related to the male applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes 4. Are you now under the 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 CONRAD BRYAN! (If adopted, list adoptive parents only) Residence of father (if deceased, so state) Birthplace of father (State or foreign country)	6. (a) Full name of applicant's father STEPHEN MARTIN PICKELL (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)	(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)
are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome) Signature of Applicant 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.	are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant 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	Clerk of Court Date
State of Indiana) I swear/affirm that the information given County of Hendricks County of Hendricks Signed Bryant Bryant Place Indplace	State of Indiana) I swear/affirm that the information given County of Hendricks) in this application is true and correct. Signed Seven Park Place Indeed
Subscribed and sworn to before me this day of Clerk of the Hendricks Circuit Court	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	CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana) County of Hendricks)	State of Indiana) County of Hendricks)
Father ID # Mother ID #	Father ID # Mother ID #
Subscribed and sworn to before me this day of Clerk	Subscribed and sworn to before me this day of Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR	T. A marriage license having been refused to the above named parties, the
	Court, by written order issued
I certify that there was filed in my office a marriage license issued by the Cle 2003, authorizing the marriage of Aaron Christo.	pher Bryant and Jennifer Nicole Pickell. Todd Calvert (name),
County, Indiana, Aaron Christopher Bryant of Hend	dianapolis in Marion ricks County, Indiana County, Indiana (state) sued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated
were married by me as authorized under a marriage license that was iss May 30, 2003 Signed by:	
BOYCE FORMS • SYSTEMS 1-800-382-8702 1477	Signed Clerk Hendricks Circuit Court

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

IC 31-11-1. Furnishing false information upon applying for license. No V Yes 🗆 Female Applicant > 50 A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated
Name of Physician circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony. FEMALE APPLICANT MALE APPLICANT Middle Name First Jenni Date of Birth Date of Birth Place of Birth (State or foreign country) Place of Birth (State or foreign country) IN Residence Address 7076 How horne Dasalle Jane Never Married OR No. of Previous Marriages. Previous Marital Status: Never Married OR No. of Previous Marriages. Death Divorce Annulment Date Death Divorce Annulment Date Last Marriage Ended By: Last Marriage Ended By: ☐ Birth Certificate Other (Specify) ☐ Birth Certificate Other (Specify) Date of Birth Verified By: Date of Birth Verified By: Are you now or have you ever been adjudged to be of unsound mind? No -Yes -Are you now or have you ever been adjudged to be of unsound mind? No Yes No Yes If answer is "yes", has the adjudication been removed? No 🗆 Yes 🗆 If answer is "yes", has the adjudication been removed? No Tyes No Yes Are you related to the male applicant closer than second cousin? Are you related to the female applicant closer than second cousin? No Yes Are you now under the influence of an alcoholic beverage? No Yes Are you now under the influence of an alcoholic beverage? No TYes Are you now under the influence of a narcotic drug? No Yes Are you now under the influence of a narcotic drug? List the full names of any dependent children. List the full names of any dependent children. (a) Full name of applicant's father Richard Charles 6. (a) Full name of applicant's father - Jury Joe Thomas (If adopted, list adoptive parents only) (If adopted, list adoptive parents only) Residence of father (if deceased, so state) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) Birthplace of father (State or foreign country), Full maiden name of applicant's mother Name Marie (b) Full maiden name of applicant's mother - Hole (If adopted, list adoptive parents only) (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) . ACKNOWLEDGEMENT ACKNOWLEDGEMENT I acknowledge that I have received information regarding dangerous communicable diseases that I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). immune deficiency syndrome) Date 05/30/2003 Signature of Applicant X Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. acknowledgment because of religious beliefs. Clerk of Court . Clerk of Court Date I swear/affirm that the information given I swear/affirm that the information given State of Indiana State of Indiana County of Hendricks) in this application is true and correct. in this application is true and correct. County of Hendricks Signed _ Subscribed and sworn to before me this ____ 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, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____ state facts which make the consent of the other parent unnecessary _ State of Indiana County of Hendricks) County of Hendricks) Father ___ Father ___ Mother . Mother _ Subscribed and sworn to before me this _ Subscribed and sworn to before me this. COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 and Jennifer Lynn Burr

were 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 Hendricks Circuit Court (date).

Minister

_ County, __

County, Indiana

., authorizes and directs the issuance of a marriage license to the above named parties.

Fountain Indiana

_____ (official designation)

Clerk

__ Court, by written order issued __

and filed in

__ County __

certify that on June 7, 2003 (date), at Attica

County, Indiana, Timothy Joe Thomas of Hendricks

(state), and Jennifer Lynn Burr of Hendricks

May 30, 2003 Signed by: ____Glen McFarland

Filed and recorded in accordance with the laws of the State of Indiana on _

I further certify that the following marriage certificate was filed in my office: I, _____ Glen McFarland

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Book <u>47</u>
Page <u>302</u>
5-30-03
Date of Application

Clerk

IC 31-11-1. Furnishing false information upon applying for license. Female Applicant > 50 No 🗹 Yes 🖸 A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under Name of Physician _ DC Schmall IC 31-11-4-4 commits a Class D felony. FEMALE APPLICANT MALE APPLICANT Last Name Middle Name Date of Birth Date of Birth Month Place of Birth (State or foreign country) Never Married OR No. of Previous Marriages Previous Marital Status: Never Married Death Divorce Annulment Date 7-00 Death Divorce Annulment Date 1-00 Last Marriage Ended By: Last Marriage Ended By: Other (Specify) ☐ Birth Certificate Other (Specify) Date of Birth Verified By: Date of Birth Verified By: ☐ Birth Certificate Are you now or have you ever been adjudged to be of unsound mind? No 🗹 Yes 🗆 Are you now 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 | Yes | Are you related to the male applicant closer than second cousin? No 1 Yes Are you related to the female applicant closer than second cousin? Are you now under the influence of an alcoholic beverage? No / Yes Are you now under the influence of an alcoholic beverage? ache Cox No Yes Are you now under the influence of a narcotic drug Are you now under the influence of a narcotic drug? List the full names of any dependent children. RUNEW List the full names of any dependent children. (a) Full name of applicant's father Yau (If adopted, list adoptive parents only) (If adopted, list adoptive parents only) Residence of father (if deceased, so state) _ Residence of father (if deceased, so state) Birthplace of father (State or foreign country) Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Jenn (b) Full maiden name of applicant's mother NOVMO (If adopted, list adoptive parents only) (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) ACKNOWLEDGEMENT **ACKNOWLEDGEMENT** I acknowledge that I have received information regarding dangerous communicable diseases that I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome immune deficiency syndrome). Signature of Applicant Signature of Applicant _ The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. acknowledgment because of religious beliefs. Clerk of Court Clerk of Court I swear/affirm that the information given State of Indiana I swear/affirm that the information given State of Indiana County of Hendricks in this application is true and correct. County of Hendricks) wife Holt in this application is true and correct. Signed _ New Address Sall Subscribed and sworn to before me this Subscribed and sworn to before me this Clerk of the Hendricks Circuit Court 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, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _ state facts which make the consent of the other parent unnecessary State of Indiana State of Indiana County of Hendricks) County of Hendricks) Father _ Father __ Mother Mother Subscribed and sworn to before me this _ Subscribed and sworn to before me this _ COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _ Court, by written order issued _ County _ , authorizes and directs the issuance of a marriage license to the above named parties. and filed in RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 30, _and ____ Christina Sue Cox _____, authorizing the marriage of ______ David Paul Holt I further certify that the following marriage certificate was filed in my office: I, ____Steven B. Jaggers (name), ____ (date), at _Danville Hendricks certify that on ____June_27, 2003 ___ in ___ _ County, County, Indiana, David Paul Holt Indiana __of <u>Hendricks</u> _County, __Indiana (state), and Christina Sue Cox __of __Hendricks were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated ____ (official designation) May 30, 2003 Signed by: Steven B. Jaggers Minister July 10, 2003 (date). Filed and recorded in accordance with the laws of the State of Indiana on _____

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APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

5-30-03 Date of Application

IC 31-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the

Female Applicant > 50 No \square Yes \bowtie If No, Medical Examination or Report Dated Yes 🗹

circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.	Name of Physician
MALE APPLICANT	FEMALE APPLICANT
Name Fjrst Middle Last	Name // First Middle Last
Date of Birth Month Day Year	Date of Birth Month Day Year
1 22 1941	12 31 1942
Place of Birth (State or foreign country) VIET NAM	Place of Birth (State or foreign country) UIG NAM
Residence Address Street or R.R. City County State 1480 AUDUBON DR. BROWNSBURG HENDRICKS IN	Residence Address Street or R.R. City County State 1480 AUDUBON DR. BROWNSBURG HENDRICKS IN
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 2008	Last Marriage Ended By: Death Divorce Annulment Date 1982
Date of Birth Verified By: Birth Certificate Other (Specify)	Date of Birth Verified By: Birth Certificate Other (Specify)
DRIVERS LICENSE	DRIVERS LICENSE
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes", has the adjudication been removed? No Yes 2. Are you related to the female applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes 4. Are you now under the influence of a narcotic drug? No Yes 5. List the full names of any dependent children.	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes I fanswer is "yes", has the adjudication been removed? No Yes 2. Are you related to the male applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes 4. Are you now under the influence of a narcotic drug? No Yes 5. List the full names of any dependent children.
TOAN MAN TUNN	6. (a) Full name of applicant's father BUT VAN NAM
6. (a) Full name of applicant's father TRAN VAN THANH (If adopted, list adoptive parents only)	6. (a) Full name of applicant's father DOS ORD NAM (If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother HO THI CHANH	Birthplace of father (State or foreign country) UIET NAM (b) Full maiden name of applicant's mother LE THI BONG
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) UIET NAM
Birthplace of mother (State or foreign country) UIET WAM	Birthplace of mother (State or foreign country)
Signature of Applicant 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	immune deficiency syndrome). Signature of Applicant Loler 14. But 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) I swear/affirm that the information given County of Hendricks) Hendricks in this application is true and correct. Signed Transfer Signed T	State of Indiana County of Hendricks Signed New Address I swear/affirm that the information given in this application is true and correct.
New Address Subscribed and sworn to before une this day of day of	Subscribed and sworn to before the thisday of
Clerk of the Hendricks Circuit Court	Subscribed and sworn to before the 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	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby 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) Father ID #	County of Hendricks) Father ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me this day of Clerk	Subscribed and sworn to before me this day of Clerk
	Γ. A marriage license having been refused to the above named parties, the
and filed in, author	Court, by written order issued prizes and directs the issuance of a marriage license to the above named parties.
	E AND MARRIAGE CERTIFICATE
	k of the Circuit Court of Hendricks County, Indiana, dated May 30, 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 Dany County, Indiana, Hien Van Tran of Hendr	icks County Indiana
(state), and Helen Huynh Bui of Hendric	Cks County, Indiana (state)
were married by me as authorized under a marriage license that was issumed as authorized by: Janet S. Smith	ned by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Hend Co Deputy Clerk (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	Llaran Dugan
	SignedClerk
BOYCE FORMS • SYSTEMS 1-800-382-8702 1477	Hendricks Circuit Court

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Book Date of Application

IC 31-11-11. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.	Female Applicant > 50 No Tyes Tif No, Medical Examination or Report Dated Name of Physician Surry Grumen
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last Date of Birth Month Day Year Place of Birth (State or foreign country) Residence Address Street or R.R. City County State 1907 Leto Ake Dr. Avon Hend In Previous Marital Status: Never Married OR No. of Previous Marriages	Name First Middle Last Willerton Date of Birth Month Day Year 2/ Place of Birth (State or foreign country) Residence Address Street or R.R. City County State 1352 Wishward Or. OR No. of Previous Marriages 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) Indiana Drivers Ucense	Date of Birth Verified By: Birth Certificate Gother (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes I If answer is "yes", has the adjudication been removed? No Yes I Yes I Are you related to the female applicant closer than second cousin? No Yes I Yes I Are you now under the influence of an alcoholic beverage? No Yes I Yes I List the full names of any dependent children.	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes", has the adjudication been removed? No Yes 2. Are you related to the male applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes 4. Are you now under the 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 Persey that mon (If adopted, list adoptive parents only) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Mary Elizabeth Dolore (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Tradiana	6. (a) Full name of applicant's father Poype Willestone (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) Pulsaska
ACKNOWLEDGEMENT I acknowledge that I have received information regarding dangerous communicable diseases 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 5/30/03 The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	ACKNOWLEDGEMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The 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 County of Hendricks Signed New Address Subscribed and sworn to before me this day of Clerk of the Hendricks Circuit Court	State of Indiana County of Hendricks Signed New Address Subscribed and sworn to before me this Clerk of the Hendricks Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana) County of Hendricks) Father ID # Mother ID # Subscribed and sworn to before me this day of	State of Indiana)
	Γ. A marriage license having been refused to the above named parties, the
and filed in, author	Court, by written order issued
I certify that there was filed in my office a marriage license issued by the Clerator 2003, authorizing the marriage of Thomas Frank I further certify that the following marriage certificate was filed in my office: certify that on June 7, 2003 (date), at County, Indiana, Thomas Franklin Harmon I of Hendric (state), and Rebecca Lynn Willerton of Hendric were married by me as authorized under a marriage license that was issued by the Clerator State of Thomas Franklin Harmon I of Hendric Were married by me as authorized under a marriage license that was issued by the Clerator State of Thomas Franklin Harmon I of Hendric Were married by me as authorized under a marriage license that was issued by the Clerator State of Thomas Franklin Harmon I of Hendric Were Married Barried B	E AND MARRIAGE CERTIFICATE tk of the Circuit Court of Hendricks County, Indiana, datedJune_4, klin Harmon II andRebecca Lynn Willerton I,Rev. Sherry Willerton (name), Avon inHendricks endricksCounty,Indiana (state) end by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Pastor (official designation) July_2, 2003 (date).
BOYCE FORMS • SYSTEMS 1-800-382-8702 1477	Signed Signed Clerk Hendricks Circuit Court

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Book Date of Application

IC 31-11-11. Furnishing false information upon applying for license. No Ø Yes 🗆 Female Applicant > 50 A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under Name of Physician IC 31-11-4-4 commits a Class D felony. MALE APPLICANT FEMALE APPLICANT Middle ynr. Place of Birth (State or foreign country) Residence Addres ayton ran way Never Married OR No. of Previous Marriages Previous Marital Status: OR No. of Previous Marriages Death Divorce Annulment Dates Death Divorce Annulment Last Marriage Ended By: Last Marriage Ended By: Other (Specify) Other (Specify) ☐ Birth Certificate Date of Birth Verified By ☐ Birth Certificate Date of Birth Verified By: privers Indiana iana Driver Are you now or have you ever been adjudged to be of unsound mind? No Yes Are you now or have you ever been adjudged to be of unsound mind? No Yes No 🗆 Yes 🗀 If answer is "yes", has the adjudication been removed? No Yes If answer is "yes", has the adjudication been removed? Yes 🗆 No TYes No 🗗 Are you related to the male applicant closer than second cousin? Are you related to the female applicant closer than second cousin? No Yes Are you now under the influence of an alcoholic beverage? No Yes Are you now under the influence of an alcoholic beverage? No Yes No Tyes Are you now under the influence of a narcotic drug? Are you now under the influence of a narcotic drug? List the full names of any dependent children. List the full names of any dependent children. 6. (a) Full name of applicant's father Donald (a) Full name of applicant's father (If adopted, list adoptive parents only) . (If adopted, list adoptive parents only) INDIS Residence of father (if deceased, so state) Residence of father (if deceased, so state) 41, nois Birthplace of father (State or foreign country) Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Danita Louise (b) Full maiden name of applicant's mother Australia (If adopted, list adoptive parents only) _ (If adopted, list adoptive parents only) Illinois Residence of mother (if deceased, so state) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) _ ACKNOWLEDGEMENT **ACKNOWLEDGEMENT** I acknowledge that I have received information regarding dangerous communicable diseases that I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant immune deficiency syndrome). Legario War A Date 30-May-03 Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. acknowledgment because of religious beliefs. Clerk of Court . Date . Clerk of Court _ I swear/affirm that the information given I swear/affirm that the information given State of Indiana State of Indiana County of Hendricks in this application is true and correct. County of Hendricks in this application is true and correct. Signed Signed / New Address Same Subscribed and sworn to before me this Subscribed and sworn to before me this __ _ day of _ Sharan Clerk of the Hendricks Circuit Court _ 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, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _ state facts which make the consent of the other parent unnecessary __ State of Indiana County of Hendricks) County of Hendricks) Father __ ID# Father __ Mother _ Mother ID #_ Subscribed and sworn to before me this _ day of

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

were 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)

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated

Nicholas Charles Welte

and

Stephanie Lynn

Poland

__(date), at ___Clayton de of ___Marion

_County _

I further certify that the following marriage certificate was filed in my office: I, __certify that on ___June 21, 2003 ____(date), at __Claytor County, Indiana, __Nicholas Charles Welte of ___Marion (state), and __Stephanie Lynn Poland of ____Hendricks

Filed and recorded in accordance with the laws of the State of Indiana on

Signed Hendricks Circuit Court

, authorizes and directs the issuance of a marriage license to the above named parties.

County, Indiana

Indiana

(name),

Clerk

Court, by written order issued _

County, _

Stevan W.

June 26,

and filed in

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

5-30-03 Date of Application

IC 31-11-1. Furnishing false information upon applying for 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 L

If No, Medical Examination or Report Dated 3-8

September 1997 September 1998 S

IC 31-11-4-4 commits a Class D felony.	THE REPORT OF THE PARTY OF THE
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name First Middle Last Worrell Worrell
Date of Birth Month Day Year	Date of Birth Month Day Year
11 28 57	12 25 60
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
Residence Address Street or R.R. City County State 3545 11 CoRd. 950 F Brown lune Wordshift Hells	30 Murshy Court Drownelus Hend In Hell
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Previous Marital Status. Nevel Marited 1 Ok 10. of Flovious Marital	
Last Marriage Ended By: Death Divorce Annulment Date 1980	Last Marriage Ended By: Death Divorce Annulment Date 1991
Date of Birth Verified By: Birth Certificate Gother (Specify)	Date of Birth Verified By: Birth Certificate
Date of Birth Verified By: Birth Certificate Gpecify)	Date of Britis version by:
0 8)	Denies Luis
Drives of feines	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 anywer is "yes" has the adjudication been removed? No Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No Pres I fanswer is "yes", has the adjudication been removed?
If allower is yes, has the depotential of the series of th	2. Are you related to the male applicant closer than second cousin? No Yes
 Are you related to the female applicant closer than second cousin? 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?	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.
B. D. August	6. (a) Full name of applicant's father Syman S. Hout Ss.
6. (a) Full name of applicant's father Dire & Suralley	(If adopted, list adoptive parents only)
(If adopted, list adoptive parents only) Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Bounie Furl	(b) Full maiden name of applicant's mother Wille Marie Hall
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
	ACKNOWLEDGEMENT
ACKNOWLEDGEMENT	I acknowledge that I have received information regarding dangerous communicable diseases that
I acknowledge that I have received information regarding dangerous communicable diseases that	are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
are sexually transmitted, and a list of the test sine for the virus that causes AIDS (acquired	immune deficiency syndrome).
immune deficiency syndrone). (Signature of Applicant Curl	immune deficiency syndropie). V Signature of Applicant Applicant Strategy Stratel Date 5/30
Signature of Applicant Date 5-30-03	
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) // // // State of Indiana) // // // // // State of Indiana) // // // // // // // // // // // // /	State of Indiana) . I swear/affirm that the information given
Dillie of Allowing /	State of Indiana) I swear/affirm that the information given County of Hendricks Would In this application is true and correct. Y. Signed Would In the information given in this application is true and correct.
Signed Jak Wully	Y Signed Dimbully Notice
Y New Address Same	New Address 3545 N CR 950 E Subscribed and sworn to before me this 30 day of May 3003
Subscribed and sworn to before me this 30 day of Clerk of the Hendricks Circuit Court	
Sharon Nugan Clerk of the Hendricks Circuit Court	Clerk of the Mendricks 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,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana	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	Subscribed and sworn to before me this day of Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR	RT. A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, auti	horizes and directs the issuance of a marriage license to the above named parties.
DETUDN OF MARRIAGE LICEN	ISE AND MARRIAGE CERTIFICATE
T wis that there was filed in my office a marriage license issued by the Cl	erk of the Circuit Court of Hendricks County, Indiana, dated May 30,
2003 authorizing the marriage of Jack C. Swall	ley and Kimberrey Sue Worrer
To a set of the fill and a marriage contificate was filed in my office.	· I Joan Groover (name)
Tune 28 2003 (date) at Br	cownsburg in Hendricks
County, Indiana, <u>Jack C. Swalley</u> of <u>Hend</u>	County, Indiana (state Indiana)
(state), and Kimberley Sue Worrell of Hendri	CKS County, Indiana (state
as authorized under a marriage license that was is	sued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated
May 30, 2003 . Signed by:	Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	
	Sharan Dugan
	Signed Cleri
BOYCE FORMS • SYSTEMS 1-800-382-8702 1477	Hendricks Circuit Court

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Book 47
Page 307
4-2-03
Date of Application

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

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

circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.	Name of Physician
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last William Rouse Sively	Name First Middle Last Cllen Smith
Date of Birth Month Day Year 4	Date of Birth Month Day Year 12 36 52
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
5101 Jairway Dr. Avon Hind In Hels3	Street or R.R. City County State 5/0/ Facrovay Dr. Won Kind Shifted 23
Previous Marital Status: Rever Married ☐ OR No. of Previous Marriages 2	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 1998	Last Marriage Ended By: Death Divorce Annulment Date 98
Date of Birth Verified By:	Date of Birth Verified By:
Druin Rai	Ou in R.
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?
 Are you related to the female applicant closer than second cousin? Are you now under the influence of an alcoholic beverage? No Yes 	2. Are you related to the male applicant closer than second cousin? No Yes
4. Are you now under the influence of a narcotic drug? No Yes	3. Are you now under the influence of an alcoholic beverage? 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.
	20 20 10
6. (a) Full name of applicant's father (If adopted hist adopting pagents policy)	6. (a) Full name of applicant's father
(If adopted, list adoptive parents only) Residence of father (if deceased, so state) Residence of father (if deceased, so state)	(If adopted, list adoptive parents only) Residence of father (if deceased, so state) Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Manuta May Steuen	(b) Full maiden name of applicant's mother
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only) I helef thanks the
Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state)
Drugate of money (state of foreign country)	Birthplace of mother (State or foreign country)
I acknowledge that I have received information regarding dangerous communicable diseases 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	I acknowledge that I have received information regarding dangerous communicable diseases 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 Column
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana) I swear/affirm that the information given County of Hendricks) Signed Collean Royce Survey New Address Same	State of Indiana) County of Hendricks) Signed I swear/affirm that the information given in this application is true and correct.
New Address Same	New Address Same
Subscribed and sworn to before me this day of Clerk of the Hendricks Circuit Court	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	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby 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 # Mother ID #	Father ID #
Subscribed and sworn to before me this day of	Mother ID # Subscribed and sworn to before me this day of
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT	Γ. A marriage license having been refused to the above named parties, the
and filed in author	Court, by written order issued prizes 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 Cler	E AND MARRIAGE CERTIFICATE k of the Circuit Court of Hendricks County, Indiana, dated
I further certify that the following marriage certificate was filed in my office: I	Joel P Vogel
certify that onJuly 19, 2003(date), atA' County, Indiana, William Royce Lively of Hendricks (state), andSue Ellen Smithof Hendricks	von in Hendricks
(state) and Sue Ellen Smith	County, Indiana
were married by me as authorized under a marriage license that was issue	County, Indiana (state) sed 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).
	Sharan Dugan

Signed Hendricks Circuit Court

Clerk

APPLICATION FOR MARRIAGE LICENSE

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

IC 31-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.	Female Applicant > 50 No Yes 1 If No, Medical Examination or Report Dated Name of Physician 1. Cooper
MALE APPLICANT	FEMALE APPLICANT
Name Chris Allen Cunningham Date of Birth Month G 15	Name First Middle Last Divis Date of Birth Month Day Year Place of Birth (State or foreign country)
Place of Birth (State or foreign country) Residence Address Street or R.R. State Street or R.R. State County State Previous Marital Status: Never Married OR No. of Previous Marriages	Residence Address Street or R.R. City County State 8 195 E. Coll GOON. Brownslang State Previous Marital Status: Never Married OR No. of Previous Marriages.
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of Birth Verified By: Birth Certificate Other (Specify)	Date of Birth Verified By: Birth Certificate
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes I f answer is "yes", has the adjudication been removed? No Yes Are you related to the female applicant closer than second cousin? No Yes Are you now under the influence of an alcoholic beverage? No Yes Are you now under the influence of a narcotic drug? No Yes List the full names of any dependent children.	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes I fanswer is "yes", has the adjudication been removed? No Yes Are you related to the male applicant closer than second cousin? No Yes Are you now under the influence of an alcoholic beverage? No Yes Are you now under the 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)	(If adopted, list adoptive parents only) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) (If adopted, list adoptive parents only) Curalipp Stephine (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Residence 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 The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date Date	ACKNOWLEDGEMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency synfrome). Signature of Applicant Date Date Date Clerk of Court Date Date Date Date Date Date Date Dat
State of Indiana County of Hendricks) Signed New Address Subscribed and sworn to before me this Clerk of the Hendricks Circuit Court	State of Indiana County of Hendricks Signed New Address Subscribed and sworn to before me this Clerk of the Hendricks Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana) County of Hendricks) Father ID # Mother ID # Subscribed and sworn to before me this day ofClerk	State of Indiana) County of Hendricks) Father ID # Mother ID # Subscribed and sworn to before me this day of Clerk
County	RT. A marriage license having been refused to the above named parties, the Court, by written order issued norizes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICEN I certify that there was filed in my office a marriage license issued by the Cle 2003, authorizing the marriage of Chris Allen Cle I further certify that the following marriage certificate was filed in my office: certify that on June 21, 2003 (date), at E County, Indiana, Chris Allen Cunningham of Hendricks (state), and Emily Ruth Oliver of Hendricks State Marriage license that was is	SE AND MARRIAGE CERTIFICATE erk of the Circuit Court of Hendricks County, Indiana, datedJune_ 2,
	Signed Slaran Dugan Clerk

Signed _____ Hendricks Circuit Court

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

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Date of Application

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

IC 31-11-4-4 commits a Class D felony. MALE APPLICANT	DEMALE ADDITION
Name First Middle Last	FEMALE APPLICANT Name First Middle Last
Eric Eligine Eric 5501	Danielle Benee Wilson
Date of Birth Month Day Year	Date of Birth Month Day Year 4 / 7 79
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
335 E. Mais St. Danville Hend An Hera?	4401 Kim arthur Ct. Carmo Namille force
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 2000	Last Marriage Ended By: Death Divorce Annulment Date
Date of Birth Verified By: Birth Certificate Other (Specify)	Date of Birth Verified By: Birth Certificate Other (Specify)
Druisa Guise	Drugs's Luise
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
 Are you related to the female applicant closer than second cousin? Are you now under the influence of an alcoholic beverage? No Yes 	2. Are you related to the male applicant closer than second cousin? No Yes \(\text{Yes} \)
4. Are you now under the influence of a narcotic drug?	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐ Ye
5. List the full names of any dependent children. Ashtracricasion	Are you now under the influence of a narcotic drug? No Yes List the full names of any dependent children.
6. (a) Full name of applicant's father David Alan Criesson	6. (a) Full name of applicant's father David Eugene Wils
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Elizabeth ann Marielle	(b) Full maiden name of applicant's mother Kita Susan Fudse
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Postt Calculate	Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	immune deficiency syndrope). Signature of Applicant Principle Color Date Date Color Date Date Color Date Date Date Date Date Date Date Date
State of Indiana I swear/affirm that the information given in this application is true and correct. Signed New Address SAME	State of Indiana County of Hendricks Signed New Address Signed New Address State of Indiana I swear/affirm that the information given in this application is true and correct. New Address State of Indiana I swear/affirm that the information given in this application is true and correct.
Subscribed and sworn to before me this day of Clerk of the Hendricks Circuit Court	Subscribed and sworn to before me this day of 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)
Mother ID #	Father ID #
subscribed and sworn to before me this day of Clerk	Subscribed and sworn to before me this day of Clerk
	T. A marriage license having been refused to the above named parties, the
County	Court by written order issued
und filed in, autho	prizes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS certify that there was filed in my office a marriage license issued by the Cler 2003, authorizing the marriage of Eric Eugene	E AND MARRIAGE CERTIFICATE k of the Circuit Court of Hendricks County, Indiana, dated June 2,
further certify that the following marriage certificate was filed in my office: I	Rev. Don R. Smith
County, Indiana, Eric Eugene Ericsson of Hend	ricks Indiana
state), and Danielle Renee Wilson of Hamilton	n County Indiana (state)
die 2, 2003 Signed by: Rev. Don R. Smith	T11 1 1 1 1 0 2002
Filed and recorded in accordance with the laws of the State of Indiana on	
	Signed Sharan Dugan

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

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

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

HENDRICKS COUNTY

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Page 310

Lo-2-03

Date of Application

MALE APPLICANT	FEMALE APPLICANT
Total Control of the	Name Eirst Middle Last
ne First Middle Last	Hachael Mirile Primell
e of Birth Month Day Year	Date of Birth Month Day Year
10 26 82	Place of Birth (State or foreign country)
ce of Birth (State or foreign country)	Shlara
sidence Address Street or R.R. City County State	Residence Address Street or R.R. Sity County State
361 River Run Q. Intols Marinely 4622	412 Howndale Dr. Flauful Newson Flor
evious 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
st Marriage Ended By: Death Divorce Annulment Date	
te of Birth Verified By:	Date of Birth Verified By: Birth Certificate Other (Specify)
Ormin General	Druis's Secinic
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 \to \text{Yes} \tag{Yes} \tag{Yes}
If answer is "yes", has the adjudication been removed?	If answer is yes, has the adjudication been removed.
Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second country
Are you now under the influence of an alcoholic beverage?	3. Are you now under the interaction date?
Are you now under the influence of a narcotic drug?	Are you now under the influence of a narconic drug? List the full names of any dependent children.
List the full names of any dependent children.	J. List the last the same and t
	(a) Full name of applicant's father Applin C. Presnell
(a) Full name of applicant's father Mustigher Hull Sawy	(If adopted, list adoptive parents only)
(If adopted, list adoptive parents only)	Residence of father (if deceased, so state)
Residence of father (if deceased, so state)	Birthplace of father (State or foreign country)
Birthplace of father (State or foreign country)	(b) Full maiden name of applicant's mother Abafu
(b) Full maiden name of applicant's mother Systa Milliant Control of the Control	(If adopted, list adoptive parents only)
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
acknowledge that I have received information regarding dangerous communicable diseases that re sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired mmune deficiency syndrome). Date 6-2-03	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). **Signature of Applicant have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
cknowledgment because of religious beliefs. Clerk of Court Date	acknowledgment because of religious beliefs. Clerk of Court Date
Clerk of Court Date	Clerk of Court Date State of Indiana) I swear/affirm that the information given
Clerk of Court Date	State of Indiana County of Hendricks Signed County of Hendricks New Address Subscribed and sworn to before me this Clerk of County I swear/affirm that the information given in this application is true and correct. A signed County A swear/affirm that the information given in this application is true and correct. A subscribed and sworn to before me this Clerk of the Hendricks Circuit County Clerk of the Hendricks Circuit County Clerk of the Hendricks Circuit County Clerk of the Hendricks Circuit County Clerk of County
Clerk of Court Date	State of Indiana County of Hendricks Signed New Address Subscribed and sworn to before me this CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
State of Indiana County of Hendricks Signed New Address Subscribed and sworn to before me this CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	State of Indiana County of Hendricks Signed New Address Subscribed and sworn to before me this CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana County of Hendricks Signed New Address Subscribed and sworn to before the this aday 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 State of Indiana County of Hendricks County of Hendricks County of Hendricks	State of Indiana) State of Indiana) County of Hendricks) New Address Scarpe as Carpor day of Clerifor the Hendricks Circuit Court (Consent of this applicant, hereby give consent for this marriage. If only one parent signs, state of Indiana) County of Hendricks)
State of Indiana County of Hendricks Signed New Address Subscribed and sworn to before me this aday 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 ID #	State of Indiana) I swear/affirm that the information given in this application is true and correct. Signed Source as Carrier and Correct. New Address Source as Carrier and Subscribed and sworn to before me this day of Clerifof the Hendricks Circuit Court. CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana) County of Hendricks) Father
State of Indiana County of Hendricks Signed New Address Subscribed and sworn to before me this Consent of Parents, Parent, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of Hendricks To bate I swear/affirm that the information given in this application is true and correct. Correct Consent of Hendricks Circuit Court Consent of the Mendricks Circuit Court Consent of this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of Hendricks To #	State of Indiana) County of Hendricks I swear/affirm that the information given in this application is true and correct. Signed Come
State of Indiana County of Hendricks Signed New Address Subscribed and sworn to before me this aday 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 ID #	State of Indiana County of Hendricks Signed County of Hendricks New Address Subscribed and sworn to before me this day of Clerk of the Hendricks Circuit Courty CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of Hendricks Father
State of Indiana County of Hendricks Signed New Address Subscribed and sworn to before me this Consent of the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of Hendricks State of Indiana County of Hendricks County of Hendricks Tid Tid Tid Tid Tid Tid Tid Ti	State of Indiana County of Hendricks Signed Concerns New Address Subscribed and sworn to before me this CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs state facts which make the consent of the other parent unnecessary State of Indiana County of Hendricks Subscribed and sworn to before me this Subscribed and sworn to before me this County of Hendricks Father Subscribed and sworn to before me this County of Hendricks The subscribed and sworn to before me this County by written order issued
State of Indiana County of Hendricks Signed New Address Subscribed and sworn to before me this Consent of the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of Hendricks State of Indiana County of Hendricks County of Hendricks Tid Tid Tid Tid Tid Tid Tid Ti	State of Indiana) County of Hendricks I swear/affirm that the information given in this application is true and correct. Signed Concept Signed Si
State of Indiana County of Hendricks Signed New Address Subscribed and sworn to before me this Consent of the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of Hendricks Subscribed and sworn to before me this County of Hendricks State of Indiana County of Hendricks County County of Hendricks County Aday of Clerk County Aday of Aday of Aday of Clerk County Aday of Aday of Aday of Aday of Aday of Aday of Clerk County Aday of Aday	State of Indiana County of Hendricks Signed Counce of New Address Subscribed and sworn to before me this CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs state facts which make the consent of the other parent unnecessary State of Indiana County of Hendricks Subscribed and sworn to before me this A marriage license having been refused to the above named parties, the court, by written order issued Ithorizes and directs the issuance of a marriage license to the above named parties and directs the issuance of a marriage license to the above named parties.
State of Indiana County of Hendricks Signed New Address Subscribed and sworn to before me this New, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of Hendricks Subscribed and sworn to before me this COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUNTY and filed in RETURN OF MARRIAGE LICE I certify that there was filed in my office a marriage license issued by the County in this inthis application is true and correct. 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. As we application is true and correct. Aday of Clerk of the Hendricks Circuit Court County of the Hendricks Circuit Court County of Hendricks I D # Clerk COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUNTY and filed in RETURN OF MARRIAGE LICE I certify that there was filed in my office a marriage license issued by the County in the control of the contro	State of Indiana County of Hendricks Signed New Address Subscribed and sworn to before me this Subscribed and sworn to before me this of the above named parties, the Court, by written order issued Intorizes and directs the issuance of a marriage license to the above named parties. State of Indiana County of Hendricks Clerk of the Above named parties. Clerk of the Circuit County In this application is true and correct. In this application is true and correct. Signed County of Hendricks Circuit County Clerk of the Hendricks Circuit County Clerk of the Above named parties, the county is a marriage license to the above named parties. Clerk of the Circuit County of Hendricks County, Indiana, dated In In this application is true and correct. In this application is true and correct. Clerk of the Above named parties. In this application is true and correct. Clerk of the Above named parties. Clerk of the Circuit Count of Hendricks County, Indiana, dated In In this application is true and correct. In this application is true and correct. Clerk of the Circuit County of Hendricks County, Indiana, dated In the County of Hendricks County of Hendricks County, Indiana, dated In the County of Hendricks County of Hendricks County, Indiana, dated In the County of Hendricks County of Hendricks County, Indiana, dated In the County of Hendricks County of H
State of Indiana County of Hendricks New Address Subscribed and sworn to before me this State of Indiana Consent of Parents, Parent, or Guardian Consent of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of Hendricks Complete IF Marriage License Issued by the County and filed in RETURN OF Marriage License issued by the County of Ryan Christ I certify that there was filed in my office a marriage of Ryan Christ I further certify that the following marriage certificate was filed in my office 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. Clerk of the Hendricks Circuit Court Court Clerk of the Hendricks Circuit Court Court Is a consent of the other parent unnecessary I swear/affirm that the information given in this application is true and correct. Signed New Address Aday of Clerk of the Hendricks Circuit Court Court Is a consent of the other parent unnecessary I put	State of Indiana County of Hendricks Signed County of Hendricks New Address Subscribed and sworn to before me this CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs state facts which make the consent of the other parent unnecessary State of Indiana County of Hendricks Father Mother Subscribed and sworn to before me this Court, by written order issued Inthorizes and directs the issuance of a marriage license to the above named parties. NSE AND MARRIAGE CERTIFICATE Clerk of the Circuit Court of Hendricks County, Indiana, dated PRESIDENT SAWYERS ARCHAEL NICOLE Presnell Rev. James W. Warren (name
State of Indiana County of Hendricks New Address Subscribed and sworn to before me this State of Indiana Consent of Parents, Parent, or Guardian Consent of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of Hendricks Complete IF Marriage License Issued by the County and filed in RETURN OF Marriage License issued by the County of Ryan Christ I certify that there was filed in my office a marriage of Ryan Christ I further certify that the following marriage certificate was filed in my office 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. Clerk of the Hendricks Circuit Court Court Clerk of the Hendricks Circuit Court Court Is a consent of the other parent unnecessary I swear/affirm that the information given in this application is true and correct. Signed New Address Aday of Clerk of the Hendricks Circuit Court Court Is a consent of the other parent unnecessary I put	State of Indiana County of Hendricks Signed County of Hendricks New Address Subscribed and sworn to before me this CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs state facts which make the consent of the other parent unnecessary State of Indiana County of Hendricks Father Mother Subscribed and sworn to before me this Court, by written order issued Inthorizes and directs the issuance of a marriage license to the above named parties. NSE AND MARRIAGE CERTIFICATE Clerk of the Circuit Court of Hendricks County, Indiana, dated PRESIDENT SAWYERS ARCHAEL NICOLE Presnell Rev. James W. Warren (name
State of Indiana County of Hendricks Signed New Address Subscribed and sworn to before me this State of Indiana County of Hendricks Subscribed and sworn to before me this Consent of Parents, Parent, Or Guardian Clerk of the Hendricks Circuit Court Consent of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of Hendricks Subscribed and sworn to before me this The subscribed and sworn to before me this County of Hendricks Subscribed and sworn to before me this The subscribed and sworn to before me this RETURN OF MARRIAGE LICE I certify that there was filed in my office a marriage license issued by the Grand filed in RETURN OF MARRIAGE LICE I certify that there was filed in my office a marriage of Ryan Christ I further certify that the following marriage certificate was filed in my office certify that on July 4, 2003 County, Indiana, Ryan Christopher Sawyersef Mar	State of Indiana County of Hendricks Signed County of Hendricks Signed County of Hendricks New Address Subscribed and sworn to before me this CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs state facts which make the consent of the other parent unnecessary State of Indiana County of Hendricks Father Mother Subscribed and sworn to before me this County of Hendricks TRT. A marriage license having been refused to the above named parties, the chorizes and directs the issuance of a marriage license to the above named parties. NSE AND MARRIAGE CERTIFICATE Clerk of the Circuit Court of Hendricks County, Indiana, dated UNION June 2, Copher Sawyers and Rachael Nicole Presnell Rev. James W. Warren (name

Signed Hendricks Circuit Court

STATE OF INDIANA

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

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Book 67
Page 3//
6-2-03
Date of Application

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

Female Applicant > 50 No Ves In If No, Medical Examination or Report Dated 16-2-03

Name of Physician 10-2-03

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We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana) County of Hendricks) Father		Tharase Nugase
state facts which make the consent of the other parent unnecessary State of Indiana) County of Hendricks) Father	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs.	
State of Indiana) County of Hendricks) Father Mother Subscribed and sworn to before me this day of County COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County and filed in RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 2, 2003 quithorizing the marriage certificate was filed in my office: I, Andrew Szakaly certify that on June 7, 2003 County, Indiana (state), and Deena Kaye Pryor of Hendricks County, Indiana (state), and Deena Kaye Pryor of Hendricks County, Indiana (state), and Deena Kaye Pryor of Hendricks County, Indiana (state), and Deena Kaye Pryor of Hendricks County, Indiana (state), and Deena Kaye Pryor of Hendricks County, Indiana (state), and Deena Kaye Pryor of Hendricks County, Indiana (state), and Deena Kaye Pryor of Hendricks County, Indiana (state), and Deena Kaye Pryor of Hendricks County, Indiana (state), and Deena Kaye Pryor of Hendricks County, Indiana (state), and Deena Kaye Pryor of Hendricks County, Indiana (state), and Deena Kaye Pryor of Hendricks County, Indiana (state), and Deena Kaye Pryor of Hendricks County, Indiana (state), and Deena Kaye Pryor of Hendricks Clerkiel Hendricks County, Indiana (state), and Deena Kaye Pryor of Hendricks Clerkiel Hendricks County, Indiana, date Clerkiel Hendricks Clerkiel Hendricks Clerkiel Hendricks Clerkiel Hendricks Clerkiel Hendricks Clerkiel Hendricks Clerkiel Hendrick	state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
County of Hendricks) Father	State of Indiana)	
Mother		
Subscribed and sworn to before me this	Father ID #	Father ID #
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the county and filed in	Subscribed and sworn to before me this day of	Mother ID #
and filed in		Clerk
and filed in	COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT	A marriage license having hear after the the training have
RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I 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), and Deena Kaye Pryor of Hendricks County, Indiana (state), and		
RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I 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), and	and filed in, author	rizes and directs the issuance of a marriage license to the above named parties.
County, Indiana, Jamie Edward Fife of Hendricks County, Indiana (state), and Deena Kaye Pryor of Hendricks County, Indiana (state), and Deena Kaye Pryor of Hendricks County, Indiana (state), and Deena Kaye Pryor of Hendricks County, Indiana (state), and Deena Kaye Pryor of Hendricks County, Indiana (state), and Deena Kaye Pryor of Hendricks County, Indiana (state), and Deena Kaye Pryor of Hendricks County, Indiana (state), and Deena Kaye Pryor of Hendricks County, Indiana (state), and Deena Kaye Pryor of Hendricks County, Indiana (state), and Deena Kaye Pryor of Hendricks County, Indiana (state), and Deena Kaye Pryor of Hendricks County, Indiana (state), and Deena Kaye Pryor of Hendricks County, Indiana (state), and Deena Kaye Pryor of Hendricks County, Indiana (state), and Deena Kaye Pryor of Hendricks County, Indiana (state), and Deena Kaye Pryor of Hendricks County, Indiana (state), and Deena Kaye Pryor of Hendricks County, Indiana (state), and Deena Kaye Pryor of Hendricks County, Indiana (state), and Deena Kaye Pryor of Hendricks County, Indiana, date (state), and Deena Kaye Pryor of Hendricks County, Indiana, date (state), and Deena Kaye Pryor of Hendricks County, Indiana, dated Clergy (company), Indiana, dated Deena Kaye Pryor of Hendricks County, Indiana, dated Deena Kaye Pry		
I further certify that the following marriage certificate was filed in my office: I,	I certify that there was filed in my office a marriage license issued by the Clerk	of the Circuit Court of Hendricks County Indiana dated Tuno 2
certify that on _June 7, 2003	authorizing the marriage of change Edward F	TITO Doone Vario Director
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, date June 2, 2003 Signed by: Andrew Szakaly	I turner certify that the following marriage certificate was filed in my office: I	Andrew Czakalii
were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, date June 2, 2003 Signed by: Andrew Szakaly Clergy	County, Indiana, Jamie Edward Fife (date), at Nash	cks in Brown
June 2, 2003 Signed by: Andrew Szakaly	(State), and Decita Raye Flyor of Hendrick	S County Indiana
Graid Jaines Szakatv (Graid Jaines)	were married by me as authorized under a marriage license that was issued	od by the Clark of the Circuit Court of Handish Court is
The state of the s	. Signed by. Andrew Szakary	Cleray (official decision)
(date).	of the state of Indiana on	(date).

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

APPLICATION FOR MARRIAGE LICENSE **HENDRICKS COUNTY**

6-3-03
Date of Application

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

A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.	Female Applicant > 50 No Yes The State of Physician
MALE APPLICANT	FEMALE APPLICANT
Date of Birth First Middle Last White Day Year 15	Name First Middle Last Date of Birth Month Day Year 1
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address / Street or R.R. City County / State
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages.
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of Birth Verified By:	Date of Birth Verified By:
Druisis Lenie	Druin Lain
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes", has the adjudication been removed? No Yes 2. Are you related to the female applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes 4. Are you now under the influence of a narcotic drug? No Yes 5. List the full names of any dependent children.	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes I fanswer is "yes", has the adjudication been removed? No Yes 2. Are you related to the male applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes 4. Are you now under the 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) Similaria	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 6/3/03	ACKNOWLEDGEMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Luth 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	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of Hendricks Signed New Address 3675 Home stead Gay of June 1 Subscribed and sworn to before me this Jane 1 Jane 1	State of Indiana) County of Hendricks) Signed New Address Subscribed and sworn to before me this day of I swear/affirm that the information given in this application is true and correct. And the information given in this application is true and correct. And the information given in this application is true and correct. And the information given in this application is true and correct. Subscribed and sworn to before me this day of And the information given in this application is true and correct. And the information given in this application is true and correct. Subscribed and sworn to before me this day of And the information given in this application is true and correct.
Sharon Dugan Clerk of the Hendricks Circuit Court	Slavon Dugan Clerk of the Hendricks Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana) County of Hendricks) Father ID #	State of Indiana) County of Hendricks)
Mother ID # Subscribed and sworn to before me this day of	Father ID # Mother ID # Subscribed and sworn to before me this day of
Clerk	Clerk
County	T. A marriage license having been refused to the above named parties, the Court, by written order issued
	orizes and directs the issuance of a marriage license to the above named parties.
	SE AND MARRIAGE CERTIFICATE rk of the Circuit Court of Hendricks County, Indiana, dated
further certify that the following marriage certificate was filed in my office:	I, Andrew P. Crowley (name),
pertify that on June 7, 2003 (date) at Spec	
certify that onJune 7, 2003(date), atSpecial County, Indiana,James Andrew Wise ofHendricks (state), andSusan Ruth Daniel ofHendricks	icksCounty,Indiana

Signed ____ Hendricks Circuit Court

Clerk

STATE OF INDIANA

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Page 3/3

U-3-03

Date of Application

berson who knowingly furnishes false information to a clerk of the ruit court when the person applies for a marriage license under 31-11-4-4 commits a Class D felony.	Name of Physician Parry Grumen
MALE APPLICANT	FEMALE APPLICANT
Middle Last	Name First Middle Last
At Sole Felt	Omanda Claine Garner
of Dieth Month Day	Date of Birth Month Day Feat
10 11 81	Place of Birth (State or foreign country)
te of Birth (State or foreign country)	Residence Address Street or R.R. City County State 44,
idence Address Street or R.R. City County State Hells	890 Siday and Dr at 1038 Hairfuld Hinteh
O Klagewood Dr. apt 1038 Hairful Nead In	Previous Marital Status: Never Married OR No. of Previous Marriages
vious Marital Status: Never Married OR No. of Previous Marriages	Last Marriage Ended By: Death Divorce Annulment Date
st Marriage Ended By: Death Divorce Annulment Date	Date of Birth Verified By: Birth Certificate Other (Specify)
te of Birth Verified By: Birth Certificate Other (Specify)	Date of Birth Vermed By.
Druin Seanse	Drives's Gaine
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 \Box. No \Box. Yes \Box.
Are you now or have you ever been adjudged to be of unsound shall No Yes	If answer is "yes", has the adjudication been removed?
If answer is "ves", has the adjudication been removed	2 Are you related to the male applicant closer than second country
Are you related to the female applicant closer than second cousin? No Yes Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an aconoric beverage.
Are you now under the influence of an arcotic drug?	A Are you now under the influence of a harcolle drug.
List the full names of any dependent children.	5. List the full names of any dependent children. Aurula Garmer
Cllett	Sam Cllett
	6. (a) Full name of applicant's father Walter Gre Farmer
(a) Full name of applicant's father Michael Chris Cllett	(If adopted, list adoptive parents only)
(If adopted list adoptive parents only)	Residence of father (if deceased, so state)
Residence of father (if deceased, so state)	Birthplace of father (State or foreign country)
Birthplace of father (State or foreign country)	(b) Full maiden name of applicant's mother Haula Mal Smith
(b) Full maiden name of applicant's mother Julia Jan Buth	(If adopted, list adoptive parents only)
(If adopted, list adoptive parents only)	Residence of mother (if deceased, so state)
Residence of mother (if deceased, so state)	Birthplace of mother (State or foreign country)
Birthplace of mother (State or foreign country)	ACKNOWLEDGEMENT
acknowledge that I have received information regarding dangerous communicable diseases that	the design of the test sites for the virus that causes rated (and the
mmune deficiency syndrome). All All All All All All All All All Al	immune deficiency syndrome. Mande Farmer Date 65-3 Signature of Applicant
mmune deficiency syndrome). All All All All All All All All All Al	are sexually transmitted, and a list of the test sites for the virus that causes And (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above applicant has objected to verifying by oath or affirmation or signature to the above
mmune deficiency syndrome). The above applicant has objected to verifying by oath or affirmation or signature to the above applicant because of religious beliefs.	are sexually transmitted, and a list of the test sites for the virus that causes And (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above applicant has objected to verifying by oath or affirmation or signature to the above
mmune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above	are sexually transmitted, and a list of the test sites for the virus that causes And (acquired immune deficiency syndrome). Yellow Date 10-5-3 The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court
mmune deficiency syndrome). Date Le / 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 Le / 03/03 I swear/affirm that the information given	are sexually transmitted, and a list of the test sites for the virus that causes ABS (department immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date Date
mmune deficiency syndrome). Date Le / 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 Le / 03/03 I swear/affirm that the information given	are sexually transmitted, and a list of the test sites for the virus that causes ABS (dequated immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date 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 State of Indiana County of Hendricks Signed I swear/affirm that the information given in this application is true and correct.	are sexually transmitted, and a list of the test sites for the virus that causes ABS (dequated immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date 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 State of Indiana County of Hendricks Signed I swear/affirm that the information given in this application is true and correct.	are sexually transmitted, and a list of the test sites for the virus that causes ABS (dequated immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date 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 State of Indiana County of Hendricks Signed I swear/affirm that the information given in this application is true and correct.	are sexually transmitted, and a list of the test sites for the virus that causes And (departing immune deficiency syndrome). Signature of Applicant
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court State of Indiana County of Hendricks New Address Subscribed and sworn to before me this Clerk of the Hendricks Circuit Court	are sexually transmitted, and a list of the test sites for the virus that causes And (test immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court State of Indiana County of Hendricks Signed New Address Subscribed and sworn to before me this Clerk of the Hendricks Circuit County of the Hendricks Circuit County of Hendricks Subscribed and sworn to before me this Clerk of the Hendricks Circuit County of Hendricks Circuit County of Hendricks Circuit County of Hendricks Subscribed and sworn to before me this
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The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court State of Indiana County of Hendricks New Address Subscribed and sworn to before me this CONSENT OF PARENTS, PARENT, OR GUARDIAN We the presents of this applicant bereby give consent for this marriage. If only one parent signs,	are sexually transmitted, and a list of the test sites for the virus that causes And (departing immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court State of Indiana County of Hendricks Signed New Address Subscribed and sworn to before me this Clerk of the Hendricks Circuit County of Hendricks Circuit County of Hendricks Subscribed and sworn to before me this Clerk of the Hendricks Circuit County of Hendricks Circuit Coun
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court State of Indiana County of Hendricks New Address Subscribed and sworn to before me this Clerk of the Hendricks Circuit Court CONSTRICT OF PARENTS PARENT OR GUARDIAN	are sexually transmitted, and a list of the test sites for the virus that causes And (acquired immune deficiency syndrome). Signature of Applicant
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The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court State of Indiana County of Hendricks New Address Subscribed and sworn to before me this CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby 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 State of Indiana Consent of Parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana	are sexually transmitted, and a list of the test sites for the virus that causes And (test immune deficiency syndrome). Signature of Applicant
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court State of Indiana County of Hendricks New Address Subscribed and sworn to before me this CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of Hendricks Clerk of Indiana County of Hendricks Clerk of the Hendricks Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of Hendricks TD #	are sexually transmitted, and a list of the test sites for the virus that causes Arbo (testing immune deficiency syndrome). Signature of Applicant
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The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court	are sexually transmitted, and a list of the test sites for the virus that clauses And (experimental immune deficiency syndrome). Manda Jaure 1 Date 10-5-3 Signature of Applicant Date 10-5-3 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 1 Swear/affirm that the information give in this application is true and correct Signed New Address Subscribed and sworn to before me this day of Clerk of the Hendricks Circuit County of Hendricks of this applicant, hereby give consent for this marriage. If only one parent sign state facts which make the consent of the other parent unnecessary State of Indiana County of Hendricks) Father ID # Subscribed and sworn to before me this day of Clerk of the Hendricks Circuit County of Hendricks) Father ID # Subscribed and sworn to before me this day of Clerk of the Virus that clauses And County of Hendricks (Circuit County of Hendricks) Father ID # Subscribed and sworn to before me this day of Clerk of the Virus that clauses And County of Hendricks (Circuit County of Hendricks) Father ID # Subscribed and sworn to before me this Circuit County of Hendricks (Circuit County of Hendricks)
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court	are sexually transmitted, and a list of the test sites for the virus that causes AID (departing immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court State of Indiana County of Hendricks New Address Subscribed and sworn to before me this Clerk of the Hendricks Circuit County of the parents of this applicant, hereby give consent for this marriage. If only one parent signature to the above acknowledgment because of religious beliefs. Clerk of Indiana Consent of Parents, Parent, or Guardian We, the parents of this applicant, hereby give consent for this marriage. If only one parent signature to the above parent unnecessary State of Indiana County of Hendricks Father Mother Subscribed and sworn to before me this day of Clerk of the Hendricks Clerk of the Hendricks Circuit County of Hendricks The above parents of the above named parties, the above named parties are the above named parties are the above named parties.
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court	are sexually transmitted, and a list of the test sites for the virus that causes ADD (test immune deficiency syndrome). Manual Journal Date 10-5-3 Signature of Applicant Date 10-5-3 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 Signed Subscribed and sworn to before me this day of Clerk of the Hendricks Circuit Court Court State of Indiana CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent sign state facts which make the consent of the other parent unnecessary State of Indiana County of Hendricks) Father ID # Subscribed and sworn to before me this day of Clerk of the above named parties, the same refused to the same refused
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court	are sexually transmitted, and a list of the test sites for the virus that causes ADD (test immune deficiency syndrome). Manual Journal Date 10-5-3 Signature of Applicant Date 10-5-3 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 Signed Subscribed and sworn to before me this day of Clerk of the Hendricks Circuit Court Court State of Indiana CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent sign state facts which make the consent of the other parent unnecessary State of Indiana County of Hendricks) Father ID # Subscribed and sworn to before me this day of Clerk of the above named parties, the same refused to the same refused
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court State of Indiana County of Hendricks Subscribed and sworn to before me this Subscribed and sworn to before me this State of Indiana Consent OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of Hendricks Subscribed and sworn to before me this Subscribed and sworn to before me this County of Hendricks State of Indiana County of Hendricks Return OF Marriage Licens Return OF Marriage Licens Return OF Marriage Licens	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court State of Indiana County of Hendricks New Address Subscribed and sworn to before me this Subscribed and sworn to before me this applicant, hereby give consent for this marriage. If only one parent signature facts which make the consent of the other parent unnecessary State of Indiana County of Hendricks New Address Subscribed and sworn to before me this applicant, hereby give consent for this marriage. If only one parent signature facts which make the consent of the other parent unnecessary State of Indiana County of Hendricks Father Mother Subscribed and sworn to before me this day of CIT. A marriage license having been refused to the above named parties, Court, by written order issued Orizes and directs the issuance of a marriage license to the above named parties. SE AND MARRIAGE CERTIFICATE
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court State of Indiana County of Hendricks New Address Subscribed and sworn to before me this Clerk of the Hendricks Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of Hendricks County of Hendricks County of Hendricks State of Indiana County of Hendricks RETURN OF MARRIAGE LICENSE RETURN OF MARRIAGE RETU	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court State of Indiana County of Hendricks Signed Y New Address Subscribed and sworn to before me this Subscribed and sworn to before me this grateful for this marriage. If only one parent signature is the above attacks which make the consent of the other parent unnecessary State of Indiana CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signature is the consent of the other parent unnecessary State of Indiana County of Hendricks Father Mother Subscribed and sworn to before me this County of Hendricks Father Mother County of Hendricks County of Hendricks Father Mother County of Hendricks Amarriage license having been refused to the above named parties, and concidence is sued and an amarriage license to the above named parties. ET. A marriage license having been refused to the above named parties, and concidence is sued and concidence is sued and such as a subscribed and such
re sexually transmitted, and a list of the test sites for the virus that causes And the summune deficiency syndrome). Date 60303 The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date State of Indiana County of Hendricks Subscribed and sworn to before me this Clerk of the Hendricks Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of Hendricks The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Date Date Swear/affirm that the information given in this application is true and correct. State of Indiana Consent of Parents, Parent, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of Hendricks The above applicant has objected to verifying by oath or affirmation or signature to the above archeology and place and filed in applicant has objected to verifying by oath or affirmation or signature to the above archeology and place and correct. Date Swear/affirm that the information given in this applicant is true and correct. State of Indiana County of Hendricks Circuit Court The above applicant has objected to verifying by oath or affirmation or signature to the above archeology and correct. The above applicant has objected to be above archeology and correct. The above applicant has objected to be above archeology and correct. The above applicant has been applicant in this applicant i	are sexually transmitted, and a list of the test sites for the virus that clauses who disparation immune deficiency syndrome). Man a firmation of the deficiency syndrome. The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court. State of Indiana County of Hendricks Signed New Address Subscribed and sworn to before me this Clerk of the Hendricks Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent sign state facts which make the consent of the other parent unnecessary State of Indiana County of Hendricks Father Mother Subscribed and sworn to before me this County of Hendricks Father Mother Court, by written order issued The above named parties, the county of the Circuit Court of Hendricks County, Indiana, dated June 3, EL AND MARRIAGE CERTIFICATE erk of the Circuit Court of Hendricks County, Indiana, dated June 3, Ellett and Amanda Elaine Farmer (nan)
re sexually transmitted, and a list of the test sites for the virus that causes About the minute deficiency syndrome). Date	are sexually transmitted, and a list of the test sites for the virus that classes who dispersion immune deficiency syndrome). Man a list of the test sites for the virus that classes who dispersion immune deficiency syndrome). Man a list of the test sites for the virus that classes who dispersion is signature to the above acknowledgment because of religious beliefs. Clerk of Court
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The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court State of Indiana County of Hendricks New Address Subscribed and sworn to before me this State facts which make the consent of the other parent unnecessary State of Indiana County of Hendricks Clerk of Court Topic and subscribed and sworn to before me this State of Indiana County of Hendricks Clerk of the Hendricks Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of Hendricks County of Hendricks County of Hendricks Topic and filed in RETURN OF MARRIAGE LICEN RETURN OF MARRIAGE LICEN I certify that there was filed in my office a marriage license issued by the Clerk County and filed in June 7, 2003 County Indiana, Steven Kyle Ellett Of Hendrick County Indiana, Steven Kyle Ellett Of Hendrick County Indiana, Steven Kyle Ellett Of Hendricks Oath or signature to the above affirmation or signature to the above and signature to the above and signature to the above and correct. Date JOS	are sexually transmitted, and a list of the test sites for the virus that causes ADD (taparative immune deficiency syndrome). Manual Jaurell Date 6-5-3 Signature of Applicant
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court State of Indiana County of Hendricks Subscribed and sworn to before me this CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of Hendricks Complete IF Marriage License Issued by Order Of Court COMPLETE IF Marriage License Issued By Order Of Court Complete If Marriage License issued by the Clauding Interest of the consent of the other parent unnecessary I certify that there was filed in my office a marriage license issued by the Clauding Interest of the certify that the following marriage certificate was filed in my office certify that on June 7, 2003 County, Indiana, Steven Kyle Ellett of Hendrick Cottel, and Amanda Elaine Farmer of Hendrick Cottel, and Amanda Elaine Farmer of Hendrick Cottel, and Amanda Elaine Farmer of	are sexually transmitted, and a list of the test sites for the virus that clauses ADD (tops a immune deficiency syndrome). Manda Jaure 10 Date 10 5 3 Signature of Applicant Date 10 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 1 swear/affirm that the information give county of Hendricks Signed 1 signature to the above acknowledgment because of religious beliefs. Signed 1 swear/affirm that the information give county of Hendricks Signed 1 supplicant of this application is true and corresponding to the Hendricks Circuit County of Hendricks Office the Hendricks Circuit County of Hendricks of the Occupied and sworn to before me this 1 state of Indiana 1 county of Hendricks of Hendricks of the Occupied and sworn to before me this 1 subscribed and sworn to before me this 1 subscribed to the above named parties, 1 court, by written order issued 1 corresponding to the other parent unnecessary 1 subscribed and sworn to before me this 1 subscribed to the above named parties, 1 court, by written order issued 1 subscribed to the above named parties, 1 subscribed and Security of Hendricks County, Indiana, dated 1 subscribed 1

APPLICATION FOR MARRIAGE LICENSE Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4 HENDRICKS COUNTY

Date of Application

IC 31-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the

Female Applicant > 50 No ☐ Yes ☐ If No, Medical Examination or Report Dated

MALE APPLICANT	FEMALE APPLICANT
me First Middle Last	Name First Middle Last
Kirl Handall Schoumann -	Theresa Marie Beck
e of Birth Month Day rear	Date of Birth Month Day Year
ce of Birth (State or foreign country)	Place of Birth (State or foreign country)
Inlian.	Inliana_
idence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
41 Treum St. Groundurg Sund Son 46112	10156 Morristour Ct Carmel Hamelton In 4
vious Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
1002	
t Marriage Ended By: Death Divorce Annulment Date 1993	Last Marriage Ended By: Death Divorce Annulment Date Bood
te of Birth Verified By:	Date of Birth Verified By: Birth Certificate Other (Specify)
Druces & Scinso	Druis & Learne
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?	If answer is "yes", has the adjudication been removed?
Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage? No \(\subseteq \text{Yes} \subseteq \) 4. Are you now under the influence of a narcotic drug? \(\subseteq \text{No} \subseteq \text{Yes} \subseteq \)
Are you now under the influence of a narcotic drug?	We will be a second
List the full names of any dependent children.	5. List the full names of any dependent children.
District Soften	6 (a) Full name of applicant's father Richard, Report Paren
(a) Full name of applicant's father Alchard Scheumann	6. (a) Full name of applicant's father Stofferd Office Comm (If adopted, list adoptive parents only)
(If adopted, list adoptive parents only) Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Douna Ruth Hoffma	(b) Full maiden name of applicant's mother Mary tatherine Ma
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
e above applicant has objected to verifying by oath or affirmation or signature to the above mowledgment 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
e above applicant has objected to verifying by oath or affirmation or signature to the above knowledgment because of religious beliefs. Perk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court
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above applicant has objected to verifying by oath or affirmation or signature to the above nowledgment because of religious beliefs. Re of Court	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court
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above applicant has objected to verifying by oath or affirmation or signature to the above nowledgment because of religious beliefs. Is wear/affirm that the information given in this application is true and correct. Signed New Address 10156 McCistown Clerk of the Hendricks Circuit Court New Address 10156 McCistown Clerk of the Hendricks Circuit Court NSENT OF PARENTS, PARENT, OR GUARDIAN The parents of this applicant, hereby give consent for this marriage. If only one parent signs, e facts which make the consent of the other parent unnecessary The parents of this applicant, hereby give consent for this marriage. If only one parent signs, e facts which make the consent of the other parent unnecessary The parents of this applicant, hereby give consent for this marriage. If only one parent signs, e facts which make the consent of the other parent unnecessary The parents of this applicant, hereby give consent for this marriage. If only one parent signs, e facts which make the consent of the other parent unnecessary The parents of this applicant, hereby give consent for this marriage. If only one parent signs, e facts which make the consent of the other parent unnecessary The parents of this applicant, hereby give consent for this marriage. If only one parent signs, e facts which make the consent of the other parent unnecessary The parents of the Hendricks Circuit Court The parents of this applicant, hereby give consent for this marriage. If only one parent signs, e facts which make the consent of the other parent unnecessary The parents of the Hendricks Circuit Court The parents of this applicant, hereby give consent for this marriage. If only one parent signs, e facts which marriage. If only one parent signs, e facts which marriage. If only one parent signs, e facts which marriage. If only one parent signs, e facts which marriage. If only one parent signs, e facts which m	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court
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above applicant has objected to verifying by oath or affirmation or signature to the above nowledgment because of religious beliefs. Re of Court Date To swear/affirm that the information given in this application is true and correct. Signed New Address 10156 Morcistown Clerk of the Hendricks Orcuit Court NSENT OF PARENTS, PARENT, OR GUARDIAN the parents of this applicant, hereby give consent for this marriage. If only one parent signs, are facts which make the consent of the other parent unnecessary The of Indiana marriage of the consent of the other parent unnecessary of filed in Clerk OMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT County of filed in the consent of the other parent given in this applicant, hereby give consent for this marriage. If only one parent signs, are facts which make the consent of the other parent unnecessary of the conse	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

IC 31-11-11. Furnishing false information upon applying for license. Female Applicant > 50 No Yes 🗆 A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated Name of Physician Ames M. Williams circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony. MALE APPLICANT FEMALE APPLICANT Name Middle Name Date of Birth Date of Birth 32 Place of Birth (State or foreign country) Place of Birth (State or foreign country) Residence Address Street or R.R. 9246 Church To Never Married Previous Marital Status: OR No. of Previous Marriages Never Married Previous Marital Status: OR No. of Previous Marriage Death Divorce Annulment Date Death Divorce Annulment Date Last Marriage Ended By: Last Marriage Ended By: ☐ Birth Certificate Other (Specify) ☐ Birth Certificate Other (Specify) Date of Birth Verified By: Date of Birth Verified By: No Yes Are you now or have you ever been adjudged to be of unsound mind? No Yes Are you now 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? Yes 🗌 No -Yes No D Are you related to the female applicant closer than second cousin? Are you related to the male applicant closer than second cousin? No TYes No Yes Are you now under the influence of an alcoholic beverage? Are you now under the influence of an alcoholic beverage? No Yes No ☐ Yes ☐ Are you now under the influence of a narcotic drug? Are you now under the influence of a narcotic drug? List the full names of any dependent children. List the full names of any dependent children. (a) Full name of applicant's father (a) Full name of applicant's father _ (If adopted, list adoptive parents only) (If adopted, list adoptive parents only) Residence of father (if deceased, so state) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother (b) Full maiden name of applicant's mother (If adopted, list adoptive parents only) (If adopted, list adoptive parents only) _ Residence of mother (if deceased, so state) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) **ACKNOWLEDGEMENT ACKNOWLEDGEMENT** I acknowledge that I have received information regarding dangerous communicable diseases that I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome) immune deficiency syndrome Signature of Applicant _ Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. acknowledgment because of religious beliefs. Clerk of Court Clerk of Court Date State of Indiana I swear/affirm that the information given State of Indiana I swear/affirm that the information given County of Hendricks) in this application is true and correct. County of Hendricks) in this application is true and correct. Signed 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, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _ state facts which make the consent of the other parent unnecessary _ State of Indiana) County of Hendricks) County of Hendricks) Father _ Father _ ID # Mother Mother . Subscribed and sworn to before me this _ Subscribed and sworn to before me this.

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _ Court, by written order issued _ , authorizes and directs the issuance of a marriage license to the above named parties. and filed in RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 4, __ and _ Casey Jean Cork ____, authorizing the marriage of _____ Jason Ty Gibson I further certify that the following marriage certificate was filed in my office: I, ___ (name), certify that on July 12, 2003 (date), at Speedway County, Indiana, Jason Ty Gibson of Hendricks _ County, (state), and Casey Jean Cork Hendricks Indiana 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 June 4, 2003 Signed by: Rev. Joe Ridenour _____ (official designation) July 18, 2003 Filed and recorded in accordance with the laws of the State of Indiana on _

Signed Hendricks Circuit Court

Clerk

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Book . 316 Page Date of Application

IC 31-11-11. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.	Female Applicant > 50 No Yes 47-03 If No, Medical Examination or Report Dated Name of Physician Dr. Saylor
	FEMALE APPLICANT
Name First Middle Last Last Last Last	Name First Middle D. Last
Mark C. Branneman	Date of Birth Month Day Year
Date of Birth Month Day Year	3 31 1964
Place of Birth (State or foreign country)	Place of Birth (State or foreign country) 100100000000000000000000000000000000
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married OR No. of Previous Marriages.	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 1998	Last Marriage Ended By: Death Divorce Annulment Date 2000
Date of Birth Verified By: Birth Certificate Other (Specify)	Date of Birth Verified By:
Driver's License	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?	If answer is "yes", has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? No Yes No Yes No Yes No	 Are you related to the male applicant closer than second cousin? 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 Ye	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children. Jacob Clinton Branneman	5. List the full names of any dependent children. Samary 1900,
Lia Bond Tombia Sch	- Alter Brushears
6. (a) Full name of applicant's father WINTORD TOPPHIASON	6. (a) Full name of applicant's father
(If adopted, list adoptive parents only) Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) That on a
(b) Full maiden name of applicant's mother	(b) Full maiden hame of applicant s mouter 11 (A)
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Thouana	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	immune deficiency syndrome). OSignature of Applicant Date O-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	Clerk of Court Date
State of Indiana I swear/affirm that the information given in this application is true and correct. Signed	State of Indiana) I swear/affirm that the information given County of Hendricks) in this application is true and correct.
Now Advage 119 10 PIDIS ANDT DI. WILLIAM TOURS	New Address Same as above Subscribed and sworn to before me this 4 day of June 8003
Subscribed and sworn to before me this day of Clerk of the Hendricks Circuit Court	Subscribed and sworn to before the diss Clerk of the Hendricks Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby 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) Father ID #	County of Hendricks) Father ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me this day of Clerk	Subscribed and sworn to before me this day of Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR	T. A marriage license having been refused to the above named parties, the
County	Court, by written order issued orizes 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 Cle	SE AND MARRIAGE CERTIFICATE ork of the Circuit Court of Hendricks County, Indiana, dated June 4, or Branneman and Tina Marie Pugh
I further certify that the following marriage certificate was filed in my office:	I, Janet S. Smith (name), anville in Hendricks
certify that on June 4, 2003 (date), at Day	dricks County Indiana
County, Indiana, Mark Clinton Branneman of Hendri	icks County, Indiana (state)
t t t	sued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Hend Co Deputy Clerk (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	June 13, 2005 (date).
	Sharan Dugan
	Signed Clerk Hendricks Circuit Court
BOYCE FORMS • SYSTEMS 1-800-382-8702 1477	Helianeks Circuit Court

STATE OF INDIANA

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Book 47
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Date of Application

IC 31-11-1. Furnishing false information upon applying for license. Female Applicant > 50 Yes 🗆 No D A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated /hompson circuit court when the person applies for a marriage license under Name of Physician _______ IC 31-11-4-4 commits a Class D felony. FEMALE APPLICANT MALE APPLICANT Place of Birth (State or foreign country) Place of Birth (State or foreign country) +n ce Addres Never Married OR No. of Previous Marriages Previous Marital Status: Never Married Previous Marital Status: Death Divorce Annulment Date _ Death Divorce Annulment Date Last Marriage Ended By: Last Marriage Ended By: Other (Specify) ☐ Birth Certificate Date of Birth Verified By: Date of Birth Verified By: ☐ Birth Certificate Other (Specify) cense ivers icense vers No X Yes Yes 🗆 Are you now or have you ever been adjudged to be of unsound mind? Are you now or have you ever been adjudged to be of unsound mind? No D No Yes | No Yes | Yes 🗆 If answer is "yes", has the adjudication been removed? No 🗆 If answer is "yes", has the adjudication been removed? No Yes No Yes Are you related to the male applicant closer than second cousin? Are you related to the female applicant closer than second cousin? No Yes Are you now under the influence of an alcoholic beverage? Are you now under the influence of an alcoholic beverage? No Yes No Yes Are you now under the influence of a narcotic drug? Are you now under the influence of a narcotic drug? List the full names of any dependent children. List the full names of any dependent children. (a) Full name of applicant's father Graham (a) Full name of applicant's father ames (If adopted, list adoptive parents only) _ (If adopted, list adoptive parents only) Residence of father (if deceased, so state) England Residence of father (if deceased, so state) Birthplace of father (State or foreign country) England Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother May anne (If adopted, list adoptive parents only) _ (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Residence of mother (if deceased, so state) Enpland Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) ACKNOWLEDGEMENT ACKNOWLEDGEMENT I acknowledge that I have received information regarding dangerous communicable diseases that I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome) Wylissa (edam) immune deficiency syndrome) M. J. Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. acknowledgment because of religious beliefs. Clerk of Court _ Clerk of Court Date _ I swear/affirm that the information given I swear/affirm that the information given State of Indiana State of Indiana in this application is true and correct. County of Hendricks) M.J. County of Hendricks in this application is true and correct. New Address Willows, Church New Address & WILLOWS, CHURCH LANG d and sworn to before me this Subscribed and sworn to before me this 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, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _ state facts which make the consent of the other parent unnecessary __ State of Indiana State of Indiana County of Hendricks) County of Hendricks) Father ___ Father _ Mother Mother . Subscribed and sworn to before me this _ Subscribed and sworn to before me this _ COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued _ authorizes and directs the issuance of a marriage license to the above named parties. and filed in RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 4 2003 ____, authorizing the marriage of ____Michael John Every ____ and ___Melissa Ann Goldsby Ad Melissa Ann Goldsby Adams Frank Sullivan, Jr. I further certify that the following marriage certificate was filed in my office: I, Marion Indianapolis _ (date), at ___ certify that on __ June 6, _2003 United Kingdom County, Indiana, __ Michael John Every Nottinghamshire _ of ___ Indiana Hendricks (state), and Melissa Ann Goldsby Adams County, . were 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 Supplied designation) June 20, 2003 _ (date). Filed and recorded in accordance with the laws of the State of Indiana on _

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

APPLICATION FOR MARRIAGE LICENSE **HENDRICKS COUNTY**

318 Page . Date of Application

IC 31-11-11. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.	Female Applicant > 50 No \(\square\) Yes \(\square\) If No, Medical Examination or Report Dated \(\square\) Name of Physician \(\square\) On Report Dates \(\square\)
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last July Date of Birth Month Day Year 24 5	Name First Middle Last Middle Mary Claumond Date of Birth Month Day Year 03 02 58
Residence Address Street or R.R. City County State Drawood Cf Brownslung Nenducks	Place of Birth (State or foreign country) Residence Address Street or R.R. City County State State Street or R.R. Street or R.R. State
Last Marriage Ended By: Death Divorce Annulment Date 200	Last Marriage Ended By: Death Divorce Annulment Date 1992
Date of Birth Verified By: Birth Certificate Other (Specify) Divinity (Specify)	Date of Birth Verified By: Birth Certificate Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes I f answer is "yes", has the adjudication been removed? No Yes 2. Are you related to the female applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes 4. Are you now under the influence of a narcotic drug? No Yes 5. List the full names of any dependent children.	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes", has the adjudication been removed? No Yes 2. Are you related to the male applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes 4. Are you now under the 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)	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 6-4-03	ACKNOWLEDGEMENT I acknowledge that I have received information regarding dangerous communicable diseases 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	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of Hendricks Signed New Address Subscribed and sworn to before me this day of	State of Indiana County of Hendricks 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,	Clerk of the Hendricks Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	State of Indiana) County of Hendricks)
Mother ID # Subscribed and sworn to before me this day of Clerk	Father ID # Mother ID # Subscribed and sworn to before me this day of Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT	C. A marriage license having been refused to the above named parties, the
and filed in, autho	Court, by written order issued rizes and directs the issuance of a marriage license to the above named parties.
I luriner certify that the following marriage certificate was filed in my office. I	k of the Circuit Court of Hendricks County, Indiana, dated June 4, ry Godby and Michele Marie DeArmond Rev's Leanne and Michael Emery
certify that onJuly 19, 2003(date), atInd County, Indiana,Michael Gregory Godby of Hen (state), andMichele Marie DeArmond of Hendri	dricks in Marion Tricks Trickiana
(state), and Michele Maile Dealmond of Hendri	cks County, Indiana (state) ed by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 1 Emery Ministers (official designation)
	Sharan Dugan
BOYCE FORMS • SYSTEMS 1-800-382-8702 1477	Signed Clerk Hendricks Circuit Court

STATE OF INDIANA

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

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

Female Applicant > 50 No Yes 1

If No, Medical Examination or Report Dated 5 33.03

Name of Physician Delectors

circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.	Name of Physician Ollicott
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last Date of Birth Month Day Year Date of Birth Month Day Year	Name Stephane Jane Sparks Date of Birth Month Day Year
Place of Birth (State or foreign country) Oneticut	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State 3002 Clover Dr. Plaenfield Hendricks	Residence Address Street or R.R. City County State 3002 Clover Dr. Plfld, Herdricks
Previous Marital Status: Never Married OR No. of Previous Marriages Last Marriage Ended By: Death Divorce Annulment Date //- /3-0/	Previous Marital Status: Never Married OR No. of Previous Marriages Last Marriage Ended By: Death Divorce Annulment Date 1/- 9-9
Date of Birth Verified By: Birth Certificate Other (Specify)	Date of Birth Verified By:
Ordiana Drevers license	Ondiana Drevers license
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes I If answer is "yes", has the adjudication been removed? No Yes 2. Are you related to the female applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes 5. List the full names of any dependent children. Are you now under the influence of a narcotic drug? No Yes 5. List the full names of any dependent children. Are you now under the influence of a narcotic drug? No Yes 6. (a) Full name of applicant's father General Grant State	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes I If answer is "yes", has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? No Yes Are you now under the influence of an alcoholic beverage? No Yes State Of the full names of any dependent children. 5. List the full names of any dependent children. (If adopted, list adoptive parents only) Residence of father (State or foreign country) Residence of mother (if deceased, so state) Birthplace of mother (if deceased, so state) Birthplace of mother (State or foreign country) Residence of mother (State or foreign country) Residence 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 6-4-0-3 The above applicant has objected to verifying by oath or affirmation or signature to the above	ACKNOWLEDGEMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs. Clerk of Court Date	acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana) County of Hendricks) Signed	State of Indiana) County of Hendricks in this application is true and correct. Signed
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana) County of Hendricks) Father ID #	State of Indiana) County of Hendricks) Father ID #
Mother ID # Subscribed and sworn to before me this day of Clerk	Mother ID # Subscribed and sworn to before me this day of Clerk
County	T. A marriage license having been refused to the above named parties, the
RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the Cler 2003 , authorizing the marriage of Jerry James	E AND MARRIAGE CERTIFICATE the of the Circuit Court of Hendricks County, Indiana, dated June 4, Williams, Jr., and Stephanie Jane Sparks
certify that on _July 12, 2003 (date), atHaz County, Indiana, Jerry James Williams Jr. ofHend	l,Jimmy Johnson (name), elwoodinHendricks
(state), and Stephanie Jane Sparks of Hendricks were married by me as authorized under a marriage license that was issu	County,
Filed and recorded in accordance with the laws of the State of Indiana on	July 18, 2003 (date).

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

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Page <u>320</u>
Date of Application

Clerk

IC 31-11-1. Furnishing false information upon applying for license. No A Yes 🗆 Female Applicant > 50 A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated Name of Physician Dr. Valentine circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony. FEMALE APPLICANT MALE APPLICANT First Name Date of Birth Date of Birth Place of Birth (State or foreign country) Place of Birth (State or foreign country) Street or R.R. Residence Address Kiver Never Married OR No. of Previous Marriage Previous Marital Status: OR No. of Previous Marriages. Never Married Previous Marital Status: Death Divorce Annulment Date Death Divorce Annulment Date Last Marriage Ended By: Last Marriage Ended By: ☐ Birth Certificate Other (Specify) Date of Birth Verified By: ☐ Birth Certificate Other (Specify) Date of Birth Verified By: ivers vicense No 🔼 Are you now or have you ever been adjudged to be of unsound mind? Are you now or have you ever been adjudged to be of unsound mind? No No 🗆 Yes 🗆 If answer is "yes", has the adjudication been removed? No 📮 Yes 🗆 If answer is "yes", has the adjudication been removed? No No Yes 🗆 Are you related to the male applicant closer than second cousin? Yes 🗆 Are you related to the female applicant closer than second cousin? Yes 🗆 Are you now under the influence of an alcoholic beverage? No No 🔯 Yes 🗆 Are you now under the influence of an alcoholic beverage? Are you now under the influence of a narcotic drug? No Yes Are you now under the influence of a narcotic drug? List the full names of any dependent children. List the full names of any dependent children. 6. (a) Full name of applicant's father (a) Full name of applicant's father (If adopted, list adoptive parents only) (If adopted, list adoptive parents only) Residence of father (if deceased, so state) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) Birthplace of father (State or foreign country)
Full maiden name of applicant's mother (b) Full maiden name of applicant's mother Kae (b) Full maiden name of applicant's mother _ (If adopted, list adoptive parents only) (If adopted, list adoptive parents only) . Residence of mother (if deceased, so state) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) ACKNOWLEDGEMENT **ACKNOWLEDGEMENT** I acknowledge that I have received information regarding dangerous communicable diseases that I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome) immune deficiency syndrome) Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. acknowledgment because of religious beliefs. Date _ Clerk of Court . Clerk of Court State of Indiana I swear/affirm that the information given I swear/affirm that the information given State of Indiana in this application is true and correct. County of Hendricks in this application is true and correct. County of Hendricks New Address ed and sworn to before me this _ day of . . 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, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____ state facts which make the consent of the other parent unnecessary ___ State of Indiana County of Hendricks) County of Hendricks) Father _ Father _ Subscribed and sworn to before me this _ Subscribed and sworn to before me this __ COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the __ Court, by written order issued __ County _ _, authorizes and directs the issuance of a marriage license to the above named parties. and filed in RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated __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 certify that on _____June 28, 2003 _____(date), at ____Fishers County, Indiana, James Abraham Majors of Putnam Indiana County, ___Indiana (state), and Pamela Michelle Hyde of Hendricks were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Minister June 4, 2003 Signed by: Pastor Ethan Morris Filed and recorded in accordance with the laws of the State of Indiana on ____ July 2, 2003

STATE OF INDIANA

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

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U-5-03
Date of Application

person who knowingly furnishes false information upon applying for license. person who knowingly furnishes false information to a clerk of the reuit court when the person applies for a marriage license under 31-11-4-4 commits a Class D felony.	Female Applicant > 50 No Yes 1 If No, Medical Examination or Report Dated 10-2-3 Name of Physician Michael 1 Thiggata
MALE APPLICANT	FEMALE APPLICANT
me First Middle Last	Name First Middle Last
David Clis Odon fr.	Date of Birth Month Day Year
te of Birth Month Day Year	3 21 66
ace of Birth (State or foreign country)	Place of Birth (State or foreign country)
Mana	Residence Address Street or R.R. City County / State
sidence Address Street or R.R. City County State 0.58 N. Co Rd 300 E. Danille Kind Sh 44622	2058 N. CoRd 300 E. Danville Hard In 461.
evious Marital Status: Never Married OR No. of Previous Marriages 2	Previous Marital Status: Never Married OR No. of Previous Marriages
ast Marriage Ended By: Death Divorce Annulment Date 2003	Last Marriage Ended By: Death Divorce Annulment Date 7999
ate of Birth Verified By: Birth Certificate Other (Specify)	Date of Birth Verified By: Birth Certificate General Specify)
Druin France)	Driver of Decense
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 \(\sqrt{2} \)
If answer is "yes", has the adjudication been removed?	If answer is "yes", has the adjudication been removed? No Yes Yes No Yes No Yes No Yes Yes No Yes Yes No Yes Yes
Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second country.
Are you now under the influence of an alcoholic beverage? No Yes No Yes Yes Yes Yes Yes No Yes	3. Are you now under the infractice of an account of the same
Are you now under the influence of a macoust along	Are you now under the influence of a narcotic drug? List the full names of any dependent children.
List the full names of any dependent children. Kimbuly of Valori	
De region De la	6. (a) Full name of applicant's father Philip Educated Joyce
(a) Full name of applicant's father Saura Clus Valor S.	6. (a) Full name of applicant's father (If adopted, list adoptive parents only)
(If adopted, list adoptive parents only)	Residence of father (if deceased, so state)
Residence of father (if deceased, so state) Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) Massaghuatto
(b) Full maiden name of applicant's mother Dorothy June Werte	(b) Full maiden name of applicant's mother Mary Elizabeth Mile
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) Manaphusite
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGEMENT acknowledge that I have received information regarding dangerous communicable diseases that re sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
acknowledge that I have received information regarding dangerous communicable diseases that re sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired minume deficiency syndrome). Date B - 5 - 03 The above applicant has objected to verifying by oath or affirmation or signature to the above	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledge that I have received information regarding dangerous communicable diseases that re sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired mmune deficiency syndrome). Date 6-5-03	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
acknowledge that I have received information regarding dangerous communicable diseases that re sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired minume deficiency syndrome). Our Book and Book applicant Date B-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 I swear/affirm that the information given in this application is true and correct. Yell Signed Date Book application is true and correct.	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court State of Indiana County of Hendricks Signed I swear/affirm that the information gives in this application is true and correct to the above acknowledgment because of religious beliefs.
acknowledge that I have received information regarding dangerous communicable diseases that re sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired minume deficiency syndrome). Date B - 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 I swear/affirm that the information given in this application is true and correct. Signed Date B - 5 - 03 I swear/affirm that the information given in this application is true and correct.	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court State of Indiana County of Hendricks Signed Signature I swear/affirm that the information give in this application is true and correct the state of the second of the secon
acknowledge that I have received information regarding dangerous communicable diseases that re sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired minume deficiency syndrome). Date B - 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 T swear/affirm that the information given in this application is true and correct. Signed Date B - 5 - 03 T swear/affirm that the information given in this application is true and correct. Signed Date B - 5 - 03 A swear/affirm that the information given in this application is true and correct. Subscribed and sworn to before me this 3 day of Alare, DO3	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date State of Indiana County of Hendricks Signed New Address Subscribed and sworn to before me this day of Clerk of the Hendricks Circuit Courted are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired to the virus that causes AIDS (acqui
acknowledge that I have received information regarding dangerous communicable diseases that re sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired minume deficiency syndrome). Date B - 5 - 0 ? The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date Date State of Indiana County of Hendricks Signed S A MO New Address Subscribed and sworn to before me this day of Clerk of the Hendricks Circuit Court	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court State of Indiana County of Hendricks Signed Signed Signed Signed Signed Signed Address Subscribed and sworn to before me this day of Clerk of the Hendricks Circuit County of the Hendricks Circui
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Signed _____ Hendricks Circuit Court

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Page 322
U-5-03
Date of Application

Clerk

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.	Female Applicant > 50 No Yes I If No, Medical Examination or Report Dated Name of Physician Attack Follog
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last Date of Birth Month Day Year	Name First Middle Last Kimbuly Sue Abbytt Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City Sounty State	Residence Address Street or R.R. City County State
3637 E. 1005. Delanon Gorneson 46052	Previous Marital Status: Never Married OR No. of Previous Marriages.
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
Date of Birth Verified By:	Date of Birth Verified By: Birth Certificate Other (Specify)
	D
Drues Danse	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
 Are you now or have you ever been adjudged to be of unsound mind? No Yes I fanswer is "yes", has the adjudication been removed? No Yes I are you related to the female applicant closer than second cousin? No Yes I are you now under the influence of an alcoholic beverage? No Yes I are you now under the influence of a narcotic drug? No Yes I are you now under the influence of an alcoholic beverage? List the full names of any dependent children. 	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes I fanswer is "yes", has the adjudication been removed? No Yes 2. Are you related to the male applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes 4. Are you now under the influence of a narcotic drug? No Yes 5. List the full names of any dependent children.
6. (a) Full name of applicant's father Duvid Assilvation (If adopted, list adoptive parents only) Residence of father (if deceased, so state) Birthplace of father (State or foreign country)	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 Albana Choadia (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Birthplace of mother (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 6 5 0 3	ACKNOWLEDGEMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Commonwell Comm
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of Hendricks Signed New Address Subscribed and sworn to before me this Clerk of the Hendricks Circuit Court	State of Indiana I swear/affirm that the information given County of Hendricks I in this application is true and correct. Signed 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,	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
state facts which make the consent of the other parent unnecessary State of Indiana County of Hendricks	State of Indiana) County of Hendricks)
Father ID #	Father ID # Mother ID #
Mother ID # Subscribed and sworn to before me this day of Clerk	Mother ID # Subscribed and sworn to before me this day of Clerk
ACCUPATION OF THE PROPERTY OF	
County	T. A marriage license having been refused to the above named parties, the Court, by written order issued orizes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE rk of the Circuit Court of Hendricks County, Indiana, datedJune_5,
2003 , authorizing the marriage of Luke David Ro	oseboom and Kimberly Sue Abbott
certify that on June 27, 2003 (date), at Branch County Indiana Luke David Roseboom of Boot	rownsburg in Hendricks ne County, Indiana
were married by me as authorized under a marriage license that was issued by the second secon	ued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated
Filed and recorded in accordance with the laws of the State of Indiana on	July 2, 2003 (date).

Signed _____ Hendricks Circuit Court

STATE OF INDIANA

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Book 67
Page 323

6-5-03
Date of Application

IC 31-11-1. Furnishing false information upon applying for license. Female Applicant > 50 No 🗆 Yes 🗗 A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under Name of Physician . IC 31-11-4-4 commits a Class D felony. MALE APPLICANT FEMALE APPLICANT Name Name Date of Birth Date of Birth 10 Place of Birth (State or foreign country) Place of Birth (State or foreign country) Residence Address Residence Addres Death Divorce Annulment Date 1998 Death Divorce Annulment Date 1998 Last Marriage Ended By: Last Marriage Ended By: ☐ Birth Certificate Other (Specify) Other (Specify) Date of Birth Verified By: ☐ Birth Certificate Date of Birth Verified By: 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 No Tyes No -Yes Are you related to the female applicant closer than second cousin? Are you related to the male applicant closer than second cousin? No Yes No Tyes Are you now under the influence of an alcoholic beverage? Are you now under the influence of an alcoholic beverage? No Yes No ☐ Yes ☐ Are you now under the influence of a narcotic drug? Are you now under the influence of a narcotic drug? List the full names of any dependent children. List the full names of any dependent children. 6. (a) Full name of applicant's father Color 6. (a) Full name of applicant's father Llonge Fredu (If adopted, list adoptive parents only) (If adopted, list adoptive parents only) Residence of father (if deceased, so state) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) Birthplace of father (State or foreign country) Full maiden name of applicant's mother (b) Full maiden name of applicant's mother (If adopted, list adoptive parents only) (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) ACKNOWLEDGEMENT ACKNOWLEDGEMENT I acknowledge that I have received information regarding dangerous communicable diseases that I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). immune deficiency syndrome). Signature of Applicant _ Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. acknowledgment because of religious beliefs. Clerk of Court Clerk of Court . Date . Date State of Indiana I swear/affirm that the information given State of Indiana I swear/affirm that the information given in this application is true and correct. in this application is true and correct. County of Hendricks) County of Hendricks) New Address Same Y New Address James ribed and sworn to before me this Clerk of the Hendricks Circuit Court 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, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _ state facts which make the consent of the other parent unnecessary _ State of Indiana State of Indiana County of Hendricks) County of Hendricks) Father ____ Father ____ Mother _ Mother Subscribed and sworn to before me this _ Subscribed and sworn to before me this _ COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _ Court, by written order issued _ and filed in , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I 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 (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 were 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 Filed and recorded in accordance with the laws of the State of Indiana on ____ June 24, 2003

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Page 324

U-5-03

Date of Application

Clerk

IC 31-11-1. Furnishing false information upon applying for license. Female Applicant > 50 No 🖳 Yes 🗆 A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated 5-30-0.

Name of Physician Seven O Schendel m. O circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony. MALE APPLICANT FEMALE APPLICANT nount Date of Birth Date of Birth Place of Birth (State or foreign country) Place of Birth (State or foreign country) Residence Address OR No. of Previous Marriages Previous Marital Status: Last Marriage Ended By: Death Divorce Annulment Date Last Marriage Ended By: Death Divorce Annulment Date Date of Birth Verified By: ☐ Birth Certificate Other (Specify) Date of Birth Verified By: ☐ Birth Certificate Other (Specify) Are you now or have you ever been adjudged to be of unsound mind? No P Yes Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes", has the adjudication been removed? No 🗆 Yes 🗆 If answer is "yes", has the adjudication been removed? No 🗆 Yes 🗆 Are you related to the female applicant closer than second cousin? No Yes No Yes Are you related to the male applicant closer than second cousin? Are you now under the influence of an alcoholic beverage? No Yes Are you now under the influence of an alcoholic beverage? No Yes Are you now under the influence of a narcotic drug? No Yes Are you now under the influence of a narcotic drug? No Yes List the full names of any dependent children. List the full names of any dependent children. (a) Full name of applicant's father _ (a) Full name of applicant's father (If adopted, list adoptive parents only) (If adopted, list adoptive parents only) Residence of father (if deceased, so state) Residence of father (if deceased, so state) Birthplace of father (State or foreign country), Birthplace of father (State or foreign county (b) Full maiden name of applicant's mother (b) Full maiden name of applicant's mother (If adopted, list adoptive parents only) (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) ACKNOWLEDGEMENT **ACKNOWLEDGEMENT** I acknowledge that I have received information regarding dangerous communicable diseases that I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired are sexually transmitted, and/a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome immune deficiency syndromer Signature of Applicant Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. acknowledgment because of religious beliefs. Clerk of Court _ Clerk of Court Date . State of Indiana I swear/affirm that the information given I swear/affirm that the information given County of Hendricks in this application is true and correct. County of Hendricks in this application is true and correct. Signed . Signed New Address Same and sworn to before me this _ Subscribed and sworn to before me this 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, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _ state facts which make the consent of the other parent unnecessary State of Indiana State of Indiana County of Hendricks) County of Hendricks) Father ___ Father __ Mother . Mother . Subscribed and sworn to before me this _ Subscribed and sworn to before me this -COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _ Court, by written order issued _ and filed in . __, authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I 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 certify that on ____June 14, 2003 _____(date), at ______Infayette _____in ___Tippecanoe County, Indiana, James Brandon Mount of Hendricks ___ County, __Indiana (state), and Kristy Lee Beavers of Hendricks ____County, ___Indiana were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, 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

STATE OF INDIANA

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

IC 31-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.	Female Applicant > 50 No Yes In If No, Medical Examination or Report Dated Name of Physician Arameta Arametrang
MALE APPLICANT	FEMALE APPLICANT
Name Birst Middle Last Brean Date of Birth Month Day Year Lock	Name Pirst Dilya Diane Whitaker Date of Birth Month Day Year 19 61
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
2255 From Plaga Blud Mainfuld Hind My 4416	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 2003	Last Marriage Ended By: Death Divorce Annulment Date 2003
Date of Birth Verified By: Birth Certificate Other (Specify)	Date of Birth Verified By: Birth Certificate
Our Series	Druin Laine
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?	If answer is "yes", has the adjudication been removed?
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?
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage? No Yes \(\begin{array}{cccccccccccccccccccccccccccccccccccc
4. Are you now under the influence of a narcotic drug?	4. Ale you now under the introduce of a financial
5. List the full names of any dependent children.	5. List the full names of any dependent children.
Be : 1) Becalene	6. (a) Full name of applicant's father Richard Pale Orlnman
6. (a) Full name of applicant's father Bennie V. Bunhanan	(If adopted, list adoptive parents only)
(If adopted, list adoptive parents only)	Residence of father (if deceased, so state)
Residence of father (if deceased, so state) Birthplace of father (State or foreign country) Porth Carolina	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Martha Due Burnett	(b) Full maiden name of applicant's mother Lowers Clause Within
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
	ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrops). Signature of Applicant Date 6/6/3	I acknowledge that I have received information regarding dangerous communicable diseases that 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 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	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana) County of Hendricks) Signed I swear/affirm that the information given in this application is true and correct.	State of Indiana) I swear/affirm that the information given County of Hendricks Debra D. (Juttaker) in this application is true and correct.
Subscribed and sworn to before me this day of Clerk of the Hendricks Circuit Court	Subscribed and sworn to before me this 2 day of Gune, 2003 Clerk of the Hendricks Circuit Court
Shorton Rougest Clerk of the Hendricks Circuit Court	
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby 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 COUR County	Court, by written order issued Court, by written order issued norizes 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 Cle	SE AND MARRIAGE CERTIFICATE erk of the Circuit Court of Hendricks County, Indiana, dated
I forther partify that the following marriage certificate was filed in my office:	Julie A. Drennan (name),
tify that on Tune 15 2003 (date) at 1	Danville in Hendricks
County Indiana Prian Fugene Buchanan of Hend	dricks County, Indiana
were married by me as authorized under a marriage license that was is	Sued 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 _____ Hendricks Circuit Court

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

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

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

IC 31-11-1. Furnishing false information upon applying for license. No Female Applicant > 50 A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under Name of Physician IC 31-11-4-4 commits a Class D felony. FEMALE APPLICANT MALE APPLICANT Name Name First Last udor Date of Birth Date of Birth Gugust Place of Birth (State or foreign country) Residence Address 96 Kensington Bensington Previous Marital Status: Never Married Previous Marital Status: Never Married Annulment Date Last Marriage Ended By: Death Divorce Death Divorce Annulment Date Last Marriage Ended By: Date of Birth Verified By: Other (Specify) ☐ Birth Certificate ☐ Birth Certificate Other (Specify) Date of Birth Verified By: Are you now or have you ever been adjudged to be of unsound mind? No Yes Are you now or have you ever been adjudged to be of unsound mind? No Yes No Yes No Yes If answer is "yes", has the adjudication been removed? If answer is "yes", has the adjudication been removed? No Yes No Yes Are you related to the male applicant closer than second cousin? Are you related to the female applicant closer than second cousin? No Yes Are you now under the influence of an alcoholic beverage? No Xes Are you now under the influence of an alcoholic beverage? No Yes Are you now under the influence of a narcotic drug? Are you now under the influence of a narcotic drug? List the full names of any dependent children. List the full names of any dependent children. NONE (a) Full name of applicant's father Sames (a) Full name of applicant's father (If adopted, list adoptive parents only) (If adopted, list adoptive parents only, Residence of father (if deceased, so state) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) _Ohio Alorida Birthplace of father (State or foreign country) napier (b) Full maiden name of applicant's mother (b) Full maiden name of applicant's mother Bevery Eve (If adopted, list adoptive parents only) (If adopted, list adoptive parents only) _ Residence of mother (if deceased, so state) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) **ACKNOWLEDGEMENT** ACKNOWLEDGEMENT I acknowledge that I have received information regarding dangerous communicable diseases that I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired are sexually transmitted, and a list of the test sites for the immune deficiency syndrome immune deficiency syndrome). Signature of Applicant Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. acknowledgment because of religious beliefs. Clerk of Court Clerk of Court _ wear/affirm that the information given State of Indiana I swear/affirm that the information given State of Indiana in this application is true and correct. County of Hendricks in this application is true and correct. Signed New Address _ __ day of _ Subscribed and sworn to before me this _ _ Clerk of the Hendricks Circuit Court 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, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary ___ State of Indiana County of Hendricks) County of Hendricks) _ ID #_ Father __ ID #_ Mother _ Subscribed and sworn to before me this ____ Subscribed and sworn to before me this _ COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County ____ _____ Court, by written order issued ___ _, authorizes and directs the issuance of a marriage license to the above named parties. and filed in _ RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated __June_5,__ 2003 authorizing the marriage of <u>Jason Earl Tudor</u> and <u>Jamie Adele Hardy</u> I further certify that the following marriage certificate was filed in my office: I, ____George W. Schoonmaker 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 were 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

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Book 47
Page 327
Date of Application

IC 31-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage 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 0: 50000000000000000000000000000000000
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last Date of Birth Month Day (8) Year	Name First Middle Last Cobury Date of Birth Month Day Year 1976
Place of Birth (State or foreign country) Central Fig. Residence Address Street or R.R. City County State 300 Windows P. Mujfrees 5000 higher and TN 37188	Place of Birth (State or foreign country) Residence Address Street or R.R. City County State 2802 Winderwere Or Murcheesboro Ruther and TW 37188
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 107 L Date of Birth Verified By: Birth Certificate Other (Specify)	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 I If answer is "yes", has the adjudication been removed? No Yes Are you related to the female applicant closer than second cousin? No Yes Are you now under the influence of an alcoholic beverage? No Yes Are you now under the influence of a narcotic drug? No Yes 5. List the full names of any dependent children. Cassanga Shall Cassan	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes", has the adjudication been removed? No Yes 2. Are you related to the male applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? 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 (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) Residence 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 6/6/0 3	ACKNOWLEDGEMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Liver 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	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of Hendricks Signed New Address Subscribed and sworn to before me this Clerk of the Hendricks Circuit Court	State of Indiana County of Hendricks Signed New Address Subscribed and sworn to before me this Clerk of the Hendricks Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of 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
County	T. A marriage license having been refused to the above named parties, the Court, by written order issued orizes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the Cle 2003, authorizing the marriage of	SE AND MARRIAGE CERTIFICATE rk of the Circuit Court of Hendricks County, Indiana, dated
(state), and <u>Erica Leigh Falconbury</u> of <u>Ruther</u> were married by me as authorized under a marriage license that was issued	cford County, Tennessee (state) ued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Priest (official designation)

Signed ______ Hendricks Circuit Court

Clerk

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Page 328

O- O- O3

Date of Application

Clerk

IC 31-11-11. Furnishing false information upon applying for license. No X Female Applicant > 50 A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under mc Card IC 31-11-4-4 commits a Class D felony. **FEMALE APPLICANT** MALE APPLICANT First First Name Date of Birth Date of Birth Place of Birth (State or foreign country) Place of Birth (State or foreign country) IN Street or R.R. Residence Address Street or R.R Boat Dock Rd Never Married OR No. of Previous Marriages Never Married OR No. of Previous Marriages_ Previous Marital Status: Previous Marital Status: Death Divorce Annulment Date Last Marriage Ended By: Death Divorce Annulment Date Last Marriage Ended By: ☐ Birth Certificate Other (Specify) Date of Birth Verified By: Date of Birth Verified By: ☐ Birth Certificate Other (Specify) cense rivers cense ivers Are you now or have you ever been adjudged to be of unsound mind? No \(\subseteq \subseteq \) Yes \(\subseteq \) Are you now or have you ever been adjudged to be of unsound mind? No Yes 🗆 No 🗆 Yes 🗌 If answer is "yes", has the adjudication been removed? No 🗍 Yes 🗆 If answer is "yes", has the adjudication been removed? No X Yes 🗆 No Yes Are you related to the male applicant closer than second cousin? Are you related to the female applicant closer than second cousin? No D Yes 🗆 Yes 🗆 Are you now under the influence of an alcoholic beverage? Are you now under the influence of an alcoholic beverage? No Yes Are you now under the influence of a narcotic drug? No 🔼 Yes 🗆 Are you now under the influence of a narcotic drug? List the full names of any dependent children. . List the full names of any dependent children. (a) Full name of applicant's father Englique 6. (a) Full name of applicant's father James (If adopted, list adoptive parents only) (If adopted, list adoptive parents only) . Residence of father (if deceased, so state) Residence of father (if deceased, so state) ___ Birthplace of father (State or foreign country), TA Birthplace of father (State or foreign country), (b) Full maiden name of applicant's mother Patricia (b) Full maiden name of applicant's mother Layla (If adopted, list adoptive parents only) _ (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Residence of mother (if deceased, so state) _ Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) ACKNOWLEDGEMENT ACKNOWLEDGEMENT I acknowledge that I have received information regarding dangerous communicable diseases that I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). immune deficiency syndrome). Signature of Applicant Signature of Applicant _ The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. acknowledgment because of religious beliefs. Clerk of Court Clerk of Court I swear/affirm that the information given I swear/affirm that the information given State of Indiana State of Indiana in this application is true and correct. in this application is true and correct. County of Hendricks County of Hendricks() New Address 5351 CR AVDN 46123 1005 Subscribed and sworn to before me this _ _ day of __ Clerk of the Hendricks Circuit Court 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, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary ____ State of Indiana County of Hendricks) County of Hendricks) Father _ Father _ Mother _ day of . Subscribed and sworn to before me this. Subscribed and sworn to before me this _ COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the __ Court, by written order issued __ _____ County _ _, authorizes and directs the issuance of a marriage license to the above named parties. and filed in _ RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE 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 County, Indiana, Enrique Steve Sauri Jr. of Hendricks ___ County, ___ Indiana __County, __Indiana (state), and <u>Jamie Lee Gray</u> of <u>Hendricks</u> were 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)

Signed _

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

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Page 329

Lo-Lo-03
Date of Application

IC 31-11-1. Furnishing false information upon applying for license.

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

MALE APPLICANT

Female Applicant > 50 No Yes If No, Medical Examination or Report Dated Name of Physician V. King

Female Applicant > 50 No Yes If No, Medical Examination or Report Dated Name of Physician V. King

FEMALE APPLICANT

MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name First Middle Last
Date of Birth Month Day Year	Date of Birth Month Day Year
9 6 1979	7 9 1981
Place of Birth (State or foreign country) 410224	Place of Birth (State or foreign country) Livolana 40168
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of Birth Verified By: Birth Certificate Other (Specify)	Date of Birth Verified By: Birth Certificate Other (Specify)
Taentification Card	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?	If answer is "yes", has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? No 🛛 Yes 🗆	 Are you related to the male applicant closer than second cousin? Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No Yes Are you now under the influence of a narcotic drug? No Yes Yes	3. Are you now under the influence of an alcoholic beverage? No Yes \(\) 4. Are you now under the influence of a narcotic drug? No \(\) Yes \(\)
evenu Huddlestondr.	5. List the full names of any dependent children. Ryle Cox
5. List the full names of any dependent children. Serving Prockers of the State of	
6. (a) Full name of applicant's father Earl Hudgleston	6. (a) Full name of applicant's father ROGEN MEADOWS
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country), Indiana (b) Full maiden name of applicant's mother KODIA ESTES
(b) Full maiden name of applicant's mother DUAY HULL	(b) Full maiden name of applicant's model.
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)
Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) Kentucky
	ACKNOWLEDGEMENT
ACKNOWLEDGEMENT	ACKNOWLEDGEMENT I acknowledge that I have received information regarding dangerous communicable diseases that
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome)/	immune deficiency syndrome).
Asignature of Applicant Date 6-6-03	Bignature of Applicant Ongie meadows Date Lo-le-D
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
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.
Now Address 5610 GIPNN HOVEN BIVA. PINTIA, IN 40160	Now Address Some US above
Subscribed and sworn to before me this day of	Subscribed and sworn to before me this day of June 2003 Clerk of the Hendricks Circuit Court
Subscribed and sworn to before me this day of DVNC 2003 Clerk of the Hendricks Circuit Court	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,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	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 # Mother 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 IE MARRIAGE LICENSE ISSUED BY ORDER OF COUR	T. A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, auth	orizes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cle	erk of the Circuit Court of Hendricks County, Indiana, dated June 6, ce Huddleston and Angie Renee Meadows
I further certify that the following marriage certificate was filed in my efficient	I, Rev. John C. Parsley (name),
certify that on June 28, 2003 (date) at	Plainfield in Hendricks
County Indiana Jeremy Bruce Huddleston of Hen	ndricks County, Indiana
(state) and Angie Renee Meadows of Hendricks	County, <u>Indiana</u> (state)
were married by me as authorized under a marriage license that was iss	sued 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	duly 2, 2003 (date).

Signed _

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

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Page 330
U-6-03
Date of Application

C 31-11-11. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the ircuit court when the person applies for a marriage license under C 31-11-4-4 commits a Class D felony.	Female Applicant > 50 No Yes The State of Physician State of Physician State of Physician State of Physician Name of Physician State of Physician Name of Ph
MALE APPLICANT	FEMALE APPLICANT
ame First Middle Last	Name First Middle Last
Todd Kindal Keice	Date of Birth Month Day Year
Pate of Birth Month Day Year	Date of Birth Month Day Year 5
lace of Birth (State or foreign country)	Place of Birth (State or foreign country)
esidence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
0856 Molones Rd Brownshura Kind In He112	10856 E. Malory Rd Grounders Heralay
revious Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
ast Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date 1987
Date of Birth Verified By:	Date of Birth Verified By: Birth Certificate Other (Specify)
Druin Leine	Origina Gresse
. 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?	If answer is "yes", has the adjudication been removed?
. Are you related to the female applicant closer than second cousin? No Yes . Are you now under the influence of an alcoholic beverage? No Yes	2. Are you related to the male applicant closer than second cousin? No S Yes S 3. Are you now under the influence of an alcoholic beverage? No Yes S
Are you now under the influence of an alcoholic beverage? No Yes Yes Yes Yes No Yes Yes Yes	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No Yes Yes Yes
List the full names of any dependent children.	5. List the full names of any dependent children.
(a) Full name of applicant's father Monte Belce	6. (a) Full name of applicant's father J. T. Cokes
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) Lender See (b) Full maiden name of applicant's mother Under March Andrews
(b) Full maiden name of applicant's mother (May Ray Ray Cells (If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
A CHANGINA EDICENTIANA	ACCOMMENDATION OF THE PROPERTY
ACKNOWLEDGEMENT acknowledge that I have received information regarding dangerous communicable diseases that	ACKNOWLEDGEMENT I acknowledge that I have received information regarding dangerous communicable diseases that
re sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Inmune deficiency syndrome). Date 6/6/03	Signature of Applicant Durch & Whight Date 6/6/03
ignature of Applicant Date 0/0/05	Signature of Applicant Date
he above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
knowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
lerk of Court Date	Clerk of Court Date
ate of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
ounty of Hendricks in this application is true and correct. Y Signed	County of Hendricks) Quely S. Which is application is true and correct. Signed
Y New Address	New Address — Jamy
absorbed and sworn to before me this day of	Subscribed and sworn to before methis day of day of day
Clerk of the Hendricks Circuit Court	Clerk of the Hendricks Circuit Court
ONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
e, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, ate 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
are these strict make the consent of the other parent uninecessary	state facts which make the consent of the other parent uninecessary
ate of Indiana)	State of Indiana)
ounty of Hendricks) ther ID #	County of Hendricks) Father ID #
other ID #	Mother ID #
bscribed and sworn to before me this day of	Subscribed and sworn to before me this day of
Clerk	Clerk
County	T. A marriage license having been refused to the above named parties, the Court, by written order issued
nd filed in, author	prizes and directs the issuance of a marriage license to the above named parties.
	E AND MARRIAGE CERTIFICATE
certify that there was filed in my office a marriage license issued by the Cler	k of the Circuit Court of Hendricks County, Indiana, dated June 6,
2003 , authorizing the marriage of Todd Lindal	Thomas R. Ruge
frontless sentification for the fallowing senting and sentification of the first senting of t	n, Thomas R. Ruge (name), wnsburg in Hendricks
further certify that the following marriage certificate was filed in my office:	WIISDUIG in Hendricks
ertify that onJune 14, 2003(date), atBro	ricks County, Indiana
ertify that onJune_14, 2003(date), atBro ounty, Indiana,Todd_Lindal_ReeceofHend tate), andSandy_Gale_WrightofHendri	ricks County, Indiana (state)
ounty, Indiana, Todd Lindal Reece of Hend tate), and Sandy Gale Wright of Hendri	ricks County, Indiana (state) cks County, Indiana (state) ed by the Clerk of the Circuit Court of Hendricks County, Indiana, dated

Signed ______ Hendricks Circuit Court

Clerk

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Book 67
Page 331

Lo-6-03

Date of Application

IC 31-11-1. Furnishing false information upon applying for license.

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

Female Applicant > If No, Medical Exa Name of Physician

IC 31-11-4-4 commits a Class D felony.	Name of Thysician 72 - 500 Peters
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last Wartin Reeves	Name Eirst Middle Last
Date of Birth Month Day Year	Date of Birth Month Day Year 10 15 77
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Parishan Address Street of P.B. Street	Paridona Address Street of P.B. Millione
Residence Address Street or R.R. City County State 8761 January Dr. Cambre Hend Sh Hell3	8 Hel Jagaart Or. Camber Hell3
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married Of No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of Birth Verified By: Birth Certificate Other (Specify)	Date of Birth Verified By: Birth Certificate General Other (Specify)
Druis & Laine	Druin Seeine
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?
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? 4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐ No ☐ Yes ☐ 	3. Are 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	 4. Are you now under the influence of a narcotic drug? No Yes . 5. List the full names of any dependent children.
ALL alm 1	Dr. + & Rock
6. (a) Full name of applicant's father Thank M. Guerra	6. (a) Full name of applicant's father Tourt of Delek
(If adopted, list adoptive parents only) Residence of father (if deceased, so state) Mullania	(If adopted, list adoptive parents only) Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Arkatla. Walle	(b) Full maiden name of applicant's mother Mary & arm Falux
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndroms). Signature of Applicant Date 6/6/3	ACKNOWLEDGEMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant ACKNOWLEDGEMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana) I swear/affirm that the information given in this application is true and correct. Signed Work Warren New Address Gay of Glerk of the Hendricks Circuit Court	State of Indiana) I swear/affirm that the information given county of Hendricks I was 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	Clerk of the Hendricks Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of 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) Father ID #	County of Hendricks) Father ID #
Mother ID #	Father ID # Mother ID #
Subscribed and sworn to before me this day of Clerk	Subscribed and sworn to before me this day of Clerk
	T. A marriage license having been refused to the above named parties, the
and filed in, author	Court, by written order issuedorizes 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 Clean 2003, authorizing the marriage of Wade Martin R	eeves and Ana Kathryn Beck .
	I, <u>James R. Wilmoth</u> (name),
certify that on June 28, 2003 (date), at Ind County, Indiana, Wade Martin Reeves of Hend	ricks County. Indiana
(state), and Ana Kathryn Beck of Hendric were married by me as authorized under a marriage license that was issued	County, Indiana (state) used by the Clerk of the Circuit Court of Hendricks County, Indiana, dated
June 6, 2003 Signed by: James R. Wilmoth	
Filed and recorded in accordance with the laws of the State of Indiana on	0 date).

Signed _____ Hendricks Circuit Court

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

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APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Book 67
Page 332
U-4-03
Date of Application

circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.	Name of Physician Mark Famle
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name First Middle Last
Date of Birth Stonth Day Year 5 13 81	Date of Birth Home Home Supra Grants North Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. Gity County State	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married TOR No. of Previous Marriages	344 N. Jefferson St. Growshung Kent By4
Last Marriage Ended By: Death Divorce Annulment Date	Previous Marital Status: Never Married OR No. of Previous Marriages Last Marriage Ended By: Death Divorce Annulment Date
Date of Birth Verified By: Birth Certificate Other (Specify)	Date of Birth Verified By: Birth Certificate Gther (Specify)
Druing Land	During & -
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes	Are you now or have you ever have adjuded to be for a life of the first of the firs
If answer is "yes", has the adjudication been removed? No Yes	 Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐ If 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?
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No Yes List the full names of any dependent children.	 4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐ 5. List the full names of any dependent children.
	and the fact and dependent children.
6. (a) Full name of applicant's father Sarey Dean Samble	6. (a) Full name of applicant's father
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Alexan Bright	(b) Full maiden name of applicant's mother
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)	(If adopted, list adoptive parents only)
Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)
acknowledge that I have received information regarding dangerous communicable diseases that re sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired mmune deficiency syndrome) Date 6-6-03	I acknowledge that I have received information regarding dangerous communicable diseases 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 of Applicant Date Language Date Language Date Language Date Language Date Language Date Language Date Language Date Language Date Language Date Language Date Language Date Language Date Language Date Language Date Language Date Language Date Language Date Language Date Language Date Language Date Language Date Language Date Language Date Language Date Language Date Language Date Language Date Language Date Language Date Language Date Language Date Language Date Language Date Language Date Language Date Language Date Language Date Language Date Language Date Language Date Language Date Language Date Language Date Language Date Language Date Language Date Language Date Language Date Language Date Language Date Language Date Language Date Language Date Language Date Language Date Language Date Language Date Language Date Language Date Language Date Language Date Language Date Language Date
The above applicant has objected to verifying by oath or affirmation or signature to the above cknowledgment because of religious beliefs. Clerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the above
	acknowledgment because of religious beliefs. Clerk of Court Date
Sound of Hendricks in this application is true and correct. New Address Same	Clerk of Court Date State of Indiana) I swear/affirm that the information given county of Hendricks in this application is true and correct. Signed
County of Hendricks Signed County of Hendricks in this application is true and correct. New Address Same	State of Indiana) County of Hendricks Signed New Address Subscribed and sworn to before me this day of Aura 2003
County of Hendricks in this application is true and correct. Signed Some in this application is true and correct. New Address Some Clerk of the Hendricks Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs.	State of Indiana) County of Hendricks Signed New Address Subscribed and sworn to before me this day of Auro 2003
in this application is true and correct. Signed Some Some Some Some Some Some Some Some	State of Indiana) County of Hendricks Signed State of Indiana in this application is true and correct. 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)
in this application is true and correct. Signed Some ubscribed and sworn to before me this day of Clerr of the Hendricks Circuit Court ONSENT OF PARENTS, PARENT, OR GUARDIAN Te, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, ate facts which make the consent of the other parent unnecessary Tate of Indiana) Tourty of Hendricks) The sweatharm that the information given in this application is true and correct. Signed Some Unit State of the Hendricks Circuit Court The parents of this applicant, hereby give consent for this marriage. If only one parent signs, ate facts which make the consent of the other parent unnecessary The parents of Indiana)	State of Indiana) County of Hendricks 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)
in this application is true and correct. Signed Some Some Some Source Some Source Some Source Sourc	State of Indiana) I swear/affirm that the information given in this application is true and correct. Signed 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
in this application is true and correct. Signed Some Some Some Source Some Source Some Source Sourc	State of Indiana) County of Hendricks Signed State of Indiana 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
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in this application is true and correct. Signed Some ubscribed and sworn to before me this Correct. ONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, atte facts which make the consent of the other parent unnecessary	State of Indiana) I swear/affirm that the information given in this application is true and correct. Signed Signed State of Indiana 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 Subscribed and sworn to before me this day of ID # Mother ID # Subscribed and sworn to before me this day of Clerk A marriage license having been refused to the above named parties, the Court, by written order issued zees and directs the issuance of a marriage license to the above named parties.
in this application is true and correct. Signed Some Some Clerk of the Hendricks Circuit Court ONSENT OF PARENTS, PARENT, OR GUARDIAN Ve, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, atte facts which make the consent of the other parent unnecessary Late of Indiana Deputy of Hendricks Deputy o	State of Indiana County of Hendricks 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 Mother Subscribed and sworn to before me this day of Clerk A marriage license having been refused to the above named parties, the Court, by written order issued Zes and directs the issuance of a marriage license to the above named parties. AND MARRIAGE CERTIFICATE of the Circuit Court of Hendricks County, Indiana details. Tupo 6
in this application is true and correct. Signed Same Aday of Clerk of the Hendricks Circuit Court ONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, atte facts which make the consent of the other parent unnecessary atte of Indiana Dounty of Hendricks OMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. County Ad filed in RETURN OF MARRIAGE LICENSE Certify that there was filed in my office a marriage license issued by the Clerk Courty Load in this application is true and correct. In this application is true and correct. Clerk of the Hendricks Circuit Court Clerk of the Hendricks Circuit Court ID #	State of Indiana County of Hendricks Signed New Address Subscribed and sworn to before me this CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of Hendricks Subscribed and sworn to before me this A marriage license having been refused to the above named parties, the Court, by written order issued zes and directs the issuance of a marriage license to the above named parties. AND MARRIAGE CERTIFICATE of the Circuit Court of Hendricks County, Indiana, dated June 6, Jennifer Lynn Fornuto
in this application is true and correct. Signed Same abscribed and sworn to before me this Clerk of the Hendricks Circuit Court ONSENT OF PARENTS, PARENT, OR GUARDIAN (e, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, ate facts which make the consent of the other parent unnecessary ate of Indiana bounty of Hendricks ther	State of Indiana County of Hendricks Signed New Address Subscribed and sworn to before me this CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of Hendricks Subscribed and sworn to before me this A marriage license having been refused to the above named parties, the Court, by written order issued zes and directs the issuance of a marriage license to the above named parties. AND MARRIAGE CERTIFICATE of the Circuit Court of Hendricks County, Indiana, dated June 6, Jennifer Lynn Fornuto
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in this application is true and correct. Signed Signed New Address Signed Signed New Address Signed Sign	State of Indiana County of Hendricks New Address Subscribed and sworn to before me this CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary Subscribed and sworn to before me this ID # Subscribed and sworn to before me this County of Hendricks Subscribed and sworn to before me this County of Hendricks A marriage license having been refused to the above named parties, the Court, by written order issued zes and directs the issuance of a marriage license to the above named parties. AND MARRIAGE CERTIFICATE of the Circuit Court of Hendricks County, Indiana, dated June 6, Gamble and Jennifer Lynn Fornuto David L. Powell Lanapolis in Marion County Indiana
in this application is true and correct. Signed Signed New Address Signed Signed New Address Signed Sign	State of Indiana County of Hendricks New Address Subscribed and sworn to before me this CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary Subscribed and sworn to before me this ID # Subscribed and sworn to before me this County of Hendricks Subscribed and sworn to before me this County of Hendricks A marriage license having been refused to the above named parties, the Court, by written order issued zes and directs the issuance of a marriage license to the above named parties. AND MARRIAGE CERTIFICATE of the Circuit Court of Hendricks County, Indiana, dated June 6, Gamble and Jennifer Lynn Fornuto David L. Powell Lanapolis in Marion County Indiana
in this application is true and correct. Signed Si	State of Indiana County of Hendricks Signed New Address Subscribed and sworn to before me this CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of Hendricks Subscribed and sworn to before me this A marriage license having been refused to the above named parties, the Court, by written order issued zes and directs the issuance of a marriage license to the above named parties. AND MARRIAGE CERTIFICATE of the Circuit Court of Hendricks County, Indiana, dated Jennifer Lynn Fornuto David J. Powell anapolis in Marion Cicks County, Indiana Subscribes County, Indiana Indiana State St

Signed Hendricks Circuit Court

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Book 67
Page 333

Date of Application

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

Female Applicant > 50 Noth Yes 16-12-03
If No, Medical Examination or Report Dated
Name of Physician American Health Natural

IC 31-11-4-4 commits a Class D felony.	Name of Physician Morrical Health Resident
MALE APPLICANT	FEMALE APPLICANT
Name leff (ey Wilen Dennis	Name First Middle Last Sessica Luna Collect
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
93 S. Walnut St. Danville Hend. IN	301 west man St. Donnile Hendricks 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 Dother (Specify) Indiana Driver S License	Date of Birth Verified By: Birth Certificate Other (Specify)
	Driver's Grease
1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐ If answer is "yes", has the adjudication been removed? No ☐ Yes ☐ Yes ☐ Are you related to the female applicant closer than second cousin? No ☐ Yes ☐ 3. Are you now under the influence of an alcoholic beverage? 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 ☐ 2. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐ 3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you now under the influence of a narcotic drug? No ✓ Yes □ 5. List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. Yes
Made I are brane	6. (a) Full name of applicant's father Soun Collbert
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Birthplace of father (State or foreign country)	Residence of father (if deceased, so state) Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Dov's 5	(b) Full maiden name of applicant's mother Tennifer huth walter
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Thatiana	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court	immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of Hendricks, Signed New Address I swear/affirm that the information given in this application is true and correct. New Address John Man JT APT	State of Indiana) I swear/affirm that the information given in this application is true and correct. Signed New Address 50 Me
Subscribed and sworn to before me this that the subscribed and sworn to before me this that the subscribed and sworn to before me this that the subscribed and sworn to before me this that the subscribed and sworn to before me this that the subscribed and sworn to before me this that the subscribed and sworn to before me this that the subscribed and sworn to before me this that the subscribed and sworn to before me this that the subscribed and sworn to before me this that the subscribed and sworn to before me this that the subscribed and sworn to before me this that the subscribed and sworn to before me this that the subscribed and sworn to before me this that the subscribed and sworn to before me this that the subscribed and sworn to be subscribed as the subscribed and sworn to be subscribed as the subscribed and sworn to be subscribed as the subscribed and	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	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana) County of Hendricks)	State of Indiana) County of Hendricks)
Father ID # Mother ID #	Father ID # Mother ID #
Subscribed and sworn to before me this day of Clerk	Subscribed and sworn to before me this day of Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR'	T. A marriage license having been refused to the above named parties, the
County	Court, by written order issued
I certify that there was filed in my office a marriage license issued by the Cler	SE AND MARRIAGE CERTIFICATE rk of the Circuit Court of Hendricks County, Indiana, datedJune 12, n_Dennis andJessica Lynn Gilbert
I further certify that the following marriage certificate was filed in my office:	I, <u>Leonard F. Sjogren</u> (name),
certify that on June 14, 2003 (date), at Pla	infield in Hendricks
County, Indiana, <u>Jeffrey Allen Dennis</u> of <u>Hendri</u> (state), and <u>Jessica Lynn Gilbert</u> of <u>Hendricks</u>	County, Indiana (state)
were married by me as authorized under a marriage license that was issue	ued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated
Filed and recorded in accordance with the laws of the State of Indiana on	June 24, 2003 (date). (official designation)

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

MALE APPLICANT ame First Middle Broughton ate of Birth Month Day Year 14 ace of Birth (State or foreign country) Periode Address Street or R.R. City County State City County State OR No. of Previous Marriages ate of Birth Verified By: Death Divorce Annulment Date Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes", has the adjudication been removed? No Yes	Name First Middle Last Middle Month Day Year To
ate of Birth Month Base Broughton Year 3	Name First Middle Last Middle Last Middle Last Middle Last Middle Date of Birth Date of Birth Month Day Year 77 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
ace of Birth (State or foreign country) Day Year 3 14 ace of Birth (State or foreign country) Desidence Address Street or R.R. City County State City County State OR No. of Previous Marriages ast Marriage Ended By: Death Divorce Annulment Date The Other (Specify) Are you now or have you ever been adjudged to be of unsound mind? No Yes	Date of Birth Month Day Year 77 Place of Birth (State or foreign country) Residence Address Street or R.R. City County State 8342
ace of Birth (State or foreign country) State Street or R.R. City County State City County State City County State OR No. of Previous Marriages Last Marriage Ended By: Death Divorce Annulment Date Late of Birth Verified By: Birth Certificate Other (Specify) Are you now or have you ever been adjudged to be of unsound mind? No Yes	Place of Birth (State or foreign country) Residence Address Street or R.R. City County State 8342 Occative Usel OR No. of Previous Marriages Previous Marital Status: Never Married OR No. of Previous Marriages Last Marriage Ended By: Death Divorce Annulment Date
esidence Address Street or R.R. City County State 342 Orustivieur Australia Van Harriages evious Marital Status: Never Married OR No. of Previous Marriages ate of Birth Verified By: Birth Certificate Other (Specify) Are you now or have you ever been adjudged to be of unsound mind? No Yes	Residence Address Street or R.R. City County State 8342 Orestavew Order OR No. of Previous Marriages Previous Marriage Ended By: Death Divorce Annulment Date
esidence Address Street or R.R. City County State 342 Orustivieur Australia Van Harriages evious Marital Status: Never Married OR No. of Previous Marriages ate of Birth Verified By: Birth Certificate Other (Specify) Are you now or have you ever been adjudged to be of unsound mind? No Yes	Residence Address Street or R.R. City County State 8342 Orestavew Order OR No. of Previous Marriages Previous Marriage Ended By: Death Divorce Annulment Date
ate of Birth Verified By: Birth Certificate Other (Specify) Are you now or have you ever been adjudged to be of unsound mind? No Yes	Previous Marital Status: Never Married OR No. of Previous Marriages Last Marriage Ended By: Death Divorce Annulment Date
ate of Birth Verified By: Death Divorce Annulment Date Death Other (Specify) Are you now or have you ever been adjudged to be of unsound mind? No Yes	Previous Marital Status: Never Married OR No. of Previous Marriages Last Marriage Ended By: Death Divorce Annulment Date
ate of Birth Verified By: Death Divorce Annulment Date Death Other (Specify) Are you now or have you ever been adjudged to be of unsound mind? No Yes	Last Marriage Ended By: Death Divorce Annulment Date
Are you now or have you ever been adjudged to be of unsound mind? No Yes	
Are you now or have you ever been adjudged to be of unsound mind? No Yes	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 Ves
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?
Are you related to the female applicant closer than second cousin? No Yes	2. Are you related to the male applicant closer than second cousin? No Yes
Are you now under the influence of an alcoholic beverage? No Yes	3. Are you now under the influence of an alcoholic beverage? No Yes
Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
List the full names of any dependent children.	5. List the full names of any dependent children.
(a) Full name of applicant's father Kandy Bronalton	6. (a) Full name of applicant's father Atan Martin
(If adopted, list adoptive parents only)	6. (a) Full name of applicant's father Alan Martine (If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Phyllis Franz trans	(b) Full maiden name of applicant's mother Van Phillips
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state)
Bumplace of mouler (state of foreign country)	Birthplace of mother (State or foreign country)
eknowledge that I have received information regarding dangerous communicable diseases that sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired mune deficiency syndrome pattern of Applicant Date O/10/2003	I acknowledge that I have received information regarding dangerous communicable diseases 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 6-10-20
e above applicant has objected to verifying by confirmation or signature to the above mowledgment because of religious beliefs. The property of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
te of Indiana I swear/affirm that the information given in this-application is true and correct. Signed	State of Indiana) County of Hendricks Signed I swear/affirm that the information given in this application is true and correct.
New Address Same As Above scribed and sworn to before me this D day of Alax, 2003	Y New Address Same as above
Sharan Sugan Clerk of the Hendricks Circuit Court	Subscribed and sworn to before me this day of Clery of the Hendricks Circuit Court
NSENT OF PARENTS, PARENT, OR GUARDIAN, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, e facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
e of Indiana)	State of Indiana)
inty of Hendricks)	County of Hendricks)
ner ID #	Father ID #
scribed and sworn to before me this day of	Mother ID #
Clerk	Subscribed and sworn to before me this day of Clerk
AMDI PER IE MARRIA GE LIGENGE MONTE DE LE	그리고 그는 그 그는 그는 그는 그는 그들은 사람들이 되는 것이 되었다. 그는 그는 그는 그는 그는 그를 다 없다.
County	T. A marriage license having been refused to the above named parties, the Court, by written order issued prizes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE of the Circuit Court of Hendricks County Indiana dated June 10.
orther certify that the following marriage certificate was filed in my office:	Brian Delbridge
ify that onJune 2I, 2003(date), atInc	dianapolis in Marion (name),
inty, Indiana, Adam Lee Broughton of Her	ndricks County, Indiana
orther certify that the following marriage certificate was filed in my office: tify that on	County, Indiana (state)
and the state of t	led by the Clerk of the Circuit Court of Hendricks County, Indiana dated
ed and recorded in accordance with the laws of the State of Indiana on	June 26, 2003 (date). (official designation)

Signed Hendricks Circuit Court

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

Date of Birth

Residence Address

Previous Marital Status:

Last Marriage Ended By:

Date of Birth Verified By:

Place of Birth (State or foreign country)

10535 E. 450N.

Street or R R

If answer is "yes", has the adjudication been removed?

Are you now under the influence of a narcotic drug?

List the full names of any dependent children.

(If adopted, list adoptive parents only)

(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

The above applicant has objected to verifying by oath or affirmation or signature to the above

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,

Residence of father (if deceased, so state)

Birthplace of father (State or foreign country)

(a) Full name of applicant's father

immune deficiency syndrome).

acknowledgment because of religious beliefs.

CONSENT OF PARENTS, PARENT, OR GUARDIAN

state facts which make the consent of the other parent unnecessary _

X Signature of Applicant

Clerk of Court _

State of Indiana

County of Hendricks

State of Indiana

Father _

Mother .

County of Hendricks)

Subscribed and sworn to before me this __

Are you now under the influence of an alcoholic beverage?

Never Married

☐ Birth Certificate

Are you now or have you ever been adjudged to be of unsound mind?

Are you related to the female applicant closer than second cousin?

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Female Applicant > 50

No 🗗

Yes 🗆

Book Page Date of Application

IC 31-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated Name of Physician Lolly Coop circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

OR No. of Previous Marriages.

Other (Specify)

No Yes

No Yes

No Yes

No Yes

No Yes

Date 6/8/03

0003

I swear/affirm that the information given

in this application is true and correct.

Clerk of the Hendricks Circuit Court

Death Divorce Annulment Date 2002

MALE APPLICANT

Middle

FEMALE APPLICANT Date of Birth Place of Birth (State or foreign country) Residence Address Street or R.R. 0535 E Previous Marital Status: Never Married OR No. of Previous Marriage Death Divorce Annulment Date Last Marriage Ended By: Date of Birth Verified By: ☐ Birth Certificate Other (Specify) No Tyes Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes", has the adjudication been removed? No 🗆 Yes 🗆 Are you related to the male applicant closer than second cousin? No Yes Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐ Are you now under the influence of a narcotic drug? No - Yes List the full names of any dependent children. (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 Augustus The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court State of Indiana I swear/affirm that the information given County of Hendricks) in this application is true and correct. Y Signed CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____ State of Indiana County of Hendricks) Father _ ID#

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

Mother _

Subscribed and sworn to before me this _

Signed Hendricks Circuit Court Dugan

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

IC 31-11-1. Furnishing false information upon applying for license.

APPLICATION FOR MARRIAGE LICENSE **HENDRICKS COUNTY**

Book _ Date of Application

A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.	Female Applicant > 50 No Yes The Standard Yes The If No, Medical Examination or Report Dated Name of Physician Audio Hadley M.O.
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name First Middle Last
Date of Birth Month Day Year 19 83	Date of Birth Month Day Year 31 80
lace of Birth (State or foreign country)	Place of Birth (State or foreign country)
esidence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
522 E. Cold 4005. Clarton King & Helk	2522 E. CR 400 S. Clarton Hend Son 44)
revious Marital Status: Never Married ORNo. of Previous Marriages	Previous Marital Status: Never Married
ast Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of Birth Verified By:	Date of Birth Verified By: Birth Certificate
Drues & Same	Drues's Gune
Are you now or have you ever been adjudged to be of unsound mind? No Yes I fanswer is "yes", has the adjudication been removed? No Yes Are you related to the female applicant closer than second cousin?	Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐ If answer is "yes", has the adjudication been removed? No ☐ Yes ☐ Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
Are you now under the influence of an alcoholic beverage? No Yes No Yes No Yes List the full names of any dependent children.	 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.
(a) Bull some of analogue's father Cal Share lives	6. (a) Full name of applicant's father Roy R. Beatty
(a) Full name of applicant's father	6. (a) Full name of applicant's father (If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
(b) Full maiden name of applicant's mother April Duerperk	Birthplace of father (State or foreign country)
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
he above applicant has objected to verifying by oath or affirmation or signature to the above eknowledgment because of religious beliefs. Date 5-9-03 Date 5-9-03 Date 5-9-03	Signature of Applicant Mey Blatty 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
icik di Court	
tate of Indiana) Sounty of Hendricks) Signed Modely Pool	State of Indiana) County of Hendricks) Signed Many Beatty I swear/affirm that the information given in this application is true and correct.
New Address Same day of July 2003 Clerk of the Hendricks Circuit Court	Signed Man Beatty 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, tate facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
tate of Indiana)	State of Indiana) County of Hendricks)
ather ID #	Father ID #
Industribed and sworn to before me this day of	Mother ID # Subscribed and sworn to before me this day of
Clerk	Clerk
County	T. A marriage license having been refused to the above named parties, the Court, by written order issued
nd filed in, auth	orizes and directs the issuance of a marriage license to the above named parties.
certify that there was filed in my office a marriage license issued by the Cle 2003 authorizing the marriage of Nickolas Mate	SE AND MARRIAGE CERTIFICATE rk of the Circuit Court of Hendricks County, Indiana, datedJune 9, thew Thornburg andMary Theresa Beatty
further certify that the following marriage certificate was filed in my office:	I, William A. Neiman (name),
ertify that onJune_21, 2003 (date), atMonstounty, Indiana, Nickolas Matthew Thornburgf	rovia in Morgan Hendricks County Indiana
state), and Mary Theresa Beatty of Hendric	Cks County, Indiana (state)
ere married by me as authorized under a marriage license that was iss	ued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Minister (official designation) June 26, 2003 (date).
ned and recorded in accordance with the laws of the State of Indiana on	Signed Signed Clerk Hendricks Circuit Court
	SignedClerk
OYCE FORMS • SYSTEMS 1-800-382-8702 1477	Hendricks Circuit Court

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Book Page _ Co-Co-O3

Date of Application

IC 31-11-11. Furnishing false information upon applying for 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 ☐ If No, Medical Examination or Report Dated No 4 Yes

IC 31-11-4-4 commits a Class D felony.	Name of Physician
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name First Middle Last
Date of Birth Month Day Year	Date of Birth Month Day Year
4 14 78	4 22 80
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
117 Smith St. Phtsborn Head she 46167	11 Smill St. Pittsbor Hind Mr Helle 7
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:	Date of Birth Verified By:
Drugies Genie	Driver's Seaine
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 Are you related to the female applicant closer than second cousin?	If answer is "yes", has the adjudication been removed? No Yes Are you related to the male applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No Yes	3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children. XIII money XIII Change
6 (a) Evil name of applicant's father 1921 Main Hea Bucks	6 (a) Full name of applicant's father Walter Inasam
6. (a) Full name of applicant's father	6. (a) Full name of applicant's father
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother full and Nale	(b) Full maiden name of applicant's mother full suite Allungurfus (If adopted, list adoptive parents only)
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome) Signature of Applicant Date 6-6-03 The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome) Signature of Applicant Date Ob-Ob-Ob The 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) County of Hendricks 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 New Address Subscribed and sworn to before me this Consent of Parents, Parent, Or Guardian We, the parents of this applicant, hereby 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) Eather ID #	County of Hendricks) Father
Father ID # Mother ID #	Father ID # Mother ID #
Subscribed and sworn to before me this day of Clerk	Subscribed and sworn to before me this day of Clerk
	AND THE PROPERTY OF THE PROPER
County	T. A marriage license having been refused to the above named parties, the Court, by written order issued
and filed in, auth	orizes 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 Cle 2003, authorizing the marriage of Trevor Allen I further certify that the following marriage certificate was filed in my office:	SE AND MARRIAGE CERTIFICATE rk of the Circuit Court of Hendricks County, Indiana, dated June 6, Buchanan and Nicole Lynn Ingram I, Pastor Max I. Downs (name),
County Indiana Trever Allen Buchanan of Hondry	icks County, Indiana
(state), and Nicole Lynn Ingram of Hendrick	County, Indiana (state)
were married by me as authorized under a marriage license that was iss	ued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated
	,
	Signed Slaron Sugar Clerk
BOYCE FORMS • SYSTEMS 1-800-382-8702 1477	Hendricks Circuit Court

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Book Page 6-9-03 Date of Application

A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.	Female Applicant > 50 No Yes XI If No, Medical Examination or Report Dated Name of Physician
MALE APPLICANT	FEMALE APPLICANT
	Name A First Middle Last
Name Gary S Barker	Maxine J Mason
Date of Birth Month Day Year 1943	Date of Birth Month Day Year 1941
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Tall	Mn
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State 46/12
45 Augusta Dr. Brownsburg Hend 46112	19 Bay Hill arcle Brownspurg Hend IN
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marrial Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 2002	Last Marriage Ended By: Death Divorce Annulment Date 1998
Date of Birth Verified By: Birth Certificate Other (Specify)	Date of Birth Verified By: Birth Certificate Other (Specify)
Drivers License.	Drivers License
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No XYes
If answer is "yes", has the adjudication been removed?	If answer is "yes", has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? No D Yes \	2. Are you 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 S. Yes 4. Are you now under the influence of a narcotic drug? No S. Yes Yes Yes	, b , c
	4. Are you now under the influence of a narcotic drug? No List the full names of any dependent children. Yes List the full names of any dependent children.
5. List the full names of any dependent children.	
A Davis Backet	Taha langgan
6. (a) Full name of applicant's father h. Paul S Darker	6. (a) Full name of applicant's father John Lonergan
(If adopted, list adoptive parents only) Residence of father (if deceased, so state) Residence of father (if deceased, so state)	(If adopted, list adoptive parents only) Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Florence V. Fares	(b) Full maiden name of applicant's mother May how Dun last
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) MO.
Birthplace of mother (State or foreign country)	Birthplace of mother (State of Toreign country)
ACKNOWLEDGEMENT	ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that	I acknowledge that I have received information regarding dangerous communicable diseases that
are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant Date 6/9/03	Signature of Applicant X Naying - Thaton Date 6/9/03
Signature of Applicant Date Date	Signature of Applicant
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs. Clerk of Court Date
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 Signed New Address New Address Subscribed and sworn to before me this A swear arrive that the information given in this application is true and correct. Subscribed and sworn to before me this day of day of
New Address & 10 SURAMORE CT BROWNSDURG IN VAIL	New Address X 10 Sycamore Ct. Brownsburg, IN 46112
Subscribed and sworn to before me this day of	Subscribed and sworn to before me this day of
Clerk of the Hendricks Circuit Court	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,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	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 # Mother 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 IE MADRIAGE LICENSE ISSUED BY OPDER OF COURT	T. A marriage license having been refused to the above named parties, the
	Court, by written order issued
and filed in, author	orizes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
2003 authorizing the marriage of Gary Stephen	rk of the Circuit Court of Hendricks County, Indiana, dated June 9, Barker and Maxine Joan Mason
I further certify that the following marriage certificate was filed in my office:	Philip J. Gabrier (name),
antifuction July 12, 2003 (date) at Bro	ownspurd in Hendricks
County, Indiana, Gary Stephen Barker of Hendric	Cks County, Indiana (state)
	1 1 d. Clade of the Cinquit Count of Handricks County Indiana dated
were married by me as authorized under a marriage license that was issu	ned by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	July 18, 2003 (date)
Theu and recorded in accordance with the laws of the state of indiana on	Ol and Dugan
June 9, 2003 Signed by: Philip J. Gabriel Filed and recorded in accordance with the laws of the State of Indiana on	sharer "
	Signed Clerk Hendricks Circuit Court
BOYCE FORMS • SYSTEMS 1-800-382-8702 1477	Hendricks Circuit Court

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Book 67
Page 339
6-9-03
Date of Application

A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.	If No, Medical Examination or Report Dated Name of Physician Name of Physician
MALE APPLICANT	FEMALE APPLICANT
Place of Birth (State or foreign country) Place of Birth (State or foreign country) Residence Address Street or R.R. City County State 83168 U US 36 Coaleswill Lendwicks Street Previous Marital Status: Never Married OR No. of Previous Marriages	Name First Middle Last
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of Birth Verified By: Birth Certificate Other (Specify)	Date of Birth Verified By: Birth Certificate Dother (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? 2. Are you related to the female applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. 6. (a) Full name of applicant's father	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes I If answer is "yes", has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? No Yes Are you now under the influence of an alcoholic beverage? No Yes State the full names of any dependent children. 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)
ACKNOWLEDGEMENT I acknowledge that I have received information regarding dangerous communicable diseases 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 6-9-03 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	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrous). The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court
State of Indiana County of Hendricks Signed New Address Subscribed and sworn to before me this CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	State of Indiana County of Hendricks Signed New Address Subscribed and sworn to before me this day of CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana) County of Hendricks) Father ID # Mother ID # Subscribed and sworn to before me this day ofClerk	State of Indiana) County of Hendricks) Father ID # Mother ID # Subscribed and sworn to before me this day of Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT and filed in, author, author, author, author, author, author, author	T. A marriage license having been refused to the above named parties, theCourt, by written order issued corizes and directs the issuance of a marriage license to the above named parties. SE AND MARRIAGE CERTIFICATE rk of the Circuit Court of Hendricks County, Indiana, datedJune9,
Z003, authorizing the marriage of	Steward and Lyndsay Joy Pilcher I, Jeffrey L. Tague (name), anville in Hendricks ricks County, Indiana (state) and Lyndsay Joy Pilcher Indiana (name), Indiana (state)

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Book 47
Page 340

0-10-03
Date of Application

cuit court when the person applies for a marriage license under 31-11-4-4 commits a Class D felony.	Name of Physician
MALE APPLICANT	FEMALE APPLICANT
me A First Middle Past	Name First Middle Last Partha Clyphoth Last
te of Birth Month Day Year 1	Date of Birth Month Day Year
ce of Birth (State or foreign country)	Place of Birth (State or foreign country)
Montana	Residence Address Street or R.R. City County State
idence Address Street or R.R. Sity County State	5241 Honey Manor Dr Andels Marion In Hara
vious Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status. Never Married OR No. of Previous Marriages 2
it Marriage Ended By: Death Divorce Annulment Date 2003	Last Marriage Ended By: Death Divorce Annulment Date 1984
te of Birth Verified By:	Date of Birth Verified By: Birth Certificate Other (Specify)
Druis is Leanise	Drugis Deanse
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 I If answer is "yes", has the adjudication been removed? No Yes I
If answer is "yes", has the adjudication been removed? Are you related to the female applicant closer than second cousin? No Yes Yes	2. Are you related to the male applicant closer than second cousin? No Yes
Are you now under the influence of an alcoholic beverage? No Yes	3. Are you now under the influence of an alcoholic beverage?
Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
List the full names of any dependent children.	5. List the full names of any dependent children.
(a) Full name of applicant's father August Sindarum	6. (a) Full name of applicant's father Deilon Morris Richards
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Alongsel	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother	(b) Full maiden name of applicant's mother
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country) Kanasa	Birthplace of mother (State or foreign country)
e sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	ACKNOWLEDGEMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syntrome) Signature of Applicant Date 6-10-03
acknowledge that I have received information regarding dangerous communicable diseases that the sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired amune deficiency syndrome) The above applicant has objected to verifying by oath or affirmation or signature to the above	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syntrome). Signature of Applicant Date 6-10-03 The above applicant has objected to verifying by oath or affirmation or signature to the above
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cknowledge that I have received information regarding dangerous communicable diseases that executably transmitted, and a list of the test sites for the virus that causes AIDS (acquired mune deficiency syndrome) mune deficiency syndrome) mune deficiency syndrome mune deficien	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syntrome). 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 I swear/affirm that the information given in this application is true and correct. Signed New Address Signed Address Signed Address Signed Clerk of the Hendricks Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
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cknowledge that I have received information regarding dangerous communicable diseases that executally transmitted, and a list of the test sites for the virus that causes AIDS (acquired mune deficiency syndrome) mune deficiency syndrome mune deficiency	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court State of Indiana County of Hendricks New Address Signed T swear/affirm that the information given ain this application is true and correct. Signed A Stigned A Stigned Clerk of the Hendricks Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of Hendricks State of Indiana County of Hendricks
cknowledge that I have received information regarding dangerous communicable diseases that it sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired mune deficiency syndrome) and the above applicant	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted and a list of the test sites for the virus that causes AIDS (acquired immune deficiency synfrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court State of Indiana County of Hendricks Signed Tiswear/affirm that the information given control in this application is true and correct. Signed The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Louis and County of Hendricks Clerk of Indiana Clerk of the Hendricks Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of Hendricks The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgement because of religious beliefs. Clerk of Indiana County of Hendricks The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgement because of religious beliefs. Clerk of Indiana County of Hendricks The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgement because AIDS I swear/affirm that the information given to the above acknowledgement because AIDS I swear/affirm that the information given to the above acknowledgement because AIDS I swear/affirm that the information or signature to the above acknowledgement because AIDS I swear/affirm that the information or signature to the above acknowledgement because AIDS I swear/affirm that the information or signature to the above acknowledgement because AIDS I swear/affirm that the information or signature to the above acknowledgement bec
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acknowledge that I have received information regarding dangerous communicable diseases that the sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired minute deficiency syndrome) The above applicant has objected to verifying by oath or affirmation or signature to the above knowledgment because of religious beliefs. The above applicant has objected to verifying by oath or affirmation or signature to the above knowledgment because of religious beliefs. The above applicant has objected to verifying by oath or affirmation or signature to the above knowledgment because of religious beliefs. The above applicant has objected to verifying by oath or affirmation or signature to the above knowledgment because of religious beliefs. The above applicant has objected to verifying by oath or affirmation or signature to the above knowledgment because of religious beliefs. The above applicant has objected to verifying by oath or affirmation or signature to the above knowledgment because of religious beliefs. The above applicant has objected to verifying by oath or affirmation or signature to the above knowledgment because of religious beliefs. The above applicant has objected to verifying by oath or affirmation or signature to the above knowledgment because of religious beliefs. The above applicant has objected to verifying by oath or affirmation or signature to the above knowledgment because of religious beliefs. The above applicant has objected to verifying by oath or affirmation or signature to the above knowledgment because of religious beliefs. The above applicant has objected to verifying by oath or affirmation or signature to the above knowledgment because of religious beliefs. The above applicant has objected to verifying by oath or affirmation or signature to the above knowledgment because of religious beliefs. The above applicant has objected to verifying by oath or affirmation or signature to the above knowledgment because of religious beliefs. The above applicant ha	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syntronic). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court State of Indiana County of Hendricks Subscribed and sworn to before me this CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of Hendricks Subscribed and sworn to before me this The parents of this applicant hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of Hendricks The parents of the consent of the above named parties, the court, by written order issued Court, by written order issued Orizes and directs the issuance of a marriage license to the above named parties. SE AND MARRIAGE CERTIFICATE First of the Circuit Court of Hendricks County, Indiana, dated June 10, and Martha Elizabeth Scott I, Douglas E, Givan Ownsburg in Hendricks County, Indiana Hendricks County, Indiana
cknowledge that I have received information regarding dangerous communicable diseases that e sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired munue deficiency syndrome). The above applicant has objected to verifying by oath or affirmation or signature to the above knowledgment because of religious beliefs. The above applicant has objected to verifying by oath or affirmation or signature to the above knowledgment because of religious beliefs. The above applicant has objected to verifying by oath or affirmation or signature to the above knowledgment because of religious beliefs. The above applicant has objected to verifying by oath or affirmation or signature to the above knowledgment because of religious beliefs. The above applicant has objected to verifying by oath or affirmation or signature to the above knowledgment because of religious beliefs. The above applicant has objected to verifying by oath or affirmation or signature to the above knowledgment because of religious beliefs. The above applicant has objected to verifying by oath or affirmation or signature to the above knowledgment because of religious beliefs. The above applicant has objected to verifying by oath or affirmation or signature to the above knowledgment because of religious beliefs. The above applicant has objected to verifying by oath or affirmation or signature to the above knowledgment because of religious beliefs. The above applicant has objected to verifying by oath or affirmation or signature to the above knowledgment because of his above applicant has objected to his above applicant in the time above knowledgment because of religious beliefs. The above applicant has objected to verifying by oath or affirmation or signature to the above	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syntrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court State of Indiana County of Hendricks Signed New Address SIBBS STILLING POINTE INDIANA POINTS Subscribed and sworn to before me this day of Hendricks Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of Hendricks T. A marriage license having been refused to the above named parties, the Court, by written order issued Orizes and directs the issuance of a marriage license to the above named parties. SE AND MARRIAGE CERTIFICATE The of the Circuit Court of Hendricks County, Indiana, dated June 10, day of Lindgren and Martha Elizabeth Scott I, Douglas E. Givan (name), Ownsburg in Hendricks County, Indiana (state)
cknowledge that I have received information regarding dangerous communicable diseases that executally transmitted, and a list of the test sites for the virus that causes AIDS (acquired munue deficiency syndrome). The above applicant as objected to verifying by oath or affirmation or signature to the above knowledgment because of religious beliefs. The above applicant as objected to verifying by oath or affirmation or signature to the above knowledgment because of religious beliefs. The above applicant are of Indiana and the information given that the information given that the information given the supplication is true and correct. Associated and sworn to before me this applicant for this application is true and correct. Associated and sworn to before me this applicant for the Hendricks Circuit Court are facts which make the consent of the other parent unnecessary are facts which make the consent of the other parent unnecessary are facts which make the consent of the other parent unnecessary are other abscribed and sworn to before me this applicant, hereby give consent for this marriage. If only one parent signs, are facts which make the consent of the other parent unnecessary are other abscribed and sworn to before me this applicant to the other parent unnecessary. The applicant applica	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syntronic). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court State of Indiana County of Hendricks Subscribed and sworn to before me this CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of Hendricks Subscribed and sworn to before me this The parents of this applicant hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of Hendricks The parents of the consent of the above named parties, the court, by written order issued Court, by written order issued Orizes and directs the issuance of a marriage license to the above named parties. SE AND MARRIAGE CERTIFICATE First of the Circuit Court of Hendricks County, Indiana, dated June 10, and Martha Elizabeth Scott I, Douglas E, Givan Ownsburg in Hendricks County, Indiana Hendricks County, Indiana

Signed _____ Hendricks Circuit Court

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

IC 31-11-11. Furnishing false information upon applying for license. Female Applicant > 50 No 🗗 A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under Name of Physician _ Barry Treema IC 31-11-4-4 commits a Class D felony. MALE APPLICANT FEMALE APPLICANT Name Date of Birth Date of Birth Place of Birth (State or foreign country) Place of Birth (State or foreign country) Residence Address Residence Address Death Divorce Annulment Date Death Divorce Annulment Date Last Marriage Ended By: Last Marriage Ended By: Other (Specify) Date of Birth Verified By: ☐ Birth Certificate Date of Birth Verified By: ☐ Birth Certificate Other (Specify) No Yes No Yes Are you now or have you ever been adjudged to be of unsound mind? Are you now or have you ever been adjudged to be of unsound mind? No 🗆 Yes 🗆 No Yes If answer is "yes", has the adjudication been removed? If answer is "yes", has the adjudication been removed? No Yes Are you related to the male applicant closer than second cousin? Are you related to the female applicant closer than second cousin? No Yes Are you now under the influence of an alcoholic beverage? No Yes No - Yes Are you now under the influence of an alcoholic beverage? No Yes No Yes Are you now under the influence of a narcotic drug's Are you now under the influence of a narcotic drug List the full names of any dependent children. List the full names of any dependent children. (a) Full name of applicant's father 6. (a) Full name of applicant's father (If adopted, list adoptive parents only) (If adopted, list adoptive parents only) Residence of father (if deceased, so state) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Marenda Da Wonne Xa Full maiden name of applicant's mother (If adopted, list adoptive parents only) (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) _ Birthplace of mother (State or foreign country) ACKNOWLEDGEMENT **ACKNOWLEDGEMENT** I acknowledge that I have received information regarding dangerous communicable diseases that I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrom immune deficiency syndrome). Date 6/9/03 Signature of Applicant Kousty Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. acknowledgment because of religious beliefs. Clerk of Court Clerk of Court . Date _ Date _ State of Indiana I swear/affirm that the information given State of Indiana I swear/affirm that the information given County of Hendricks County of Hendricks in this application is true and correct. in this application is true and correct. Signed ____ New Address _ 5ame New Address _ Subscribed and sworn to before me this Subscribed and sworn to before me this 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, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _ state facts which make the consent of the other parent unnecessary _ State of Indiana County of Hendricks) County of Hendricks) Father _ Father __ Mother Mother Subscribed and sworn to before me this _ Subscribed and sworn to before me this _ Clerk COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued . County _ and filed in , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I 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, _and _ Kristy Nichole Mullins 2003 , authorizing the marriage of <u>Braxton Michael Schoen</u> 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 _ County, Indiana Hendricks County, __Indiana (state), and Kristy Nichole Mullins of Hendricks (state) were 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

Hendricks Circuit Court

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Book Date of Application

IC 31-11-1. Furnishing false information upon applying for license. Female Applicant > 50 No 3 Yes 🗆 A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under David Hally Name of Physician . IC 31-11-4-4 commits a Class D felony. MALE APPLICANT FEMALE APPLICANT Middle Name Date of Birth Date of Birth Place of Birth (State or foreign country) Place of Birth (State or foreign country) Residence Address Street or R.R. Residence Address OR No. of Previous Marriage Previous Marital Status: Last Marriage Ended By: Death Divorce Annulment Date Death Divorce Annulment Date Last Marriage Ended By: ☐ Birth Certificate Other (Specify) Date of Birth Verified By Date of Birth Verified By: ☐ Birth Certificate Other (Specify) Are you now or have you ever been adjudged to be of unsound mind? No Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes", has the adjudication been removed? No Yes No Yes If answer is "yes", has the adjudication been removed? Are you related to the female applicant closer than second cousin? No Yes Are you related to the male applicant closer than second cousin? No Yes Are you now under the influence of an alcoholic beverage? No Yes Are you now under the influence of an alcoholic beverage? No -Yes -Are you now under the influence of a narcotic drug? No Yes Are you now under the influence of a narcotic drug? No Tyes List the full names of any dependent children. List the full names of any dependent children. (a) Full name of applicant's father (a) Full name of applicant's father . (If adopted, list adoptive parents only) (If adopted, list adoptive parents only) Residence of father (if deceased, so state) Residence of father (if deceased, so state) Birthplace of father (State or foreign country). Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother (b) Full maiden name of applicant's mother (If adopted, list adoptive parents only) (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Residence of mother (if deceased, so state) Undian Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) **ACKNOWLEDGEMENT** ACKNOWLEDGEMENT I acknowledge that I have received information regarding dangerous communicable diseases that I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome immune deficiency syndrome X Signature of Applicant Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. acknowledgment because of religious beliefs. Clerk of Court Clerk of Court _ State of Indiana I swear/affirm that the information given State of Indiana I swear/affirm that the information given on this application is true and correct. County of Hendricks County of Hendricks) 7 in this application is true and correct New Address Clerk of the Hendricks Circuit Court 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, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _ state facts which make the consent of the other parent unnecessary _ State of Indiana State of Indiana) County of Hendricks) County of Hendricks) Father _ Father __ ID #_ Mother Subscribed and sworn to before me this. Subscribed and sworn to before me this _ Clerk COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued and filed in , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I 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 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

were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated

__ County, __

June 24, 2003

Hendricks Circuit Court

Senior Judge

Indiana

_____ (official designation)

Clerk

June 9, 2003 . Signed by: Mary Lee Comer

Filed and recorded in accordance with the laws of the State of Indiana on ____

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Book $\frac{67}{943}$ Page $\frac{343}{0-9-03}$ Date of Application

IC 31-11-11. Furnishing false information upon applying for license. No D Yes 🗆 Female Applicant > 50 A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under Name of Physician VI. IC 31-11-4-4 commits a Class D felony. FEMALE APPLICANT MALE APPLICANT Last Name Middle Date of Birth Date of Birth Day Place of Birth (State or foreign country Place of Birth (State or foreign country) Residence Address Heno 152 Sugarward on OR No. of Previous Marriages OR No. of Previous Marriages Previous Marital Status: Never Married Death Divorce Annulment Date 3002 Death Divorce Annulment Date Last Marriage Ended By: Last Marriage Ended By: Other (Specify) Date of Birth Verified By: ☐ Birth Certificate ☐ Birth Certificate Other (Specify) Date of Birth Verified By: Are you now or have you ever been adjudged to be of unsound mind? No 🗹 Yes 🗆 Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes", has the adjudication been removed? No / Yes No 🗆 Yes 🗆 If answer is "yes", has the adjudication been removed? No Yes No Yes Are you related to the male applicant closer than second cousin? Are you related to the female applicant closer than second cousin? No 🗹 / Yes 🗆 No Yes Are you now under the influence of an alcoholic beverage? Are you now under the influence of an alcoholic beverage? No Yes No Yes Are you now under the influence of a narcotic drug? Are you now under the influence of a narcotic drug? List the full names of any dependent children. List the full names of any dependent children. (a) Full name of applicant's father MOVSho (a) Full name of applicant's father _ (If adopted, list adoptive parents only) (If adopted, list adoptive parents only) Residence of father (if deceased, so state) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) Birthplace of father (State or foreign country (b) Full maiden name of applicant's mother Margaret (b) Full maiden name of applicant's mother (If adopted, list adoptive parents only) (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) **ACKNOWLEDGEMENT ACKNOWLEDGEMENT** I acknowledge that I have received information regarding dangerous communicable diseases that I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired Signature of Applicant immune deficiency syndrome). THE Signature of Applicant _ Signature of Applicant _ The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. acknowledgment because of religious beliefs. Clerk of Court Clerk of Court . Date . I swear/affirm that the information given State of Indiana State of Indiana I swear/affirm that the information given County of Hendricks) County of Hendricks) in this application is true and correct. in this application is true and correct. Signed _ **Signed** Subscribed and sworn to before me this ______ day New Address . and sworn to before me this day of ______ Clo _ day of JOHR _ 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, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____ state facts which make the consent of the other parent unnecessary __ State of Indiana) State of Indiana) County of Hendricks) County of Hendricks)

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the

__ County _____

Father ____

Subscribed and sworn to before me this _

_ Court, by written order issued _

_, authorizes and directs the issuance of a marriage license to the above named parties.

Mother

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).

Signed Hendricks Circuit Court

____ Clerk

Subscribed and sworn to before me this _

Father _ Mother _

and filed in

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

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APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Book 47
Page 344

10-10-03
Date of Application

IC 31-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.	Female Applicant > 50 No Yes I If No, Medical Examination or Report Dated 1-5-03 Name of Physician Arten Blasse
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last Stoots Date of Birth Month Day Year	Name First Middle Last Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State 8133 Florence Os . Brounsbusg Stephen Hells Previous Marital Status: Never Married OR No. of Previous Marriages	Residence Address Street or R.R. City County State 1. 1880 Buens Vistable Camby Mongra Sh 44113 Previous Marital Status: Never Married OR No. of Previous Marriages 2
Last Marriage Ended By: Death Divorce Annulment Date 1999	Last Marriage Ended By: Death Divorce Annulment Date
Date of Birth Verified By:	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	Interior I D Case
If answer is "yes", has the adjudication been removed? No Yes Are you related to the female applicant closer than second cousin? Are you now under the influence of an alcoholic beverage? No Yes Are you now under the influence of a narcotic drug? No Yes List the full names of any dependent children.	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes", has the adjudication been removed? No Yes 2. Are you related to the male applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes 4. Are you now under the 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 Stoots (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)	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) (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) 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 6/10/03 The above applicant has objected to verifying by oath or affirmation or signature to the above	ACKNOWLEDGEMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrom). Signature of Applicant Date D-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	acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana) County of Hendricks) Signed SAME Subscribed and sworn to before me this day of Clerk of the Hendricks Circuit Court	State of Indiana County of Hendricks Signed New Address Signed Subscribed and sworn to before me this Clerk of the Hendricks Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana) County of Hendricks) Father ID #	State of Indiana) County of Hendricks) Eather
Mother ID # Subscribed and sworn to before me this day of Clerk	Father ID # Mother ID # Subscribed and sworn to before me this day of Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT	T. A marriage license having been refused to the above named parties the
and filed in, author	Court, by written order issued corizes 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 Cler 2003, authorizing the marriage of Jeffrey Jose I further certify that the following marriage certificate was filed in my office: I certify that on June 14, 2003 (date), at County, Indiana. Jeffrey Joseph Stoots of Hence	Brownsburg in Hendricks dricks County Indiana
(state), and	County, Indiana (state)
June 10, 2003. Signed by: Rev. Gerald Burnett Filed and recorded in accordance with the laws of the State of Indiana on	, Minister (official designation)

Signed Hendricks Circuit Court

STATE OF INDIANA

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Book 0-10-03 Date of Application

IC 31-11-1. Furnishing false information upon applying for 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 1 If No, Medical Examination or Report Dated 6-3-03

IC 31-11-4-4 commits a Class D felony.	Name of Physician DI. #EINTEVZ
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last Word Month Day Year Month Day Year Month Month Day Year Month M	Date of Birth (State or foreign country) Place of Birth (State or foreign country) Author Ave Troubs. Residence Address Street or R.R. City County State Frevious Marital Status: Never Married OR No. of Previous Marriages Last Marriage Ended By: Death Divorce Annulment Date 3/02 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? 2. Are you now under the influence of an alcoholic beverage? No Yes Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of an arcotic drun? 5. List the full names of any dependent children. Dath Ashley Marie Connald, City County State Anound In One Yes One
	11004 11:00 0 0
A Signature of Applicant Date 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 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
State of Indiana I swear/affirm that the information given in this application is true and correct. Signed Signed Subscribed and sworn to before me this O day of O Clerk of the Hendricks Circuit Court	State of Indiana County of Hendricks New Address Subscribed and sworn to before me this 10 day of 100 2003 Clerk of the Hendricks Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana) County of Hendricks) Father ID # Mother ID # Subscribed and sworn to before me this day of	State of Indiana) County of Hendricks) Father ID # Mother ID # Subscribed and sworn to before me this day of
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT County	. A marriage license having been refused to the above named parties, the
and filed in, author	rizes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENSE I certify that there was filed in my office a marriage license issued by the Clerk	k of the Circuit Court of Hendricks County, Indiana, dated
I further certify that the following marriage certificate was filed in my office: I, certify that on	and (name),
County, Indiana, of	County.
(state), and of of were married by me as authorized under a marriage license that was issue	County, (state) ed by the Clerk of the Circuit Court of Hendricks County, Indiana, dated
Filed and recorded in accordance with the laws of the State of Indiana on	, (official designation)
	Sharan Dugan
BOYCE FORMS • SYSTEMS 1-800-382-8702 1477	Signed Clerk Hendricks Circuit Court

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Book 4-10-03 Date of Application

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

No Yes 🗆 Female Applicant > 50 If No, Medical Examination or Report Dated 5-30-03
Name of Physician Earlian Holewin Mio

MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name First Middle Last
Date of Birth Month Day Year	Date of Birth Month Day Year
10 15 56	8 13 58
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County / State
1530 Deerlield Dr. Harlield Sind In 4418	1530 Deerfield Dr. Plainfild Hend Stryle
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 1992	Last Marriage Ended By: Death Divorce Annulment Date 1993
Date of Birth Verified By:	Date of Birth Verified By: Birth Certificate Other (Specify)
Drives of Serine	Drives of Leine
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?	If answer is "yes", has the adjudication been removed?
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?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug'y No Yes	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children.
Carrely, 1110	
6. (a) Full name of applicant's father Leve Potts	6. (a) Full name of applicant's father Byron Charles Bethers
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother fanne Cligatilla Thank	orne (b) Full maiden name of applicant's mother Husballa Wars Russ
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Residence of mother (if deceased, so state)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Milana
Bruiplace of motion (State of foreign country)	Distributed of motion (State of foldigin country)
ACKNOWLEDGEMENT	ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that	I acknowledge that I have received information regarding dangerous communicable diseases that
are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).	immune deficiency syndrome. Signature of Applicant Marcy Signature of Appl
Signature of Applicant Date 6/10/0	Signature of Applicant / May 1. Date Date
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana I swear/affirm that the information given in this application is true and correct.	State of Indiana) I swear/affirm that the information given
Signed Signed	County of Hendricks Marcey H. Gethers application is true and correct. Signed Marcey H. Gethers application is true and correct.
New Address / SAME	Y New Address
Subscribed and sworn to before me this day of	Subscribed and sworn to before me this day of
Clerkof the Hendricks Circuit Court	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,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana
County of Hendricks)	State of Indiana) 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
	T. A marriage license having been refused to the above named parties, the Court, by written order issued
	orizes and directs the issuance of a marriage license to the above named parties.
	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cler 2003 authorizing the marriage of John Potts	rk of the Circuit Court of Hendricks County, Indiana, datedJune_10,andNancy Kay Gethers
2003 , authorizing the marriage of John Potts I further certify that the following marriage certificate was filed in my office:	
certify that on	I, Pastor David Knox (name), ainfield in Hendricks
County, Indiana, John Potts of Hence	
	cks County, Indiana (state)
	ed by the Clerk of the Circuit Court of Hendricks County, Indiana, dated
June 10, 2003 Signed by: Pastor David Knox	,
Filed and recorded in accordance with the laws of the State of Indiana on	June 24, 2003 (date).
	Signed Sharan Dugan Clerk
BOYCE FORMS • SYSTEMS 1-800-382-8702 1477	Hendricks Circuit Court

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Date of Application

IC 31-11-1. Furnishing false information upon applying for license. No 19 Female Applicant > 50 A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under nicholas Johl Name of Physician _ IC 31-11-4-4 commits a Class D felony. FEMALE APPLICANT MALE APPLICANT Name Middle Name allen Date of Birth Date of Birth 10 Place of Birth (State or foreign country) Place of Birth (State or foreign country) Street or R.R. Residence Address Residence Address Street or R.R Previous Marital Status. Never Married Death Divorce Annulment Date Death Divorce Annulment Date Last Marriage Ended By: Last Marriage Ended By: Other (Specify) ☐ Birth Certificate Date of Birth Verified By: ☐ Birth Certificate Other (Specify) Date of Birth Verified By: No Tyes Are you now or have you ever been adjudged to be of unsound mind? No Yes Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes", has the adjudication been removed? No Yes If answer is "yes", has the adjudication been removed? No - Yes Are you related to the male applicant closer than second cousin? No Yes Are you related to the female applicant closer than second cousin? No Tyes Are you now under the influence of an alcoholic beverage? No Yes Are you now under the influence of an alcoholic beverage? No - Yes Are you now under the influence of a narcotic drug? No Yes Are you now under the influence of a narcotic drug? List the full names of any dependent children. List the full names of any dependent children. (a) Full name of applicant's father Momas Willia (a) Full name of applicant's father _ (If adopted, list adoptive parents only) (If adopted, list adoptive parents only) Residence of father (if deceased, so state) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother (b) Full maiden name of applicant's mother Darbasa (If adopted, list adoptive parents only) (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) _ **ACKNOWLEDGEMENT** ACKNOWLEDGEMENT I acknowledge that I have received information regarding dangerous communicable diseases that I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome.
Signature of Applicant immune deficiency syndrome), Date 6-10-03 Date 6-10-2003 X Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. acknowledgment because of religious beliefs. Date Clerk of Court Clerk of Court I swear/affirm that the information given I swear/affirm that the information given State of Indiana State of Indiana County of Hendricks 7 in this application is true and correct. in this application is true and correct. County of Hendricks) 14 attas New Address Same Y New Address 55 Carneby Dr Braunsby ed and sworn to before me this ped and sworn to before me this _ 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, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary _ State of Indiana State of Indiana County of Hendricks) County of Hendricks) Father _ Father _ Mother Mother _ Subscribed and sworn to before me this _ Subscribed and sworn to before me this _ COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _ Court, by written order issued County _ _, authorizes and directs the issuance of a marriage license to the above named parties. and filed in RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 10, _and _ Roberta Lynn Tyler 2003 , authorizing the marriage of Scott Allen Hanny I further certify that the following marriage certificate was filed in my office: I, _____ Rev. Robert J. Hankee (name), ____in ___Hendricks ____(date), at ____Brownsburg certify that on July 12, 2003 _County, _Indiana _of _ Hendricks County, Indiana, Scott Allen Hanny _County, __Indiana (state), and Roberta Lynn Tyler of ____ Hendricks were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated

_, ___Assoc. Pastor

July 18, 2003

Hendricks Circuit Court

_ (official designation)

Clerk

June 10, 2003 Signed by: Rev. Robert J. Hankee

Filed and recorded in accordance with the laws of the State of Indiana on _____

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

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Book <u>67</u>
Page <u>348</u>
<u>0-10-03</u>
Date of Application

IC 31-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage 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 Name of Physician
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Month Date of Birth Nonth Month Day 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 Other (Specify)	Name First Middle Date of Birth Date of Birth (State or foreign country) Place of Birth (State or foreign country) Residence Address Street or R.R. City County State Hend IN Previous Marital Status: Never Married OR No. of Previous Marriages Last Marriage Ended By: 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 Are you related to the female applicant closer than second cousin? No Yes Are you now under the influence of an alcoholic beverage? No Yes I	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes I fanswer is "yes", has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? No Yes I Yes I
4. Are you now under the influence of a narcotic drug? No X Yes List the full names of any dependent children.	4. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.
6. (a) Full name of applicant's father Dumes Walter Studies (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)	6. (a) Full name of applicant's father Everett Forest Sample (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 6/10/03	ACKNOWLEDGEMENT I acknowledge that I have received information regarding dangerous communicable diseases 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	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of Hendricks Signed New Address Subscribed and sworn to before me this Clerk of the Hendricks Circuit Court	State of Indiana County of Hendricks Signed New Address Subscribed and sworn to before me this Clerk of the Hendricks Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENTS OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of 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
and filed in, author	izes and directs the issuance of a marriage license to the above named parties.
certify that on June 14, 2003 (date) at Danyi	of the Circuit Court of Hendricks County, Indiana, datedJune_10,Stoots andTiffany Rachelle Sample Aaron Molesky
state), and Tiffany Rachelle Sample of Hendric	ks County, Tennessee ks County, Indiana (state)
Filed and recorded in accordance with the laws of the State of Indiana on	Pastor

Signed _____ Hendricks Circuit Court

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Co-10-03

Date of Application

IC 31-11-11. Furnishing false information upon applying for 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 ☐ If No, Medical Examination or Report Dated No ☐ Yes ☐

IC 31-11-4-4 commits a Class D felony.	Name of Physician
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name First Middle Last
Date of Birth Month Day Year 73	Date of Birth Month Day Year
Place of Birth (State or foreign country) Mclian	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 1998	Last Marriage Ended By: Death Divorce Annulment Date
Date of Birth Verified By:	Date of Birth Verified By: Birth Certificate
Wesconsin Druis Secure	Florida Druis Secine
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes I fanswer is "yes", has the adjudication been removed? No Yes 2. Are you related to the female applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes 4. Are you now under the influence of a narcotic drug? No Yes 5. List the full names of any dependent children.	1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐ If answer is "yes", has the adjudication been removed? No ☐ Yes ☐ 2. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐ 3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐ 4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐ 5. List the full names of any dependent children.
6. (a) Full name of applicant's father Sowell G. Buslims G. (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 was a state) (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Residence of mother (State or foreign country)	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 Date Date Date	ACKNOWLEDGEMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date Date
State of Indiana County of Hendricks Signed New Address New Address Subscribed and sworn to before me this Clerk of the Hendricks Circuit Court	State of Indiana) County of Hendricks in this application is true and correct. Signed Matter in this application is true and correct. New Address 19 Lake Drive N, Brown Shurg IN 446. Subscribed and sworn to before me this A 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	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana) County of Hendricks) Father ID #	State of Indiana) County of Hendricks) Father ID #
Mother ID # Subscribed and sworn to before me this day of	Mother ID # Subscribed and sworn to before me this day of
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT	Clerk
County	C. A marriage license having been refused to the above named parties, the Court, by written order issued rizes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENSE	
I certify that there was filed in my office a marriage license issued by the Clerk 2003, authorizing the marriage of Christopher Low	of the Circuit Court of Hendricks County, Indiana, dated June 10,
further cartify that the following maning of C. C. C. I. C. T.	F Donalde Walker
certify that on	Hendricks County, Indiana
were married by me as authorized under a marriage license that was issue	County, Indiana (state) ed by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Judge Pro Tem (official designation) June 24, 2003 (date).
Filed and recorded in accordance with the laws of the State of Indiana on	[18] [18] 14] [18] [18] [18] [18] [18] [18] [18] [18
	Signed Slarax Dugan Clerk
BOYCE FORMS • SYSTEMS 1-800-382-8702 1477	Hendricks Circuit Court

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Book . Date of Application

IC 31-11-11. Furnishing false information upon applying for 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 If No, Medical Examination or Report Dated Name of Physician Ded Murica Clim Yes 🗆

MALE APPLICANT	FEMALE APPLICANT
Name Derek Ellis Cram	Name First Middle Last
Date of Birth Month Day Year	Date of Birth Month Day Year
9 25 76	Date of Birth Month Day Year // /8 77
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Morra	Moderna
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County, State
049 Cagle Parkway Brounsburg Kent Sh 46/12	8750 N. St Rd 267 Brownshing Kind An 44
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Cost Manifest Build Burn Burn Burn Burn Burn Burn Burn Burn	
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)	Pote of Birth Verifical P
Outer (Specify)	Date of Birth Verified By:
Ω . \mathcal{L} .	n · 10 ·
Drues is Deanse	- Druis's Diance
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?	If answer is "yes", has the adjudication been removed?
Are you related to the female applicant closer than second cousin? No Yes Are you now under the influence of an alcoholic beverage?	2. Are you related to the male applicant closer than second cousin? No \(\begin{array}{c} \text{Yes} \end{array} \)
Are you now under the influence of an alcoholic beverage? No Yes Yes	3. Are you now under the influence of an alcoholic beverage?
List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug?
	5. List the full names of any dependent children.
(a) Full name of applicant's father Solust Cram	6. (a) Full name of applicant's father Dean Everette Clary
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)lndiana
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) Illunois
(b) Full maiden name of applicant's mother Senda Hay Miller	(b) Full maiden name of applicant's mother Denise Mary Ware
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state)
Bitulplace of mother (state of foreign country)	Birthplace of mother (State or foreign country)
ignature of Applicant Date 6/11/03 The above applicant has objected to verifying by oath or affirmation or signature to the above	immune deficiency syndrome. Signature of Applicant Date 6(1) The above applicant has objected to verifying by oath or affirmation or signature to the above
cknowledgment because of religious beliefs. Date	acknowledgment because of religious beliefs. Clerk of Court Date
tate of Indiana) I swear/affirm that the information given	Ctate of Latina
county of Hendricks) in this application is true and correct	State of Indiana) I swear/affirm that the information given County of Hendricks in this application is true and correct.
Signed Some New Address Some	k Signed Drawe M. Clarke
abscribed and sworn to before me this	Y New Address 649 Eagle Parkway Brownsburg, M 46112
Sharpy Clerk of the Hendricks Circuit Court	Subscribed and sworn to before me this day of
Cient of the Tiendreks Circuit Court	Clerk of the Hendricks Circuit Court
ONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
e, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
ate facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
ate of Indiana)	State of Indiana
ounty of Hendricks)	State of Indiana) County of Hendricks)
ther ID #	Father ID #
other ID #	Mother ID #
bscribed and sworn to before me this day of	Subscribed and sworn to before me this day of
Clerk	Clerk
OMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT	. A marriage license having been refused to the above named parties, the
County	Court by written order issued
d filed in, author	izes and directs the issuance of a marriage license to the above named parties.
	be meaned to the doove married parties.
RETURN OF MARRIAGE LICENSE	AND MARRIAGE CERTIFICATE
RETURN OF MARRIAGE LICENSE ertify that there was filed in my office a marriage license issued by the Clerk	of the Circuit Court of Hendricks County Indiana day 1 Tonna 3.3
RETURN OF MARRIAGE LICENSE ertify that there was filed in my office a marriage license issued by the Clerk 2003 authorizing the marriage of Derek Ellis Cr	of the Circuit Court of Hendricks County, Indiana, dated June 11,
RETURN OF MARRIAGE LICENSE ertify that there was filed in my office a marriage license issued by the Clerk 2003 authorizing the marriage of Derek Ellis Cauther certify that the following marriage certificate was filed in my office: I	ram and Diane Michelle Clark
RETURN OF MARRIAGE LICENSE ertify that there was filed in my office a marriage license issued by the Clerk 2003 authorizing the marriage of Derek Ellis Cruther certify that the following marriage certificate was filed in my office: I, tify that on June 21, 2003 (date) at Brown	ram and Diane Michelle Clark Rev. Robert J. Hankee (name),
RETURN OF MARRIAGE LICENSE certify that there was filed in my office a marriage license issued by the Clerk 2003, authorizing the marriage of Derek Ellis Cruther certify that the following marriage certificate was filed in my office: I, rtify that on June 21, 2003 (date), at Brown outputy, Indiana. Derek Ellis Cram of Hendri	ram and Diane Michelle Clark Rev. Robert J. Hankee (name), in Hendricks
RETURN OF MARRIAGE LICENSE certify that there was filed in my office a marriage license issued by the Clerk 2003, authorizing the marriage of Derek Ellis Cratter certify that the following marriage certificate was filed in my office: I, riffy that on June 21, 2003 (date), at Brown ounty, Indiana, Derek Ellis Cram of Hendricks (ate), and Diane Michelle Clark of Hendricks (ate), are marriage by me as authorized under a marriage license that was issued.	rof the Circuit Court of Hendricks County, Indiana, datedJune_ 11,
RETURN OF MARRIAGE LICENSE certify that there was filed in my office a marriage license issued by the Clerk 2003, authorizing the marriage of Derek Ellis Crafturther certify that the following marriage certificate was filed in my office: I, ritify that on June 21, 2003 (date), at Brown of Hendricate), and Diane Michelle Clark of Hendricks are married by me as authorized under a marriage license that was issued une 11, 2003. Signed by: Rev. Robert J. Hankee	rof the Circuit Court of Hendricks County, Indiana, datedJunell_, ram and DianeMichelle_Clark Rev. Robert J. Hankee (name), nsburg in Hendricks Cks County, Indiana (state) d by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Associate Region (official being county)
RETURN OF MARRIAGE LICENSE certify that there was filed in my office a marriage license issued by the Clerk 2003, authorizing the marriage of Derek Ellis Crauther certify that the following marriage certificate was filed in my office: I, riffy that on June 21, 2003 (date), at Brown ounty, Indiana, Derek Ellis Cram of Hendricks are married by me as authorized under a marriage license that was issued in ell, 2003. Signed by: Robert J. Hankee	rof the Circuit Court of Hendricks County, Indiana, datedJunell_, ram and DianeMichelle_Clark Rev. Robert J. Hankee (name), nsburg in Hendricks Cks County, Indiana (state) d by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Associate Region (official being county)
RETURN OF MARRIAGE LICENSE ertify that there was filed in my office a marriage license issued by the Clerk 2003, authorizing the marriage of Derek Ellis Cranther certify that the following marriage certificate was filed in my office: I, tify that on June 21, 2003 (date), at Brown unty, Indiana, Derek Ellis Cram of Hendricks are married by me as authorized under a marriage license that was issued in ell, 2003. Signed by: Robert J. Hankee	ram and Diane Michelle Clark Rev. Robert J. Hankee (name), Isburg in Hendricks County, Indiana (state) d by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Associate Pastor (official designation) June 26, 2003 (date).
RETURN OF MARRIAGE LICENSE ertify that there was filed in my office a marriage license issued by the Clerk 2003, authorizing the marriage of Derek Ellis Cranther certify that the following marriage certificate was filed in my office: I, tify that on June 21, 2003 (date), at Brown unty, Indiana, Derek Ellis Cram of Hendricks are married by me as authorized under a marriage license that was issued in ell, 2003. Signed by: Robert J. Hankee	ram and Diane Michelle Clark Rev. Robert J. Hankee (name), Isburg in Hendricks County, Indiana (state) d by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Associate Pastor (official designation) June 26, 2003 (date).
RETURN OF MARRIAGE LICENSE certify that there was filed in my office a marriage license issued by the Clerk 2003, authorizing the marriage of Derek Ellis Cratter certify that the following marriage certificate was filed in my office: I, riffy that on June 21, 2003 (date), at Brown ounty, Indiana, Derek Ellis Cram of Hendricks (ate), and Diane Michelle Clark of Hendricks (ate), are marriage by me as authorized under a marriage license that was issued.	ref the Circuit Court of Hendricks County, Indiana, datedJunell_, rem and Diane Michelle Clark Rev. Robert J. Hankee (name), nsburg in Hendricks Cks County, Indiana (state) d by the Clerk of the Circuit Court of Hendricks County, Indiana, dated

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Page 351

U-11-03

Date of Application

IC 31-11-11. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage 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
Date of Birth Month Day Year Jean	Name Pirst Middle First Middle Middle First Middle First Middle First Middle First Middle First Middle Mi
3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. 1. Tada 1. Tada 1. Yes □ 2. Yes □ 3. Yes □ 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. 1. Tada 1.	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.
(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	6. (a) Full name of applicant's father
I acknowledge that I have received information regarding dangerous communicable diseases 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 Date	I acknowledge that I have received information regarding dangerous communicable diseases 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 Da
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of Hendricks New Address Subscribed and sworn to before me this Clerk of the Hendricks Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	State of Indiana County of Hendricks New Address Subscribed and sworn to before me this CONSENT OF PARENTS, PARENT, OR GUARDIAN I swear/affirm that the information given in this application is true and correct. Aday of JUNE 2003 Clerk of the Hendricks Circuit Court
State of Indiana County of Hendricks) Father ID # Mother ID # Subscribed and sworn to before me this day of Clerk	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana) County of Hendricks) Father
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT and filed in author	. A marriage license having been refused to the above named parties the
RETURN OF MARRIAGE LICENSE I certify that there was filed in my office a marriage license issued by the Clerk 2003 , authorizing the marriage of Warren C. Tod I further certify that the following marriage certificate was filed in my office: I, certify that on June 26, 2003 (date), at Cl County, Indiana, Warren C. Todd of Hend (state), and Donna J. Eckert of Hendrick	AND MARRIAGE CERTIFICATE of the Circuit Court of Hendricks County, Indiana, dated June 11, d and Donna J. Eckert Gary C. Black ayton in Hendricks ricks County, Indiana S. County Indiana
were married by me as authorized under a marriage license that was issue June 11, 2003. Signed by: Gary C. Black Filed and recorded in accordance with the laws of the State of Indiana on	d by the Clark of the Circuit Court of Handridge Court I P

Signed Hendricks Circuit Court

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

IC 31-11-1. Furnishing false information upon applying for license.

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Book Page Date of Application

IC 31-11-11. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.	Female Applicant > 50 No Yes 1 If No, Medical Examination or Report Dated 5-39-03 Name of Physician Dt. King
MALE APPLICANT	FEMALE APPLICANT
Name Eric (Middle Trosper	Name Middle F. McCombs Date of Birth Month Day Year
Date of Birth Month Day Year 1972	0 0 978
Residence Address Street or R.R. 14037 Residence Address Street or R.R. 1412 Perroll Pines C. Trods. Maring The Previous Marital Status: Never Married OR No. of Previous Marriages	Place of Birth (State or foreign country) Thoughout Residence Address Street or R.R. City County State White Marriages OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 1-97	Last Marriage Ended By: Death Divorce Annulment Date
Date of Birth Verified By:	Date of Birth Verified By: Birth Certificate Other (Specify)
Driver's License	Driver 8 License
1. Are you now or have you ever been adjudged to be of unsound mind? No ✓ Yes ☐ If answer is "yes", has the adjudication been removed? No ☐ Yes ☐ 2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐ 3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐ 4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐ 5. List the full names of any dependent children. ☐ Yet Orio ☐ Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No
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)	6. (a) Full name of applicant's father GCAVIA FUGENE MCCOMBS (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) Typicana Typicana
ACKNOWLEDGEMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). 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	ACKNOWLEDGEMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Osignature of Applicant Alackness MCOnclus Date 4-11-03 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 Subscribed and sworn to before me this day of Sove 2003 Clerk of the Hendricks Circuit Court	State of Indiana) I swear/affirm that the information given in this application is true and correct. Signed Nickele My Courts New Address 119 EVECTION Age HKWY Brownshing The Had Subscribed and sworn to before me this 11 day of 1000 2003 Clerk of the Hendricks Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana) County of Hendricks) Father ID #	State of Indiana) ——————————————————————————————————
Mother ID #	Mother ID # Subscribed and sworn to before me this day of
Subscribed and sworn to before me this day of Clerk	Subscribed and sworn to before me this day of Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR	T. A marriage license having been refused to the above named parties, the
County, auth	Court, by written order issued corizes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the Cle 2003, authorizing the marriage ofEric Christo I further certify that the following marriage certificate was filed in my office: certify that on	SE AND MARRIAGE CERTIFICATE erk of the Circuit Court of Hendricks County, Indiana, datedJunell_, pher TrosperandMichelle Elaine McCombs I,Jeffrey C. Eggers(name), PranklininJohnson dricksCounty,Indiana(state) Example State
Filed and recorded in accordance with the laws of the State of Indiana on	June 26, 2003 (date). Signed Hendricks Circuit Court (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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

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U-11-03

Date of Application

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

Female Applicant > 50 No Yes I

If No, Medical Examination or Report Dated

Name of Physician Honald Stagmoller

IC 31-11-4-4 commits a Class D felony.	Name of Physician 1) o make Sugmous
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name First Middle Last
Date of Birth Month Day Year 18 61	Date of Birth Month G G G G G G G G G G G G G
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
1/6 5. State for 267 avon Kend In 46/23	1/6 5. State Rd 267 avon Send In 4412
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages 3
Last Marriage Ended By: Death Divorce Annulment Date 2003	Last Marriage Ended By: Death Divorce Annulment Date 1985
Date of Birth Verified By: Birth Certificate Other (Specify)	Date of Birth Verified By: Birth Certificate Other (Specify)
Dreves & Secine	Druis & Seine
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 2. Are you related to the female applicant closer than second cousin? No Yes Yes	If answer is "yes", has the adjudication been removed? No Yes Are you related to the male applicant closer than second cousin? No Yes
 Are you related to the female applicant closer than second cousin? Are you now under the influence of an alcoholic beverage? Yes 	2. Are you related to the male applicant closer than second cousin? No Yes □ 3. Are you now under the influence of an alcoholic beverage? No □ Yes □
4. Are you now under the influence of a narcotic drug? / Yes	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children. Surenz laylor	5. List the full names of any dependent children. Sisa Miller,
Siffany Jaylor, Jackary Laylor	Khiana Mille
Date la la	Jan Oran Michael Dasa
6. (a) Full name of applicant's father (If adopted, list adoptive parents only)	6. (a) Full name of applicant's father Ames Wichael Vargo
Residence of father (if deceased, so state)	(If adopted, list adoptive parents (file) Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Malinida Japa	(b) Full maiden name of applicant's mother Butte den Bartsa.
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGEMENT I acknowledge that I have received information regarding dangerous communicable diseases 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 6-11-33	ACKNOWLEDGEMENT I acknowledge that I have received information regarding dangerous communicable diseases 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 6-11-03
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	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana) County of Hendricks) Signed SAME New Address SAME	State of Indiana County of Hendricks Signed I swear/affirm that the information given unit this application is true and correct.
Subscribed and sworn to before me this	Subscribed and sworn to before me this // day of Alse, 2003
Clerk of the Hendricks Circuit Court	Substitute and sworm to be the time and the Hendricks Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana) County of Hendricks)	State of Indiana) County of Hendricks)
Father ID #	Father ID #
Mother ID # Subscribed and sworn to before me this day of	Mother ID # Subscribed and sworn to before me this day of
Subscribed and sworn to before me this day of Clerk	Subscribed and sworn to before me this day of Clerk
	Γ. A marriage license having been refused to the above named parties, the
and filed in, author	Court, by written order issued correct 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 Cler	E AND MARRIAGE CERTIFICATE The of the Circuit Court of Hendricks County, Indiana, datedJune_11, TylorandRita_Lynn_Miller
I further certify that the following marriage certificate was filed in my office: 1	I, Michael Chestnut (name),
certify that on June 14, 2003 (date), at Man	rtinsville in Morgan
County, Indiana, Kevin Joe Taylor of Hendri	County, Indiana (state)
(state), and Rita Lynn Miller of Hendricks	County, Indiana (state)
Tune 11, 2003 Signed by Michael Chest put	ned by the Clerk of the Circuit Court of Hendricks County, Indiana, dated
Filed and recorded in accordance with the laws of the State of Indiana on	July 29, 2003 (date). (official designation)

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

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

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

IC 31-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the	Female Applicant > 50 No X Yes \(\triangle 4-03 \) If No, Medical Examination or Report Dated \(6-4-03 \)
circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.	If No, Medical Examination or Report Dated 6-4-03 Name of Physician Dr. Stepmolie
MÅLE APPLICANT	FEMALE APPLICANT
Name Robb First Middle Last	Name Gloria Middle McC/ung
Date of Birth Month Day Year O.3	Date of Birth Month Day Year 1984
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
TX	IN
Residence Address Street or R.R. State 542 N Mode St Pittsborg Hend TN 46/67	Residence Address Street or Rek City County State 542 N Mapk St 1445bore Hend JN. 46167
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of Birth Verified By: Birth Certificate Other (Specify)	Date of Birth Verified By:
	Dalua 1:00 50
Drivers License	1. Are you now or have you ever been adjudged to be of unsound mind? No X Yes
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes I fanswer is "yes", has the adjudication been removed? No Yes I	If answer is "yes", has the adjudication been removed?
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 ☐	Are you now under the influence of an alcoholic beverage? No Yes Yes Yes No Yes Ye
5. List the full names of any dependent children. Qustin Denson	5. List the full names of any dependent children. Qustin Denson
	D. 14 100001
6. (a) Full name of applicant's father	6. (a) Full name of applicant's father Kona a McClung (If adopted, list adoptive parents only)
(If adopted, list adoptive parents only) Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother (c) Full maiden name of applicant's mother
(b) Full maiden name of applicant's mother (2) Men Ten Firey (If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother (If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Date	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	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana) I swear/affirm that the information given in this application is true and correct. Signed Oenson Brownsburg In 4/6/12 Subscribed and sworn to before me this day of Clerk of the Hendricks Circuit Court	State of Indiana) I swear/affirm that the information given in this application is true and correct. Signed New Address 4310 3. Green 51. Brownstourg, In 4611 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	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby 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 Clerk	Subscribed and sworn to before me this day of Clerk
	T. A marriage license having been refused to the above named parties, the
and filed in, author	orizes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	EE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cler, authorizing the marriage of	rk of the Circuit Court of Hendricks County, Indiana, dated and
I further certify that the following marriage certificate was filed in my office:	I, (name),
County Indiana ofof	County,
(state) and	County,(state)
were married by me as authorized under a marriage license that was issu Signed by: Filed and recorded in accordance with the laws of the State of Indiana on	ued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated
Filed and recorded in accordance with the laws of the State of Indiana on	
	Signed Sharan Dugan Clerk

Signed ______ Hendricks Circuit Court

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

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Page <u>355</u>

Date of Application

IC 31-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4.4 commits a Class D felony.

Female Applicant > 50 No Yes 6-10-03

If No, Medical Examination or Report Dated

Name of Physician 100 Mag 2

Name Male APPLICANT Name Month Day Year Date of Birth (State or foreign country) Place of Birth (State or foreign country) Previous Marital Status: Never Married OR No. of Previous Marriages Last Marriage Ended By: Death Divorce Annulment Date Last Marriage Ended By: Death Divorce Date Marriage Ended By: Death Divor	County State 1977 County State
Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name N	County State 1977 County Hol2 o. of Previous Marriages ulment Date Other (Specify) Funsound mind? No Yes No Yes and cousin? No Yes
Date of Birth Month Day Year 2	County State Local Local County (1977) State (1977) County (1978) County (197
Place of Birth (State or foreign country) Residence Address Streat or R.R. City County State Previous Marital Status: Never Married OR No. of Previous Marriages Previous Marital Status: Never Married OR No. of Previous Marriages Previous Marital Status: Never Married OR No. of Previous Marriages Previous Marital Status: Never Married OR No. of Previous Marriages Previous Marital Status: Never Married OR No. of Previous Marriages Previous Marital Status: Never Married OR No. of Previous Marriage Ended By: Death Date of Birth Verified By: Date of Birth (State or foreign country) Residence Address Street or R.R. City Sold Frevious Marriage Ended By: Date of Birth Verified	County State Local Local County (1977) State (1977) County (1978) County (197
Residence Address Street or R.R. City County State State Street or R.R. City State Street or R.R. City State Street or R.R. State State Street or R.R. State State Street or R.R. State State State State Street or R.R. State	o. of Previous Marriages
Section Sect	o. of Previous Marriages
Previous Marital Status: Never Married OR No. of Previous Marriages Previous Marital Status: Never Married OR No. of Previous Married OR No. of Previous Married OR No. of Previous Married OR No. of Previous Married OR No. of Previous Married OR No. of Previous Married OR No. of Previous Marrie	Other (Specify) Tunsound mind? No Yes No Yes Ad cousin?
Date of Birth Verified By: Date of Birth Verified By: Birth Certificate Date of Birth Verified By: Birth Certificate	Other (Specify) Funsound mind? No Yes No Yes and cousin? No Yes
Are you now or have you ever been adjudged to be of unsound mind? No Yes \Box. Are you related to the female applicant closer than second cousin? No Yes \Box. Are you now under the influence of an alcoholic beverage? No Yes \Box. Are you now under the influence of a narcotic drug?	Funsound mind? No Yes No Yes Ad cousin? No Yes I
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes \Box If answer is "yes", has the adjudication been removed? No Yes \Box If answer is "yes", has the adjudication been removed? 2. Are you related to the female applicant closer than second cousin? No Yes \Box Are you now under the influence of an alcoholic beverage? No Yes \Box Are you now under the influence of an alcoholic bever 4. Are you now under the influence of a narcotic drug?	No Yes Ond cousin?
If answer is "yes", has the adjudication been removed? No Yes If answer is "yes", has the adjudication been removed? Are you related to the female applicant closer than second cousin? Are you now under the influence of an alcoholic beverage? No Yes 3. Are you now under the influence of an alcoholic beverage? Are you now under the influence of an alcoholic bever Are you now under the influence of an alcoholic bever 4. Are you now under the influence of a narcotic drug?	No Yes Ond cousin?
3. Are you now under the influence of an alcoholic beverage? No Ves 3. Are you now under the influence of an alcoholic beverage? No Ves 4. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of an alcoholic beverage?	0 N D V
The you not all the military of the same o	
	No No Yes
The Real Transfer	n Phelos
6. (a) Full name of applicant's father William 6. (b) Full name of applicant's father William 6.	" (Maps
(If adopted, list adoptive parents only) Residence of father (if deceased, so state) (If adopted, list adoptive parents only) Residence of father (if deceased, so state)	
Birthplace of father (State or foreign country) ## Birthplace of father (State or foreign country)	Tenn,
(b) Full maiden name of applicant's mother (b) Full maiden name of applicant's mother	ia Ann Hoove
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) (If adopted, list adoptive parents only) Residence of mother (if deceased, so state)	N
Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country)	IN
are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Date 1/- 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.	JHJD Date 6-1103
	Date
State of industrial state of industrial state and correct. County of Hendricks / in	ear/affirm that the information given
Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of	
Sharan Sugar Clerk of the Hendricks Circuit Court Sharan Sugar	Clerk of the Hendricks Circuit Cour
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 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 # County of Hendricks) Father	ID #
Mother ID # Mother	ID #
Subscribed and sworn to before me this day of Clerk Subscribed and sworn to before me this day of	Cler
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the	ne above named parties, the
CountyCourt, by written order issued and filed in, authorizes and directs the issuance of a marriage license	e to the above named parties
RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indian	na, dated June 11,
2003 , authorizing the marriage of Matthew Stephen Bennett and Amanda Jo 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 Vande	erburgh
County, Indiana, Matthew Stephen Bennett of Hendricks County, Indiana (state), and Amanda Jo Phelps of Hendricks County, Indiana	ana
were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks	ricks County, Indiana, date
June 11, 2003 Signed by: Rev. Ken Slater , Minister	(official designation
Filed and recorded in accordance with the laws of the State of Indiana onAugust 18, 2003 (date).	

Signed _____ Hendricks Circuit Court

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Book 67
Page 356
Date of Application

A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.	Female Applicant > 50 No Yes Temporal Yes If No, Medical Examination or Report Dated Name of Physician Association of Physician of Physician Association of Physician
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name First Middle Last
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Piah (See of 1)	3 27 65
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County/ State	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married OR No. of Previous Marriages /	Previous Marital Status: Never Married OR No. of Previous Marriage 3
Last Marriage Ended By: Death Divorce Annulment Date 2000	Last Marriage Ended By: Death Divorce Annulment Date 2002
Date of Birth Verified By: Birth Certificate	Date of Birth Verified By: Birth Certificate
Drues's Granse	Driver is Gaine
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes I If answer is "yes", has the adjudication been removed? No Yes I	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes Are you related to the female applicant closer than second cousin? No Yes	If answer is "yes", has the adjudication been removed? No Yes Are you related to the male applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug? No Yes	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children. Melissa Microle	5. List the full names of any dependent children. Brian Mitchell,
6. (a) Full name of applicant's father John David Hauenste	6. (a) Full name of applicant's father Willeam Cugene Blasley
(If adopted, list adoptive parents only	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Bonnie Horn Clie	Birthplace of father (State or foreign country)
(If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother (If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired mmune deficiency syndrome). Signature of Applicant Date Date	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test gites for the virus that causes AIDS (acquired immune deficiency syndrome).
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
County of Hendricks) Signed New Address Subscribed and sworn to before me this Clerk of the Hendricks Circuit Court	State of Indiana County of Hendricks Signed New Address Subscribed and sworn to before me this Clerk of the Hendricks Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	Tharan Sugar
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, tate facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
tate of Indiana)	State of Indiana)
ounty of Hendricks) ather ID #	County of Hendricks)
other ID #	Father ID # Mother ID #
abscribed and sworn to before me this day of	Subscribed and sworn to before me this day of
Clerk	Clerk
County	T. A marriage license having been refused to the above named parties, the Court, by written order issued
, autho	prizes and directs the issuance of a marriage license to the above named parties.
certify that there was filed in my office a marriage license issued by the Cler 2003, authorizing the marriage of Mark Alan I	E AND MARRIAGE CERTIFICATE k of the Circuit Court of Hendricks County, Indiana, dated June 12, Havenstein and Casey Lynn Kincaid
further certify that the following marriage certificate was filed in my office: I	John C. Eichackel
auty mat on the co. (date) at Moo:	recutille
builty, illulatia, Hendr	1 CKG County Indiana
vere married by me as authorized under a marriage license that was issue	County, Indiana (state)
June 12, 2003. Signed by: John C. Eichackel	Minister (official designation)
led and recorded in accordance with the laws of the State of Indiana on	

Clerk

STATE OF INDIANA

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Book 47
Page 357
U-12-03
Date of Application

IC 31-11-11. Furnishing false information upon applying for license. No 🗹 Yes 🗆 Female Applicant > 50 A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Date Name of Physician Dr. Oak CVSOI circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Name Name Date of Birth Date of Birth Place of Birth (State or foreign country) Place of Birth (State or foreign country OR No. of Previous Marriages OR No. of Previous Marriages Death Divorce Annulment Date Last Marriage Ended By: Death Divorce Annulment Date Last Marriage Ended By: Other (Specify) ☐ Birth Certificate Date of Birth Verified By: ☐ Birth Certificate Other (Specify) Date of Birth Verified By: Are you now or have you ever been adjudged to be of unsound mind? No 🗹 Yes 🗆 No Yes Are you now or have you ever been adjudged to be of unsound mind? No 🗆 , Yes 🗆 No / Yes If answer is "yes", has the adjudication been removed? If answer is "yes", has the adjudication been removed? No Yes No Yes No Yes No D Yes Are you related to the female applicant closer than second cousin? Are you related to the male applicant closer than second cousin? No Vyes Are you now under the influence of an alcoholic beverage? Are you now under the influence of an alcoholic beverage? Are you now under the influence of a narcotic drug? No Yes Are you now under the influence of a narcotic drug? 4. List the full names of any dependent children. List the full names of any dependent children. 6. (a) Full name of applicant's father _______ (If adopted, list adoptive parents only) (If adopted, list adoptive parents only) Residence of father (if deceased, so state) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Diane Sue Beahm (b) Full maiden name of applicant's mother MOVV (If adopted, list adoptive parents only) (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) _ Birthplace of mother (State or foreign country) **ACKNOWLEDGEMENT ACKNOWLEDGEMENT** I acknowledge that I have received information regarding dangerous communicable diseases that I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). immune deficiency syndrome) Signature of Applicant Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. acknowledgment because of religious beliefs. Clerk of Court Date . Clerk of Court Date I swear/affirm that the information given State of Indiana I swear/affirm that the information given State of Indiana in this application is true and correct. County of Hendricks in his application is true and correct. County of Hendricks New Address Same New Address Subscribed and sworn to before me this 12 day of JUNE Subscribed and sworn to before _ Clerk of the Hendricks Circuit Court 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, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____ state facts which make the consent of the other parent unnecessary . State of Indiana State of Indiana County of Hendricks) County of Hendricks) Father _ Father _ Mother Subscribed and sworn to before me this _ Subscribed and sworn to before me this _ day of COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _ Court, by written order issued . , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 2003 , authorizing the marriage of __Christopher Allen Wilder _ and __ Kelly Rae Smith Rev. Marcia L. Smith-Wood I further certify that the following marriage certificate was filed in my office: I, ___ (name), Rensselaer Jasper certify that on June 21, 2003 _ (date), at ____ __ in ___ County, Indiana County, Indiana, Christopher Allen Wilderof Hendricks Indiana (state), and Kelly Rae Smith Hendricks County, _ were 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) 2003 July 2, Filed and recorded in accordance with the laws of the State of Indiana on _ (date).

Hendricks Circuit Court

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Book . 35.8 (e-12-03) Date of Application

IC 31-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.	Female Applicant > 50 No Yes I If No, Medical Examination or Report Dated Name of Physician Dr. Karen Beard	
MALE APPLICANT	FEMALE APPLICANT	
Name First Middle Last	Name First Middle Last	
Date of Birth Month Day Year	Date of Birth Month Day Year	
Place of Birth (State or foreign country) 15 1982	July 27 1981	
Dudiana	Place of Birth (State or Meign Country)	
Residence Address Street or R.R. City County State 4948 South Vine Amo Hendricks Indiana	Residence Address Street or R.R. City County State	
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages	
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date	
Date of Birth Verified By:	Date of Birth Verified By: Birth Certificate Other (Specify)	
Drivero Recense	Vienes Ricerse	
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 2. Are you related to the female applicant closer than second cousin? No Yes	If answer is "yes", has the adjudication been removed? No Yes Are you related to the male applicant closer than second cousin? No Yes	
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?	
4. Are you now under the influence of a narcotic drug? No Yes 5. List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug? No Yes 5. List the full names of any dependent children.	
No N E		
7	NONE	
6. (a) Full name of applicant's father Tregory Johnson (If adopted, list adoptive parents only)	6. (a) Full name of applicant's father Dennis Buckent (If adopted, list adoptive parents only)	建设设施工程设置
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)	
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) Indiana	
(b) Full maiden name of applicant's mother Manaha Miller (If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother Sandra Durnell	
Residence of mother (if deceased, so state)	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Andiana	
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) and	
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrom) Signature of Applicant Date Date Date	I acknowledge that I have received information regarding dangerous communicable diseases 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 Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Da	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	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	
State of Indiana County of Hendricks Signed New Address Subscribed and sworn to before me this day of	State of Indiana) I swear/affirm that the information given county of Hendricks Signed State of St. Apt #319 Subscribed and sworn to before methis day of	
Clerk of the Hendricks Circuit Court	Clerk of the Hendricks Circuit Court	4780
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	
State of Indiana) County of Hendricks)	State of Indiana) County of Hendricks)	
Father ID #	Father ID #	
Mother ID # Subscribed and sworn to before me this day of	Mother ID # Subscribed and sworn to before me this day of	
Clerk	Clerk	
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT	Γ. A marriage license having been refused to the above named parties, the Court, by written order issued	
and filed in, author	orizes 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 Cler 2003, authorizing the marriage of Robert Thoma	s Johnson and Amanda Michelle Brickert	
I further certify that the following marriage certificate was filed in my office: I certify that onJuly 12, 2003 (date), atPla	infield in Hendricks (name),	
County, Indiana, Robert Thomas Johnson of Hendr	cicksCounty,Indiana	
(state), and Amanda Michelle Brickert Hend	ricks County, Indiana (state)	
June 12, 2003 Signed by: Perry A. Cook	ted by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Minister (official designation)	
Filed and recorded in accordance with the laws of the State of Indiana on		
	Signed Signed Clerk	
BOYCE FORMS • SYSTEMS 1-800-382-8702 1477	Hendricks Circuit Court	

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Book 67
Page 359

0-13-03
Date of Application

IC 31-11-11. Furnishing false information upon applying for license. Female Applicant > 50 No 🗗 Yes 🗆 A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under Name of Physician Prounslus Samily Midical IC 31-11-4-4 commits a Class D felony. MALE APPLICANT FEMALE APPLICANT Name Middle First Name Date of Birth Date of Birth Place of Birth (State or foreign country) Place of Birth (State or foreign country) Street or R.R. Residence Address Street or R.R. Residence Address Never Married Never Married OR No. of Previous Marriage Death Divorce Annulment Date Death Divorce Annulment Date Last Marriage Ended By: Last Marriage Ended By: Other (Specify) ☐ Birth Certificate Other (Specify) Date of Birth Verified By: ☐ Birth Certificate Date of Birth Verified By: No Yes Are you now or have you ever been adjudged to be of unsound mind? No Yes Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes", has the adjudication been removed? No Yes No Yes If answer is "yes", has the adjudication been removed? No ☐ Yes ☐ No Yes Are you related to the male applicant closer than second cousin? Are you related to the female applicant closer than second cousin? No Yes No Yes Are you now under the influence of an alcoholic beverage? Are you now under the influence of an alcoholic beverage? No Yes Are you now under the influence of a narcotic drug? No Yes Are you now under the influence of a narcotic drug? List the full names of any dependent children. List the full names of any dependent children. 6. (a) Full name of applicant's father Alund ((If adopted, list adoptive parents only) . (If adopted, list adoptive parents only) Residence of father (if deceased, so state) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Finalla (b) Full maiden name of applicant's mother (If adopted, list adoptive parents only) _ (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) ACKNOWLEDGEMENT ACKNOWLEDGEMENT I acknowledge that I have received information regarding dangerous communicable diseases that I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired YSignature of Applicant immune deficiency syndrome Date 6-13-03 Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. acknowledgment because of religious beliefs. Clerk of Court Clerk of Court State of Indiana I swear/affirm that the information given I swear/affirm that the information given State of Indiana application is true and correct. County of Hendricks County of Hendricks in this application is true and correct. Brownsburg IN 44112 New Address SAME Subscribed and sworn to before me this _ June 2003 _ day of _ 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, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary __ state facts which make the consent of the other parent unnecessary ____ County of Hendricks) County of Hendricks) Father _ Father _ Mother _ Mother Subscribed and sworn to before me this _ COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _ Court, by written order issued _ County _, authorizes and directs the issuance of a marriage license to the above named parties. and filed in RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE ___, 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 ____(date), at ____Plainfield _in __ Hendricks certify that on June 21, 2003 County, Indiana County, Indiana, Michael David Schumaker of Hendricks (state), and Laura Michelle Egnatz of Marion County, ___Indiana were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated

Minister

(date).

June 26, 2003

Hendricks Circuit Court

Signed

_ (official designation)

Clerk

June 13, 2003 Signed by: Stephen White

Filed and recorded in accordance with the laws of the State of Indiana on _

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Book <u>67</u>
Page <u>360</u>

Date of Application

IC 31-11-1. Furnishing false information upon applying for license. Female Applicant > 50 No Yes 🗆 A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under Laved Bain Name of Physician _ IC 31-11-4-4 commits a Class D felony. FEMALE APPLICANT MALE APPLICANT Middle Date of Birth Place of Birth (State or foreign country) Place of Birth (State or foreign country) Residence Address Death Divorce Annulment Date 1999 Death □ Divorce □ Annulment □ Date 2000 Last Marriage Ended By: Last Marriage Ended By: ☐ Birth Certificate Other (Specify) Date of Birth Verified By: ☐ Birth Certificate ☐ Other (Specify) Date of Birth Verified By: Are you now or have you ever been adjudged to be of unsound mind? No PYes Are you now or have you ever been adjudged to be of unsound mind? No Yes No Yes If answer is "yes", has the adjudication been removed? If answer is "yes", has the adjudication been removed? No Yes No Yes Are you related to the female applicant closer than second cousin? Are you related to the male applicant closer than second cousin? No Yes No Yes Are you now under the influence of an alcoholic beverage? Are you now under the influence of an alcoholic beverage? No Yes O Are you now under the influence of a narcotic drug? No Yes Are you now under the influence of a narcotic drug? List the full names of any dependent children. List the full names of any dependent children. _ (a) Full name of applicant's father Hadley William Fruits (a) Full name of applicant's father (If adopted, list adoptive parents only) (If adopted, list adoptive parents only) Residence of father (if deceased, so state) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother (b) Full maiden name of applicant's mother _ (If adopted, list adoptive parents only) _ (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) _ ACKNOWLEDGEMENT ACKNOWLEDGEMENT I acknowledge that I have received information regarding dangerous communicable diseases that I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). immune deficiency syndrome. Texus Date 6-13-03 Signature of Applicant Signature of Applicant _ The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. 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 in this application is true and correct. County of Hendricks Cathorine (County of Hendricks) in this application is true and correct. New Address Same New Address Clerk of the Hendricks Circuit Court 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, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary . state facts which make the consent of the other parent unnecessary State of Indiana State of Indiana County of Hendricks) County of Hendricks) Father _ Father _ Subscribed and sworn to before me this _ Subscribed and sworn to before me this _ COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _ Court, by written order issued . and filed in ., authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE 2003 , authorizing the marriage of Thomas John Zinski __and __ Catherine Ann Perkins certify that on ___ June 21, 2003 ____(date), at ____Brownsburg Hendricks County, Indiana, Thomas John Zinski _of <u>Hendricks</u> _County, <u>Indiana</u> (state), and Catherine Ann Perkins of Hendricks _County, _Indiana were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 13, 2003 Signed by: Della Stanley-Green Recorded Minister (official designation) June 26, 2003 Filed and recorded in accordance with the laws of the State of Indiana on _

Hendricks Circuit Court

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Book Date of Application

IC 31-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the

Female Applicant > 50 No Yes ☐
If No, Medical Examination or Report Dated

IC 31-11-4-4 commits a Class D felony.	Name of Physician ROLL TREES
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name First Middle Last
Date of Birth Month Day Year	Date of Birth Month Day Year
2 9 59	June 28 1962
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street of R.R. City County State
Residence Address Street or R.R. City County State 555 Martha Eurice Son Claritor Lindson 46118	1104 Puenue Four Attica Fountain IN
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Tevious Matrial Status. Novel Matrice C. Service of Tevious Matrice C.	
ast Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of Birth Verified By: Birth Certificate Gother (Specify)	Date of Birth Verified By: Birth Certificate Stother (Specify)
Drives & Teanne	
. 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 X Yes
If answer is "yes", has the adjudication been removed?	If answer is "yes", has the adjudication been removed?
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 ☐
Are you now under the influence of an alcoholic beverage? No Yes No Yes	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No Yes ☐ Yes ☐
6. List the full names of any dependent children.	5. List the full names of any dependent children. Britani Ranee
	Foster, Devin Eugene Foster
- 24- A O Cm	6 (a) Full name of applicant's father HOOLD Max Dill
6. (a) Full name of applicant's father Frank J. Meyer	0. (a) Full flathe of applicant's fault. The Color of the
(If adopted, list adoptive parents only) Residence of father (if deceased, so state)	Residence of father (if deceased, so state) Deceased
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Ulra E. Bushule	(b) Full maiden name of applicant's mother Sandra Sue Yates
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Todiana
Residence of mother (if deceased, so state)	T- ASO OO
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana I swear/affirm that the information given County of Hendricks Signed Atheres As Above	State of Indiana) I swear/affirm that the information given in this application is true and correct.
Signed fatuck M. Neger	County of Hendricks Welref Roser in this application is true and correct. Signed Roser County of Hendricks in this application is true and correct.
New Address SAME AS ABOVE Subscribed and sworn to before me this 3 day of June, 2003	New Address 555 marthy Eurice W. Clayton 4 Subscribed and sworn to before me this 13 day of Jene , 3003
Subscribed and sworn to before me this day of Clerk of the Hendricks Circuit Court	Subscribed and sworn to before the dis Clerk of the Hendricks Circuit Court
Sharan Rugan 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, tate 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 COUR	T. A marriage license having been refused to the above named parties, the
and filed in, auth	Court, by written order issuedorizes and directs the issuance of a marriage license to the above named parties.
DETUDN OF MADDIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cle	erk of the Circuit Court of Hendricks County, Indiana, datedJune_13,
2003 , authorizing the marriage of Patrick Micha	el 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 Cla	yton in Hendricks
County, Indiana, Patrick Michael Meyer of Hendric	County, Indiana (state)
were married by me as authorized under a marriage license that was iss	ued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated
une 13, 2003 Signed by: Philip Lambooy	
Filed and recorded in accordance with the laws of the State of Indiana on	July 2, 2003 (date).
	Sharan Dugan
	Signed Clerk
BOYCE FORMS • SYSTEMS 1-800-382-8702 1477	Hendricks Circuit Court

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

Name

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Female Applicant > 50

Name of Physician _

If No, Medical Examination or Report Dated

Man

1-13-03 Date of Application

No Yes 🗆

Indiana

Clerk

Indiana

County, _

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

FEMALE APPLICANT MALE APPLICANT Name Date of Birth Date of Birth Place of Birth (State or foreign country) Place of Birth (State or foreign country) Residence Address Residence Address Previous Marital Status: OR No. of Previous Marriages. Never Married Never Married Death Divorce Annulment Date 2001 Last Marriage Ended By: Death Divorce Annulment Date Last Marriage Ended By: ☐ Birth Certificate Other (Specify) Other (Specify) Date of Birth Verified By: Date of Birth Verified By: ☐ Birth Certificate Are you now or have you ever been adjudged to be of unsound mind? Are you now or have you ever been adjudged to be of unsound mind? No Yes No □ Yes □ If answer is "yes", has the adjudication been removed? No Yes If answer is "yes", has the adjudication been removed? No Tyes No Yes Are you related to the male applicant closer than second cousin? Are you related to the female applicant closer than second cousin? Are you now under the influence of an alcoholic beverage? No Yes No Yes Are you now under the influence of an alcoholic beverage? No TYes No Yes 🗆 Are you now under the influence of a narcotic drug? Are you now under the influence of a narcotic drug? List the full names of any dependent children. List the full names of any dependent children. (a) Full name of applicant's father Kan (a) Full name of applicant's father (If adopted, list adoptive parents only) (If adopted, list adoptive parents only) Residence of father (if deceased, so state) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother / Jona 4ma (b) Full maiden name of applicant's mother (If adopted, list adoptive parents only) (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) **ACKNOWLEDGEMENT** ACKNOWLEDGEMENT I acknowledge that I have received information regarding dangerous communicable diseases that I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome) immune deficiency syndrome).
Signature of Applicant Signature of Applicant Date 6-13.03 Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. acknowledgment because of religious beliefs. Clerk of Court Clerk of Court Date . State of Indiana I swear/affirm that the information given State of Indiana I swear/affirm that the information given this application is true and correct. County of Hendricks in this application is true and correct. County of Hendricks Clerk of the Hendricks Circuit Court 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, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____ state facts which make the consent of the other parent unnecessary _ State of Indiana) County of Hendricks) County of Hendricks) Father ___ Father _ Mother . Subscribed and sworn to before me this _ Subscribed and sworn to before me this _ COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _ Court, by written order issued _ _ County _ , authorizes and directs the issuance of a marriage license to the above named parties. and filed in _ RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE Janet S. Smith Hendricks

Hendricks

June 24, 2003

Hendricks Circuit Court

County, Indiana, Jacob Peter Weston of (state), and Casey Leigh Jester of

Filed and recorded in accordance with the laws of the State of Indiana on ____

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Page 363
Date of Application

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

Female Applicant > 50 No Yes 1 If No, Medical Examination or Report Dated 5-16-03 Name of Physician 2. Charles Miraglin

MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last Oohn M. Barnett	Name First Middle Last Oauxa R Lietar
Date of Birth Month Day Year	Date of Birth Month Day Year
Jebruary 7 1979	December 26 1980
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
Sol East 250 South Franklin Johnson Ind. Previous Marital Status: Never Married D OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of Birth Verified By: Birth Certificate Other (Specify)	Date of Birth Verified By: Birth Certificate Other (Specify)
Driveia Licence	Drivera Licerae
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?	If answer is "yes", has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? No 2/Yes \(\square\$	2. Are you related to the male applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage? No , Yes
4. Are you now under the influence of a narcotic drug?	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.
NONE	NONE
6. (a) Full name of applicant's father Charles Barnett	6. (a) Full name of applicant's father authory Joseph Siety
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Conne Grine	(b) Full maiden name of applicant's mother Jane Marie Casper
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGEMENT I acknowledge that I have received information regarding dangerous communicable diseases 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 6-13-03	ACKNOWLEDGEMENT I acknowledge that I have received information regarding dangerous communicable diseases 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 Collago Dat
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given in this application is true and correct. Signed John M Scenario in this application is true and correct. New Address 2 7 91 Testamos CT	State of Indiana) I swear/affirm that the information given County of Hendricks) in this application is true and correct. Signed Rama L. Tielly New Address 279 Traditions C+. Frankly, IN 46
Subscribed and sworn to before me this day of	Subscribed and sworn to before me this day of
Clerk of the Hendricks Circuit Court	Alarax Dugax 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) County of Hendricks)	State of Indiana) County of Hendricks)
Father ID #	Father ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me this day of Clerk	Subscribed and sworn to before me this day of Clerk
County	Γ. A marriage license having been refused to the above named parties, the Court, by written order issued
	orizes 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 Cler	E AND MARRIAGE CERTIFICATE k of the Circuit Court of Hendricks County, Indiana, dated June 13,
	l 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 Brown	wnsburg in Hendricks
County, Indiana, John Michael Barnett of John	County, Indiana
(state), and Laura Katherine Tietz of Hendric	ks County, Indiana (state)
June 13, 2003 Signed by Rev. Daniel J. Star	ted by the Clerk of the Circuit Court of Hendricks County, Indiana, dated ublin, Priest (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	

Signed Hendricks Circuit Court

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Book 47
Page 364

0-13-03
Date of Application

Clerk

IC 31-11-11. Furnishing false information upon applying for license. No 🔼 Female Applicant > 50 Yes 🗆 A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated Name of Physician circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony. FEMALE APPLICANT MALE APPLICANT Date of Birth Place of Birth (State or foreign country) Place of Birth (State or foreign country) Residence Address Street or R.R. City 8322 Free St Kenee OR No. of Previous Marriage Previous Marital Status: Never Married Previous Marital Status: Last Marriage Ended By: Death Divorce Annulment Date Last Marriage Ended By: Death Divorce Annulment Date Other (Specify) Other (Specify) ☐ Birth Certificate Date of Birth Verified By: ☐ Birth Certificate Date of Birth Verified By: , cense ivers vers icense Are you now or have you ever been adjudged to be of unsound mind? No Are you now 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 🗌 No Yes O No Yes Are you related to the female applicant closer than second cousin? 2. Are you related to the male applicant closer than second cousin? No Yes 🗆 Are you now under the influence of an alcoholic beverage? 3. Are you now under the influence of an alcoholic beverage? No 1 Yes No Yes Are you now under the influence of a narcotic drug? Are you now under the influence of a narcotic drug? List the full names of any dependent children. List the full names of any dependent children. Lacharia (a) Full name of applicant's father Herman (a) Full name of applicant's father (If adopted, list adoptive parents only) _ (If adopted, list adoptive parents only) Residence of father (if deceased, so state) ± Residence of father (if deceased, so state) Birthplace of father (State or foreign country) Birthplace of father (State or foreign country) Karen (b) Full maiden name of applicant's mother (b) Full maiden name of applicant's mother _ (If adopted, list adoptive parents only) _ (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) ALA Same Birthplace of mother (State or foreign country) **ACKNOWLEDGEMENT ACKNOWLEDGEMENT** I acknowledge that I have received information regarding dangerous communicable diseases that I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome)/ immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. acknowledgment because of religious beliefs. Clerk of Court Clerk of Court Date I swear/affirm that the information given I swear/affirm that the information given State of Indiana State of Indiana in this application is true and correct. County of Hendricks In this application is true and correct. County of Hendricks)/ New Address New Address X day of . _ 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, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____ state facts which make the consent of the other parent unnecessary _ State of Indiana State of Indiana County of Hendricks) County of Hendricks) Father _ Father ___ Mother _ Subscribed and sworn to before me this _ Subscribed and sworn to before me this _ COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _ Court, by written order issued _ , authorizes and directs the issuance of a marriage license to the above named parties. and filed in RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated __June_13,___ 2003 , authorizing the marriage of <u>Jeremy Patrick Jellison</u> and <u>Crystal Ann Vaughn</u> I further certify that the following marriage certificate was filed in my office: I, ____Rev. Timothy B. Leach (name), ____(date), at _____in ____in ____marion certify that on _____June 14, 2003 County, Indiana, Jeremy Patrick Jellison of Hendricks _ County, _ Indiana (state), and <u>Crystal Ann Vaughn</u> of <u>Marion</u> County, <u>Indiana</u> were 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 _____ (official designation) _, __ Minister June 24, 2003 __ (date). Filed and recorded in accordance with the laws of the State of Indiana on _

Hendricks Circuit Court

Clerk

STATE OF INDIANA

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

APPLICATION FOR MARRIAGE LICENSE **HENDRICKS COUNTY**

Book ____ Co-16-03
Date of Application

IC 31-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage 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 Middle Last	Name First Middle Last
Edward Mason Drummett J.	Landra Kay Harvey
Date of Birth Month Day Year	Date of Birth Month Day Yest
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Paridone Address Street on B.B.	Milana
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of Birth Verified By: Birth Certificate Other (Specify)	Date of Birth Verified By:
Drues Seaine	Druis Seine
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?	If 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?	3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children. Sylor Brummett	5. List the full names of any dependent children. Islan Brummett
6. (a) Full name of applicant's father Edward M. Brumma	to Dillows of Della Wales
(If adopted, list adoptive parents only)	6. (a) Full name of applicant's father Herry Harring
Residence of father (if deceased, so state)	(If adopted, list adoptive parents only)
Birthplace of father (State or foreign country)	Residence of father (if deceased, so state)
(b) Full maiden name of applicant's mother Minnie Jan Baldwin	Birthplace of father (State or foreign country)
	(b) Full maiden name of applicant's mother Name Nagallisige
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state)
Brunpiace of mouter (State of foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGEMENT	
	ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that
immune deficiency syndrome).	are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant Edward M Bummeth Date 6/16/03	Signature of Applicant Dando K Harry Date 6/16/03
Signature of Applicant Control of Date Street	Signature of Applicant Dandra K Harriey Date 6/16/03
The above applicant has objected to verifying by oath or affirmation or signature to the above	The charge applicant has chiested to positiving by eath as 66 and a section of the
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. Y. Signed Educated M. Burnmett G. 6/16/03 Y. New Address GAME	County of Hendricks) Q in this application is true and correct.
& Signed Edward M. Brummett of 6/16/03	& Signed Landra K Harriey
New Address THE	Y New Address Same
Subscribed and sworn to before me this day of Clerk of the Hendricks Circuit Court	Subscribed and sworn to before me this
	CICIA OF THE FIGURE 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,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
Ctata of Indian	
State of Indiana)	State of Indiana
County of Hendricks) Father ID #	County of Hendricks)
Father ID # Mother ID #	Father ID # Mother ID #
Subscribed and sworn to before me this day of	Subscribed and sworn to before me this day of
Clerk	Clerk
COLUMN FOR AN ALL PARTS OF A STATE OF THE ST	
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT	T. A marriage license having been refused to the above named parties, the
and filed in	Court, by written order issued
and fried in, autho	rizes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENSI	E AND MADDIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cler	
2003 authorizing the marriage of Edward Macon	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 (deta) at Dans	ville (name),
certify that on	Hendricks II Hendricks
County, Indiana, Edward Mason Brummett, Jof. of	Hendricks County, Indiana
were married by me as authorized under	County, Indiana (state)
June 16, 2003 Signed by Tanat C. Carith	ed by the Clerk of the Circuit Court of Hendricks County, Indiana, dated
Filed and recorded in accordance with the land of the 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).

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Book 47
Page 366
6-16-03
Date of Application

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 III No, Medical Examination or Report Dated
IC 31-11-4-4 commits a Class D felony.	The state of the s
MALE APPLICANT Name , First Middle Aast	FEMALE APPLICANT
nathan Michael Sallans	Name First Middle Last Wegens
Date of Birth Month Day Year // 30 80	Date of Birth Month Day Year 5
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City Gounty State	Residence Address Street or R.R. 10 City County State
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 2001	Last Marriage Ended By: Death Divorce Annulment Date
Date of Birth Verified By:	Date of Birth Verified By: Birth Certificate
Druis o Rigin	Ouring Line
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?	If answer is "yes", has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage?	2. Are you related to the male applicant closer than second cousin? No Yes
To E 163	3. Are you now under the influence of an alcoholic beverage?
Are you now under the influence of a narcotic drug? No Yes List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug? No Yes
. East the fall hames of any dependent emidien.	5. List the full names of any dependent children.
Die A. Ch.	M O 11
(a) Full name of applicant's father Kick Nallegos	6. (a) Full name of applicant's father Momas y. Wigeng, St.
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Birthplace of father (State or foreign country)	Residence of father (if deceased, so state)
(b) Full maiden name of applicant's mother Higgsin Court Sensible	Birthplace of father (State or foreign country)
(If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother (If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
acknowledge that I have received information regarding dangerous communicable diseases that re sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired mmune deficiency syndrome) Date 6-17-0	ACKNOWLEDGEMENT I acknowledge that I have received information regarding dangerous communicable diseases 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 exhowledgment because of religious beliefs. Clerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
I swear/affirm that the information given in this application is true and correct. Signed New Address New Address Address Clerk of the Hendricks Circuit Court	State of Indiana County of Hendricks Signed New Address Subscribed and sworn to before me this Clerk of the Hendricks Circuit Court
ONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
/e, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, ate 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
tate of Indiana)	
ounty of Hendricks)	State of Indiana) County of Hendricks)
ther ID #	Father ID #
other ID #	Mother ID #
bscribed and sworn to before me this day of	Subscribed and sworn to before me this day of
Citik	Clerk
	A marriage license having been refused to the above named parties the
OMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT	That having been refused to the above named parties, the
County	Court, by written order issued rizes and directs the issuance of a marriage license to the above named parties.
nd filed in, author RETURN OF MARRIAGE LICENSE	Court, by written order issued rizes and directs the issuance of a marriage license to the above named parties. E AND MARRIAGE CERTIFICATE
RETURN OF MARRIAGE LICENSE certify that there was filed in my office a marriage license issued by the Clerk	Court, by written order issued rizes and directs the issuance of a marriage license to the above named parties. E AND MARRIAGE CERTIFICATE To of the Circuit Court of Hendricks County Indiana dated
RETURN OF MARRIAGE LICENSE certify that there was filed in my office a marriage license issued by the Clerk 2003 , authorizing the marriage of Nathan Michse	Court, by written order issued
RETURN OF MARRIAGE LICENSE a marriage license issued by the Clerk 2003, authorizing the marriage of Nathan Michse further certify that the following marriage certificate was filed in my office: I, artify that on June 21, 2003 (deta) at Plain	Court, by written order issued
RETURN OF MARRIAGE LICENSE a marriage license issued by the Clerk 2003, authorizing the marriage of Nathan Michse further certify that the following marriage certificate was filed in my office: I, artify that on June 21, 2003 (deta) at Plain	Court, by written order issued
RETURN OF MARRIAGE LICENSE a marriage license issued by the Clerk 2003, authorizing the marriage of Nathan Michse further certify that the following marriage certificate was filed in my office: I, artify that on June 21, 2003 (date), at Plain pounty, Indiana, Nathan Michael Gallegos of Hence	Court, by written order issued
RETURN OF MARRIAGE LICENSE certify that there was filed in my office a marriage license issued by the Clerk 2003 , authorizing the marriage of Nathan Michse further certify that the following marriage certificate was filed in my office: I, ertify that onJune_21, 2003(date), atPlairounty, Indiana,Nathan Michael Gallegos ofHence tate), andAshley Rose WegengofHendricks	Court, by written order issued

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

67 Le-16-03 Date of Application

A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.	Female Applicant > 50 No Yes If No, Medical Examination or Report Dated 16-16-03 Name of Physician (athurine Kupp)
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name First Middle Last
Date of Birth Month Day Year	Date of Birth Month Day You
Place of Birth (State or foreign country)	12 24 80
Millana	Place of Birth (State or foreign country) Washington
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of Birth Verified By: Birth Certificate Other (Specify)	Date of Birth Verified By: Birth Certificate
Druey Desense	Druesia Leaning
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
 Are you related to the female applicant closer than second cousin? Are you now under the influence of an alcoholic beverage? No Yes \(\sigma\) 	2. Are you related to the male applicant closer than second cousin? No Yes
4. Are you now under the influence of a narcotic drug?	3. Are you now under the influence of an alcoholic beverage? No Yes 4. Are you now under the influence of a parcetic drue?
List the full names of any dependent children.	4. Are you now under the 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 Montaith	6. (a) Full name of applicant's father David Taylor
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Birthplace of father (State or foreign country), Indiana, 1	Residence of father (if deceased, so state)
(b) Full maiden name of applicant's mother Winginia Ray Stintis	Birthplace of father (State or foreign country)
(If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother (If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGEMENT	ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that	I acknowledge that I have received information regarding dangerous communicable diseases that
are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	are sexually transmitted, and a list of the test sites for the view that course ATDE (and in a
Signature of Applicant (Monther Monther Date College)	immune deficiency syndrome) m have m 10,000 01-11-62
Date 1971979	immune deficiency syndrome) Consume M. Jaylor Date 06-16-63
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	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) Andrew Montage in this application is true and correct.	County of Hendricks)
V New Address 1412 Ingomer Ave Indole IN 4624	Signed Olyna In July V
Subscribed and sworn to before me this _/ le day of	Subscribed and sworn to before the this day of day of
Clerk of the Hendricks Circuit Court	Clerk of the Hendricks Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONCENT OF PARENTS PARENTS PARENTS OF CHARACTERS
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
County of Hendricks) Father ID #	County of Hendricks)
Mother ID #	Father ID #
Subscribed and sworn to before me this day of Clerk	Subscribed and sworn to before me this day of
	Clerk
County	Court, by written order issued
and filed in, autho	rizes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENSI	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cler	k of the Circuit Court of Hendricks County, Indiana, dated June 16,
I further certify that the following marriage certificate was filed in my office: I	Montleth and Corinne Michele Taylor
certify that onJune_21, 2003 (date) at Avo	on Handricks
County, Indiana, Andrew Stephen Montieth of Boone	County Indiana
(State), and LUIIIIIE MICHEIE Taylor of Hendrick	County Indiana
were married by me as authorized under a marriage license that was issue	ed by the Clerk of the Circuit Court of Hendricks County Indiana days
Filed and recorded in accordance with the laws of the State of Indiana on	Minister (official decimation)
	a Alasan Aluan
BOYCE FORMS • SYSTEMS 1-800-382-8702 1477	Signed Clerk Hendricks Circuit Court

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

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Book 47
Page 368
6-17-03
Date of Application

IC 31-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.	Female Applicant > 50 No No Yes If No, Medical Examination or Report Dated 6-/6-03 Name of Physician Dr. How May
MALE APPLICANT	FEMALE APPLICANT
Date of Birth Month Day Year	Name Oshley Middle Wilco X Date of Birth Month Pay Year 1902
Place of Birth (State or foreign country) Residence Address Street or R.R. City County State	Place of Wirth (State or foreign country) Residence Address Street or R.R. City County, State
Previous Marital Status: Never Married OR No. of Provious Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Date of Birth Verified By:	Last Marriage Ended By: Death Divorce Annulment Date Date of Birth Verified By: Birth Certificate Other (Specify)
Drivers License	Drivers License
1. Are you now or have you ever been adjudged to be of unsound mind? No	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes I If answer is "yes", has the adjudication been removed? No Yes I Yes I Are you related to the male applicant closer than second cousin? No Yes I Are you now under the influence of an alcoholic beverage? No Yes I Are you now under the influence of a narcotic drug? No Yes I State 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)	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	ACKNOWLEDGEMENT I acknowledge that I have received information regarding dangerous communicable diseases 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 0/17/03
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	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of Hendricks Signed New Address Subscribed and sworn to before me this Clerk of the Hendricks Circuit Court	State of Indiana) I swear/affirm that the information given in this application is true and correct. Signed Address 2000 W. North St. Plainfield IN 410168 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	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana) County of Hendricks) Father ID # Mother ID #	State of Indiana) County of Hendricks) Father ID # Mother ID #
Subscribed and sworn to before me this day of Clerk	Subscribed and sworn to before me this day of Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. County County	A marriage license having been refused to the above named parties, the Court, by written order issued
, author	izes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENSE certify that there was filed in my office a marriage license issued by the Clerk 2003, authorizing the marriage of Benjamin Mich further certify that the following marriage certificate was filed in the following marriage was filed in the follo	of the Circuit Court of Hendricks County, Indiana, dated June 17,
ertify that onJune_28, 2003 (date) atInd	Rev. John C. Parsley (name), lianapolis in Marion licks County, Indiana (state)
une 17, 2003 Signed by: Rev. John C. Parsley	Pastor Hendricks County, Indiana, dated
iled and recorded in accordance with the laws of the State of Indiana on	July 2, 2003 (date). (official designation)

Signed Hendricks Circuit Court

Clerk

STATE OF INDIANA

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Book 47
Page 369

0-18-03
Date of Application

IC 31-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4.4 commits a Class D falony.

Female Applicant > 50 No Yes I If No, Medical Examination or Report Dated Sand Name of Physician Acros Sandon

IC 31-11-4-4 commits a Class D felony.	Name of Physician Simi Sayfor
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name First Middle Last
Date of Birth Month Day Year	Date of Birth Month Day Year
11 20 56	12 4 61
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
1 1 1 0 + '01 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	609 5. 525 W. Coatraville Hind In 46121
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 1999	Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ☐ Dol
Date of Birth Verified By: Birth Certificate Gother (Specify)	Date of Birth Verified By: Birth Certificate
Drives à Exinse	Georgia Druis & Laine
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 Yes Yes	If answer is "yes", has the adjudication been removed? No Yes Are you related to the male applicant closer than second cousin? No Yes
2. Are you related to the female applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes	2. Are you related to the male applicant closer than second cousin? No → Yes → 3. Are you now under the influence of an alcoholic beverage? No → Yes →
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of an arcotic drug?
5. List the full names of any dependent children.	List the full names of any dependent children.
Do mak	
6. (a) Full name of applicant's father Buchase 111. Mounton	6. (a) Full name of applicant's father Policy Services
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Birthplace of father (State or foreign country)	Residence of father (if deceased, so state) Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Usainia A. Ctoll	(b) Full maiden name of applicant's mother Septlence E' Culp
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) Slongia
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGEMENT	ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
	immune deficiency syndrome)
Signature of Applicant Navad M. Hounton Date 6-18-03	X Signature of Applicant Cypthia ame Vais Date
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court 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) Signed Cypthia anne Oau's
V New Address SAME	
County of Hendricks Signed David M. Hornton in this application is true and correct. New Address SANE Subscribed and sworn to before me this /8 day of	Subscribed and sworn to before me this 8 day of 4 day of 4003
Clerk of the Hendricks Circuit Court	Subscribed and sworn to before me this Clerk of the Hendricks Circuit Court
	Maron Nugar
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
County of Hendricks) Father ID #	County of Hendricks) 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	T. A marriage license having been refused to the above named parties, the
	Court, by written order issued orizes and directs the issuance of a marriage license to the above named parties.
, authorized by the second sec	the and directs the issuance of a marriage needse to the above named parties.
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cler	rk of the Circuit Court of Hendricks County, Indiana, dated June 18,
2003 , authorizing the marriage of David Michael	Thornton and Cynthia Anne Davis .
further certify that the following marriage certificate was filed in my office:	I, Rodger Ward (name),
certify that on June 21, 2003 (date), at Am	o in Hendricks
County, Indiana, David Michael Thornton of Hend	County, Indiana
state), and	S County, Indiana (state)
time 18, 2003 Signed by Rodger Ward	used by the Clerk of the Circuit Court of Hendricks County, Indiana, dated
Filed and recorded in accordance with the laws of the State of Indiana on	July 3, 2003 (date). (official designation)
and the state of the state of indiana on	
	Slaran Sugar

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Book 47
Page 370
Lo-18-03
Date of Application

IC 31-11-1. Furnishing false information upon applying for license. Female Applicant > 50 No 🖯 Yes 🗆 A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under Name of Physician . osue Villalta IC 31-11-4-4 commits a Class D felony. MALE APPLICANT FEMALE APPLICANT Name Middle Name Date of Birth Date of Birth Place of Birth (State or foreign country) Place of Birth (State or foreign country) Street or R.R. Residence Address Street or R.R. Residence Address Previous Marital Status: Never Married Previous Marital Status: Never Married OR No. of Previous Marriages Death Divorce Annulment Date Death Divorce Annulment Date Last Marriage Ended By: Last Marriage Ended By: Date of Birth Verified By: ☐ Birth Certificate Other (Specify) Date of Birth Verified By: ☐ Birth Certificate Other (Specify) Are you now or have you ever been adjudged to be of unsound mind? No Yes Are you now or have you ever been adjudged to be of unsound mind? No Test I If answer is "yes", has the adjudication been removed? No Yes If answer is "yes", has the adjudication been removed? No Yes No Yes No Yes Are you related to the female applicant closer than second cousin? Are you related to the male applicant closer than second cousin? No Yes No Tyes Are you now under the influence of an alcoholic beverage? Are you now under the influence of an alcoholic beverage? No Byes D Are you now under the influence of a narcotic drug Are you now under the influence of a narcotic drug' List the full names of any dependent children. Umans List the full names of any dependent children. Alexandr (a) Full name of applicant's father Ullland (a) Full name of applicant's father _ (If adopted, list adoptive parents only) (If adopted, list adoptive parents only) Residence of father (if deceased, so state) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother L'aslida Au (b) Full maiden name of applicant's mother Hutt (If adopted, list adoptive parents only) (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) __ Birthplace of mother (State or foreign country) _ **ACKNOWLEDGEMENT** ACKNOWLEDGEMENT I acknowledge that I have received information regarding dangerous communicable diseases that I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). immune deficiency syndrome // Signature of Applicant . Signature of Applicant _ The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. acknowledgment because of religious beliefs. Clerk of Court _ Clerk of Court . Date _ State of Indiana I swear/affirm that the information given State of Indiana I swear/affirm that the information given in this application is true and correct. County of Hendricks County of Hendricks) in this application is true and correct. Y Signed & Signed 4Von In 46123 New Address 2 Subscribed and sworn to before me this _ Subscribed and sworn to before me this 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, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ___ state facts which make the consent of the other parent unnecessary ____ State of Indiana County of Hendricks) County of Hendricks) Father _ Father __ Mother . Mother ID #_ Subscribed and sworn to before me this _ Subscribed and sworn to before me this _ COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _ County _ _ Court, by written order issued _ and filed in . , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE 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 certify that on _____June_27, 2003 __in __ Hendricks ____ (date), at ___Avon__ County, Indiana, William Alan Balz _of ___Hendricks _County, ___Indiana (state), and Michele Marie Jalbert of Hamilton _ County, ___ Indiana were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, 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 ___

Hendricks Circuit Court

Clerk

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

APPLICATION FOR MARRIAGE LICENSE **HENDRICKS COUNTY**

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

Yes 🖳 Female Applicant > 50 No □ If No, Medical Examination or Report Dated _
Name of Physician _____

MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name First Middle Last
Date of Birth Month Day Year	Date of Birth Month Day Year
8 17 53	10 24 52
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Indiana	Pride Allera Service P.P. State
Residence Address Street or R.R. City County State	Street or R.R. City County State 5/26 Streen street with Avon Nend Street 46/2
JAG Delensvewing won Nina con Telas	4
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 2000	Last Marriage Ended By: Death Divorce Annulment Date 2003
Date of Birth Verified By: Birth Certificate	Date of Birth Verified By:
0	n
Driver's June	Nuus's Hense
1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐ If answer is "yes", has the adjudication been removed? No ☐ Yes ☐	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes I fanswer is "yes", has the adjudication been removed? No Yes I
2. Are you related to the female applicant closer than second cousin?	2. Are you 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 \(\subseteq \text{Yes} \subseteq \)
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? No 🗗 Yes 🗆
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6 (a) Full name of applicant's father Carl Syster Dahre	6. (a) Full name of applicant's father Survence Mers
o. (a) I all haire of appreau statici	(If adopted, list adoptive parents only)
(If adopted, list adoptive parents only) Residence of father (if deceased, so state) Andiana	Residence of father (if deceased, so state) Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) Indiana,
(b) Full maiden name of applicant's mother Sylvil Kendricks	(b) Full maiden name of applicant's mother Othella J. Small
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGEMENT	ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that	I acknowledge that I have received information regarding dangerous communicable diseases that
are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant Comb E / Jake Date 6/18/03	Signature of Applicant AV. Myca Date 6 18-0
Signature of Applicant	X Signature of Applicant
The share englished has shireted to unifying by eath or officeration or signature to the share	The above applicant has objected to verifying by oath or affirmation or signature to the above
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) J swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of Hendricks) Comb E. Make in this application is true and correct. X Signed — Comb E. Make in this application is true and correct.	County of Hendricks) in this application is true and correct. Y Signed in this application is true and correct.
New Address 5126 GREENS VIEW WAY	New Address 5/26 Angenous Cerry
Subscribed and sworn to before me this _/8 day of	Subscribed and sworn to before me this/8 day of
Clerk of the Hendricks Circuit Court	Clerk of the Hendricks Circuit Court
	F
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 facts which make the consent of the other parent dimecessary	state facts which make the consent of the other parent differeessary
State of Indiana)	State of Indiana)
County of Hendricks)	County of Hendricks)
Father ID #	Father ID #
Mother ID # Subscribed and sworn to before me this day of	Mother ID # Subscribed and sworn to before me this day of
Subscribed and sworn to before me this day of Clerk	Subscribed and sworn to before me this day of Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR	T. A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, auth	orizes and directs the issuance of a marriage license to the above named parties.
	AND MARRIAGE CERTIFICATE
	SE AND MARRIAGE CERTIFICATE
	hre and Alice Victoria Myers
I further certify that the following marriage certificate was filed in my office:	I,
certify that on June 25, 2003 (date) at Da	nville in Hendricks (name),
County, Indiana, James Earl Nahre of Hendr	icks County Indiana
	county, Indiana (state)
were married by me as authorized under a marriage license that was iss	ued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated
Filed and recorded in accordance with the laws of the State of Indiana on	
	91-11 11-20-11
	Sharan Nugan
	Signed Clerk
BOYCE FORMS • SYSTEMS 1-800-382-8702 1477	Hendricks Circuit Court

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Book 47
Page 372

6-18-03
Date of Application

Clerk

IC 31-11-1. Furnishing false information upon applying for license. Female Applicant > 50 No Yes 🗆 A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under Name of Physician _ M. S. King MD IC 31-11-4-4 commits a Class D felony. FEMALE APPLICANT MALE APPLICANT Name Date of Birth Date of Birth Place of Birth (State or foreign country) Place of Birth (State or foreign country) Residence Address Street or R.R Residence Address Street or R.R. 9375 N. Cold Previous Marital Status: Never Married OR No. of Previous Marriages Previous Marital Status: Never Married OR No. of Previous Marriages Death Divorce Annulment Date 800/ Death Divorce Annulment Date 200/ Last Marriage Ended By: Last Marriage Ended By: ☐ Birth Certificate Other (Specify) Date of Birth Verified By: ☐ Birth Certificate Other (Specify) Date of Birth Verified By: Are you now or have you ever been adjudged to be of unsound mind? No Yes Are you now or have you ever been adjudged to be of unsound mind? No Yes No Yes If answer is "yes", has the adjudication been removed? No Yes If answer is "yes", has the adjudication been removed? No Tyes No Yes Are you related to the female applicant closer than second cousin? Are you related to the male applicant closer than second cousin? No TYes No Yes Are you now under the influence of an alcoholic beverage? Are you now under the influence of an alcoholic beverage? No 🖯 Yes 🗆 Are you now under the influence of a narcotic drug? No Yes Are you now under the influence of a narcotic drug? List the full names of any dependent children. Stan Johnsthor Bloomqueet, Gregory Manshula List the full names of any dependent children. Bloomquist, Gregory (a) Full name of applicant's father _ (a) Full name of applicant's father (If adopted, list adoptive parents only) (If adopted, list adoptive parents only) Residence of father (if deceased, so state) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Maryleyn Full maiden name of applicant's mother (If adopted, list adoptive parents only) (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) **ACKNOWLEDGEMENT** ACKNOWLEDGEMENT I acknowledge that I have received information regarding dangerous communicable diseases that I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome immune deficiency syndrome). Signature of Applicant _ Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. acknowledgment because of religious beliefs. Clerk of Court . Date _ Clerk of Court Date I swear/affirm that the information given State of Indiana I swear/affirm that the information given State of Indiana in this application is true and correct. County of Hendricks) in this application is true and correct. County of Hendricks Signed Y Signed . Y New Address _ une, 2003 Subscribed and sworn to before me this Subscribed and sworn to before me this 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, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _ state facts which make the consent of the other parent unnecessary ____ State of Indiana State of Indiana County of Hendricks) County of Hendricks) Father ___ Father __ Mother Mother Subscribed and sworn to before me this _ Subscribed and sworn to before me this _ COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _ Court, by written order issued _ _ County _ and filed in . , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I 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, I further certify that the following marriage certificate was filed in my office: I, _____ Brenda J. Truax certify that on June 20, 2003 (date), at Brownsburg Hendricks County, Indiana, Timothy Allan Bloomquist Hendricks
(state), and Sabine Margarethe Blackman of Hendricks _ County, ___ Indiana _County, _Indiana were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 18, 2003 Signed by: Brenda J. Truax , Pastor _____ (official designation) June 23, 2003 Filed and recorded in accordance with the laws of the State of Indiana on _____

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

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Page 373
6-18-63

Date of Application IC 31-11-1. Furnishing false information upon applying for license. Female Applicant > 50 No OX Yes 🗆 A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under Name of Physician ___ Dr. Hogle IC 31-11-4-4 commits a Class D felony. MALE APPLICANT FEMALE APPLICANT Middle Date of Birth Date of Birth Place of Birth (State or foreign country) Place of Bjrth (State or foreign country) IN Wisconsin Balewar Lane Inalphs. Harris Co OR No. of Previous Marriages_ OR No. of Previous Marriage Death Divorce Annulment Date Annulment Date Last Marriage Ended By: Death Divorce D Last Marriage Ended By: Other (Specify) Other (Specify) Date of Birth Verified By: Date of Birth Verified By: ☐ Birth Certificate ☐ Birth Certificate rivers ense Are you now or have you ever been adjudged to be of unsound mind? No Yes Are you now or have you ever been adjudged to be of unsound mind? No 🗆 Yes 🗌 If answer is "yes", has the adjudication been removed? If answer is "yes", has the adjudication been removed? No Yes Are you related to the female applicant closer than second cousin? Are you related to the male applicant closer than second cousin? Yes 🗆 No 🗵 Are you now under the influence of an alcoholic beverage? Are you now under the influence of an alcoholic beverage? No Yes Are you now under the influence of a narcotic drug? Are you now under the influence of a narcotic drug? List the full names of any dependent children. List the full names of any dependent children. 6. (a) Full name of applicant's father Dona (a) Full name of applicant's father (If adopted, list adoptive parents only) (If adopted, list adoptive parents only) Residence of father (if deceased, so state) accessed Residence of father (if deceased, so state) Birthplace of father (State or foreign country) DONO a Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother 1100 (b) Full maiden name of applicant's mother Betty (If adopted, list adoptive parents only) (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) **ACKNOWLEDGEMENT ACKNOWLEDGEMENT** I acknowledge that I have received information regarding dangerous communicable diseases that I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). immune deficiency syndrome) Signature of Applicant Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. acknowledgment because of religious beliefs. Clerk of Court Clerk of Court _ Date _ State of Indiana State of Indiana I swear/affirm that the information given County of Hendricks in this application is true and correct. County of Hendrick Signed New Address 7/03 FL Serevo Subscribed and sworn to before me this 6-18-63 day of . 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, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____ state facts which make the consent of the other parent unnecessary ____ State of Indiana) State of Indiana County of Hendricks) County of Hendricks) Father ___ Father ____ ID #_ Mother Mother . Subscribed and sworn to before me this _ Subscribed and sworn to before me this _ COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the __ County __ __ Court, by written order issued _ and filed in , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I 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 <u>Donald Walter Growden</u> and <u>Sherry Lee Frederick</u> (name), certify that on __June 18, 2003 _____(date), at _____Danville _____in ___Hendricks

> Signed Slarax Dugas Hendricks Circuit Court

Clerk

___ County, ___ Indiana

__ County, __ Indiana

County, Indiana, Donald Walter Growden of Marion

(state), and Sherry Lee Frederick of Hendricks

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

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

6-19-03
Date of Application

IC 31-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.	Female Applicant > 50 No Yes I If No, Medical Examination or Report Dated Name of Physician Name of Physician
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last Pachael Anthony Drewer Date of Birth Month Day Year 57	Name Sirst Middle Last Williams Date of Birth Month Day Year 3 30 73
Place of Birth (State or foreign country) Residence Address Street or R.R. City County State ### State Street or R.R. City County State ### State Street or R.R. City County State ### State State	Place of Birth (State or foreign country) Residence Address Street or R.R. City Country State 4330 Ellen St. Cartersburg Hand In 46166 Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 3002	Last Marriage Ended By: Death Divorce Annulment Date 2003
Date of Birth Verified By:	Date of Birth Verified By: Birth Certificate
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes I f answer is "yes", has the adjudication been removed? No Yes 2. Are you related to the female applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes 4. Are you now under the influence of a narcotic drug? No Yes 5. List the full names of any dependent children.	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes", has the adjudication been removed? No Yes Are you related to the male applicant closer than second cousin? No Yes Are you now under the influence of an alcoholic beverage? No Yes Are you now under the influence of a narcotic drug? No Yes 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)	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 ————————————————————————————————————	ACKNOWLEDGEMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Y Signature of Applicant Minda Elizabeth William Date 4-19-03
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	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of Hendricks Signed New Address Subscribed and sworn to before me this I swear/affirm that the information given in this application is true and correct. A Signed New Address Subscribed and sworn to before me this J day of June, 7003	State of Indiana County of Hendricks Signed New Address Subscribed and sworn to before me this 19 day of 1 June, 2003
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State facts which make the consent of the other parent unnecessary State of Indiana) County of Hendricks) Father ID # Mother ID #	State of Indiana) County of Hendricks) Father ID # Mother ID #
Subscribed and sworn to before me this day of Clerk	Subscribed and sworn to before me this day of Clerk
	TT. A marriage license having been refused to the above named parties, the Court, by written order issued
and filed in, auth	orizes 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 Cle 2003, authorizing the marriage of Michael Ant I further certify that the following marriage certificate was filed in my office:	SE AND MARRIAGE CERTIFICATE ork of the Circuit Court of Hendricks County, Indiana, datedJune19, hony Brewer and Shonda Elizabeth Williams I,Janet S. Smith (name), anville in Hendricks icks Indiana
(state), and Shonda Elizabeth Williams Hendr. were married by me as authorized under a marriage license that was iss June 19, 2003. Signed by: Janet S. Smith	icks County, Indiana (state) icks County, Indiana (state) sued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Hend Co Deputy Clerk (official designation) June 24, 2003 (date).
Filed and recorded in accordance with the laws of the State of Indiana on	Signed Signed Clerk Hendricks Circuit Court

STATE OF INDIANA

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Book 47
Page 375

| 6-19-03 |
| Date of Application |

IC 31-11-11. Furnishing false information upon applying for license. Female Applicant > 50 No 🔼 Yes 🗆 A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under Name of Physician _ 10 IC 31-11-4-4 commits a Class D felony. FEMALE APPLICANT MALE APPLICANT First Date of Birth Date of Birth Month Place of Birth (State or foreign country) Place of Birth (State or foreign country) IN County Residence Addres Street or R.R. Brone Il 4990 Never Married Previous Marital Status: OR No. of Previous Marriages_ OR No. of Previous Marriag Never Married Last Marriage Ended By: Death Divorce Annulment Date _ Death Divorce Annulment Date Last Marriage Ended By: Other (Specify) Other (Specify) ☐ Birth Certificate ☐ Birth Certificate Date of Birth Verified By: Date of Birth Verified By: cense cense Jers Are you now or have you ever been adjudged to be of unsound mind? Are you now or have you ever been adjudged to be of unsound mind? Yes 🗆 Yes 🗆 If answer is "yes", has the adjudication been removed? No 🗆 If answer is "yes", has the adjudication been removed? No Yes Are you related to the male applicant closer than second cousin? No X Yes Are you related to the female applicant closer than second cousin? No X No Yes 🗆 Are you now under the influence of an alcoholic beverage? Yes 🗆 Are you now under the influence of an alcoholic beverage? No Yes No 🛭 Yes 🗆 Are you now under the influence of a narcotic drug? Are you now under the influence of a narcotic drug? List the full names of any dependent children. List the full names of any dependent children. Kodner (a) Full name of applicant's father wohn (a) Full name of applicant's father _ (If adopted, list adoptive parents only) (If adopted, list adoptive parents only) Residence of father (if deceased, so state) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Kever (b) Full maiden name of applicant's mother (If adopted, list adoptive parents only) (If adopted, list adoptive parents only) _ Residence of mother (if deceased, so state) IN Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) **ACKNOWLEDGEMENT** ACKNOWLEDGEMENT I acknowledge that I have received information regarding dangerous communicable diseases that I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome) Michell Hanklin immune deficiency syndrome). EmBurn Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. acknowledgment because of religious beliefs. Clerk of Court Clerk of Court Date I swear/affirm that the information given State of Indiana I swear/affirm that the information given Town in this application is true and correct County of Hendricks V M. Alan A. County of Hendricks in this application is true and correct. SIZN, Broken Bon trail apt #119 INPIS. 46214 812 N. broken Ben tvl New Address _ New Address & Subscribed and sworn to before me this day of _ _ Clerk of the Hendricks Circuit Court 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, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary __ state facts which make the consent of the other parent unnecessary _ State of Indiana) State of Indiana) County of Hendricks) County of Hendricks) Father _ Father _ Mother ID # Subscribed and sworn to before me this _ Subscribed and sworn to before me this _ COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued _ authorizes and directs the issuance of a marriage license to the above named parties. and filed in RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated __June_19, and ____Michele Lynn Franklin 2003 , authorizing the marriage of __Eric Leighton Burns I further certify that the following marriage certificate was filed in my office: I, _____Phil Bilyeu __ (date), at ___ Clermont certify that on __June_21, 2003 Hendricks _ in __ Indiana _ County, _ County, Indiana, Eric Leighton Burns ___ of ___ Marion Hendricks _County, _ Indiana (state), and Michele Lynn Franklin of ____ were 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) June 26, 2003 Filed and recorded in accordance with the laws of the State of Indiana on _

Signed _

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Book <u>47</u>
Page <u>3.76</u>

<u>6-19-03</u>
Date of Application

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

Female Applicant > 50 No Yes I If No, Medical Examination or Report Dated Name of Physician W. Hadley

IC 31-11-4-4 commits a Class D felony.	Name of Physician 11. Hours
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name First Middle Last
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	12 21 1081
Residence Address Street - D.D.	Place of Birth (State, or foreign country)
Residence Address Street or R.R. City County / State	Residence Address Street or R.R. City County, State
3220 E. Fraisie View Cr Daville Hend lottes	22 2309 Beth Dr. And exson Modison The
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of Birth Verified By: Birth Certificate Other (Specify)	Date of Birth Verified By:
Druesia Seguine	Drivier's Linence
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?
2. Are you related to the female applicant closer than second cousin? No Yes \Box. 3. Are you now under the influence of an alcoholic beverage? No Yes \Box.	2. Are you related to the male applicant closer than second cousin? No Yes
 Are you now under the influence of a narcotic drug? No Yes Yes □ 	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No ✓ Yes ✓ Yes ✓
5. List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug? No Yes 5. List the full names of any dependent children.
5. (a) Full name of applicant's father Some Another	
6. (a) Full name of applicant's father Joseph Mottles (If adopted, list adoptive parents only)	6. (a) Full name of applicant's father Tarry W. Brown
Residence of father (if deceased, so state)	(If adopted, list adoptive parents only) Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) Hodiana
(b) Full maiden name of applicant's mother (If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother Brenda R. Mitchell
Residence of mother (if deceased, so state)	(If adopted, list adoptive parents only)
Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state) Indiana Birthplace of mother (State or foreign country) Indiana
acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired mmune deficiency syndrome). Signature of Applicant Date 0/19/03	ACKNOWLEDGEMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Bandyn Brown Date Left 1910.
The above applicant has objected to verifying by oath or affirmation or signature to the above cknowledgment because of religious beliefs. Clerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs Clerk of Court
I swear/affirm that the information given in this application is true and correct. Signed Thomas a Falls New Address 9000 Manager Manch DV. Image 4429 ubscribed and sworn to before me this 4 day of 4429 Clerk of the Hendricks Circuit Court	State of Indiana County of Hendricks Signed New Address Subscribed and sworn to before me this Clerk of the Hendricks Circuit Court
ONSENT OF PARENTS, PARENT, OR GUARDIAN	
e, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, ate facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
ate of Indiana)	State of Indiana)
ounty of Hendricks)	County of Hendricks)
ther ID # other ID #	Father ID #
bscribed and sworn to before me this day of	Mother ID # Subscribed and sworn to before me this day of
OMPLETE IE MARRIAGE LICENSE ISSUED DV CROSS	Clerk
d filed in	A marriage license having been refused to the above named parties, the
, author	rizes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENSE	AND MARRIAGE CERTIFICATE
certify that there was filed in my office a marriage license issued by the Clerk 2003, authorizing the marriage of Thomas Arvill	tof the Circuit Court of Hendricks County, Indiana, datedJune 19,
lither certify that the following marriage costificate of the	Mhomes Marchta
date) at Ander	rson Madison (name),
ate), and Brandy Noel Brown of Hendricks	County Indiana
re married by me as authorized under a marriage license that	County, Indiana (state)
ed and recorded in accordance with the laws of the State of Indiana on	
	(unic).
	Simul Dugan
	Signed

STATE OF INDIANA

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Book 67
Page 377

0-19-03
Date of Application

IC 31-11-11. Furnishing false information upon applying for license. Female Applicant > 50 No 🖳 Yes 🗆 If No, Medical Examination or Report Dated Name of Physician Michaela . A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony. FEMALE APPLICANT MALE APPLICANT Name Name Middle Date of Birth Date of Birth 22 Place of Birth (State or foreign country) Place of Birth (State or foreign country) Residence Address Residence Address Street or R.I 6490 OR No. of Previous Marriages Previous Marital Status: Death Divorce Annulment Date Death Divorce Annulment Date Last Marriage Ended By: Last Marriage Ended By: Other (Specify) Date of Birth Verified By: ☐ Birth Certificate ☐ Birth Certificate Other (Specify) Date of Birth Verified By: rues 's No Yes Are you now or have you ever been adjudged to be of unsound mind? Are you now 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 No Yes Are you related to the male applicant closer than second cousin? No Yes Are you related to the female applicant closer than second cousin? No Yes Are you now under the influence of an alcoholic beverage? No Yes Are you now under the influence of an alcoholic beverage? No Yes No Yes Are you now under the influence of a narcotic drug? Are you now under the influence of a narcotic drug? List the full names of any dependent children. List the full names of any dependent children. (a) Full name of applicant's father (If adopted, list adoptive parents only) . (If adopted, list adoptive parents only) Residence of father (if deceased, so state) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Carolina (b) Full maiden name of applicant's mother // news (If adopted, list adoptive parents only) . (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) _ Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) ___ **ACKNOWLEDGEMENT** ACKNOWLEDGEMENT I acknowledge that I have received information regarding dangerous communicable diseases that I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired are sexually transmitted, and a list of the test situs for the virus that causes AIDS (acquired immune deficiency syndrome). XSignature of Applicant De anna Stisse immune deficiency syndrome). Date 19 JUNO3 Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. acknowledgment because of religious beliefs. Clerk of Court Clerk of Court Date . I swear/affirm that the information given State of Indiana I swear/affirm that the information given State of Indiana County of Hendricks in this application is true and correct. in this application is true and correct. County of Hendricks New Address same our New Address 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, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _ state facts which make the consent of the other parent unnecessary _ State of Indiana State of Indiana County of Hendricks) County of Hendricks) ID #_ Father ___ Father _ Mother _ Mother _ Subscribed and sworn to before me this Subscribed and sworn to before me this _ COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _ Court, by written order issued _ County _ , authorizes and directs the issuance of a marriage license to the above named parties. and filed in RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 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), ___in ___Hendricks certify that on _____June 28, 2003 _____(date), at _____Coatesville County, Indiana, Daniel Patrick Steele of Hendricks Indiana _ County, _ Indiana (state), and DeAnna Lee Stipe of Hendricks County, ___ were 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 Filed and recorded in accordance with the laws of the State of Indiana on ____ July 3, 2003

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Book 47
Page 378

(0-19-03)

Date of Application

Clerk

IC 31-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.	Female Applicant > 50 Novel Yes 1 10 No. Medical Examination or Report Dated Name of Physician 2. A Charles 1.
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last Benjamin Date of Birth Month Day Year 1980 Place of Birth (State or foreign country) Residence Address Street or R.R. City County State 32le W. Ward Cr. Last 32le W. Ward Cr. Last 32le W. Ward Cr. Last 32le W. Warriage Previous Marriage Ended By: Death Divorce Annulment Date	Name First Middle Last Place of Birth Month Day Year Place of Birth (State or foreign country) Residence Address Street or R. City County State County State County State County State County State County State County State County State County State County State County State County State County State County State County State County State County State County State County State County State County State County State County State County State County State County State County State County State County State County State County State County State County State County State County State County State County State County State County State County State County State County State County State County State County State County State County State County State County State County State County State County State County State County State County State County State County State County State County State County State County State County State County State County State County State County State County State County State County State County State County State County State County State County State County State County State County State County State County State County State County State County State County State County State County State County State County State County State County State County State County State County State County State County State County State County State County State County State County State County State County State County State County State County State County State County State County State County State County State County State County State County State County State County State County State County State County State County State County State County State County State County State County State County State County State County State County State County
Date of Birth Verified By: Birth Certificate, Bother (Specify)	Date of Birth Verified By: Date of Birth Verified By: Birth Certificate Consolidation
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes", has the adjudication been removed? No Yes 2. Are you related to the female applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes 4. Are you now under the influence of a narcotic drug? No Yes 5. List the full names of any dependent children.	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes", has the adjudication been removed? No Yes Yes 2. Are you related to the male applicant closer than second cousin? No Yes Yes 3. Are you now under the influence of an alcoholic beverage? No Yes Yes 5. List the full names of any dependent children. A Yes 6. (a) Full name of applicant's father Yes Yes
Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother (DISE HYMEHE CONCIA) (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)	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 6-18-03	ACKNOWLEDGEMENT I acknowledge that I have received information regarding dangerous communicable diseases 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 6-19-03
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	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana) I swear/affirm that the information given County of Hendricks Signed Stevens in this application is true and correct. New Address 525 62075 Ave. kansas (i.sq.) K5 66/04 Subscribed and sworn to before me this day of Clerk of the Hendricks Circuit Court	State of Indiana) I swear/affirm that the information given County of Hendricks Signed New Address 1535 Georgia Address City KS 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	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of 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
County	T. A marriage license having been refused to the above named parties, the Court, by written order issued prizes 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 Cler 2003, authorizing the marriage of Benjamin Ray	Stevens and Lesley Ann Kenworthy I, Douglas A. Litsey (name), In Hendricks
(state), and <u>Lesley Ann Kenworthy</u> of <u>Hendric</u> were married by me as authorized under a marriage license that was issued	ks County, Indiana (state) med by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Minister (official designation)

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Date of Application

No ☐ Yes ☐

Replace 2. Unanzil MO

Female Applicant > 50

Name of Physician _

If No, Medical Examination or Report Dated

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

IC 31-11-4-4 commits a Class D felony. FEMALE APPLICANT MALE APPLICANT Name First Date of Birth Date of Birth Place of Birth (State or foreign country) Place of Birth (State or foreign country) Residence Address Street or R.R Residence Address 4782 Mession Never Married OR No. of Previous Marriages Never Married OR No. of Previous Marriag Death Divorce Annulment Date Last Marriage Ended By: Death Divorce Annulment Date Last Marriage Ended By: ☐ Birth Certificate Other (Specify) Date of Birth Verified By: Other (Specify) ☐ Birth Certificate Date of Birth Verified By: Are you now or have you ever been adjudged to be of unsound mind? No 🕒 Yes 🗌 Are you now 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 No Tyes Are you related to the male applicant closer than second cousin? No Yes Are you related to the female applicant closer than second cousin? No - Yes Are you now under the influence of an alcoholic beverage? No Yes Are you now under the influence of an alcoholic beverage? No 🗗 Yes 🗆 Are you now under the influence of a narcotic drug? No Yes Are you now under the influence of a narcotic drug? List the full names of any dependent children. List the full names of any dependent children. (a) Full name of applicant's father Attiving 6. (a) Full name of applicant's father (If adopted, list adoptive parents only) (If adopted, list adoptive parents only) Residence of father (if deceased, so state) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Marilys (b) Full maiden name of applicant's mother (If adopted, list adoptive parents only) _ (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) **ACKNOWLEDGEMENT** ACKNOWLEDGEMENT I acknowledge that I have received information regarding dangerous communicable diseases that I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndromo.
Signature of Applicant immune deficiency syndrome). XSignature of Applicant _ The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. acknowledgment because of religious beliefs. Date _ Date . Clerk of Court Clerk of Court . State of Indiana I swear/affirm that the information given I swear/affirm that the information given State of Indiana in this application is true and correct. County of Hendricks) in this application is true and correct. County of Hendricks k Signed _ V. Signed New Address Subscribed and sworn to before me this 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, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary _ State of Indiana State of Indiana) County of Hendricks) County of Hendricks) Father _ Father _ Mother _ Mother day of _ Subscribed and sworn to before me this _ COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _ Court, by written order issued _ _ County _, authorizes and directs the issuance of a marriage license to the above named parties. and filed in RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 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), Hendricks __ (date), at __ Camby certify that on ___ June 21, 2003

San Diego

were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated

San Diego

June 26, 2003

County,

California

Recorded Minister (official designation)

California

(state)

County, Indiana, Neal Christopher Svalstadf

June 20, 2003 Signed by: Sylvia Graves

Filed and recorded in accordance with the laws of the State of Indiana on ____

(state), and Erin Kathleen Miller of

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

APPLICATION FOR MARRIAGE LICENSE **HENDRICKS COUNTY**

Book _ 4-20-03
Date of Application

IC 31-11-1. Furnishing false information upon applying for 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 If No, Medical Examination or Report Dated Name of Physician Allan Von Stein

MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name First Middle Last
Date of Birth Month Day Year	Bristian Michaelle Hughes
Date of Birth Month Day Year	Date of Birth Month Day Year 83
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County / State	Residence Address Street or R.R. City County / State
1989 Cartershus Rd. Place Lite Nordelin 411	Residence Address Street or R.R. Sity County State 4989 Cartinulus II The Little New Land
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of Birth Verified By: Birth Certificate Other (Specify)	Date of Birth Verified By: Birth Certificate
Druin Sinie	Drugin Since
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?	If answer is "yes", has the adjudication been removed?
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 Tyes T
Are you now under the influence of an alcoholic beverage? No Yes Are you now under the influence of a proposite depart.	3. Are you now under the influence of an alcoholic beverage?
. Are you now under the influence of a narcotic drug? No Yes List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug? No Yes
List the full names of any dependent children.	List the full names of any dependent children
(a) Full name of applicant's father Dirk Alan Shaw	0
(If adopted, list adoptive parents only)	6. (a) Full name of applicant's father Russell Custing A
Residence of father (if deceased, so state)	(If adopted, list adoptive parents only) Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Deanne Maconnia	(b) Full maiden name of applicant's mother Haren See Kile
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGEMENT	ACKNOWLEDGEMENT
acknowledge that I have received information regarding dangerous communicable diseases that	I acknowledge that I have received information regarding dangerous communicable diseases that
re sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
ignature of Applicant Date 6-20-03	immune deficiency syndrope).
Signature of Applicant Date 6-20-0 \$	Signature of Applicant Applicant Date 6-20-0
The above applicant has objected to verifying by oath or affirmation or signature to the above	The shave configurations has shipsted to unificing by such as 65 and a significant
cknowledgment 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.
lerk of Court Date	Clerk of Court Date
tate of Indiana) / I swear/affirm that the information given	State of Indiana) , I swear/affirm that the information given
ounty of Hendricks) // in this application is true and correct.	County of Hendricks County of Hendricks
Y Signed	X Signed 7 WOLL
when Address	Y New Address Same as a laye
Clerk of the Hendricks Circuit Court	Subscribed and sworn to before me this day of day o
Civil of the Heindress Circuit Court	Clerk of the Hendricks Circuit Court
ONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
ve, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, ate 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
ate of Indiana) punty of Hendricks)	State of Indiana) County of Hendricks)
ther ID #	Father ID #
other ID #	Mother ID #
bscribed and sworn to before me this day of Clerk	Subscribed and sworn to before me this day ofClerk
County County	T. A marriage license having been refused to the above named parties, the Court, by written order issued
nd filed in author	prizes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
2003 authorizing the marriage of Cory Alan St	rk of the Circuit Court of Hendricks County, Indiana, dated <u>June 20,</u>
further certify that the following marriage certificate was filed in my office:	naw and Kristian Nicholle Hughes I, Dirk Shaw (name),
ertify that on June 21, 2003 (date), at Inc	dianapolis in Marion
ounty, Indiana, <u>Cory Alan Shaw</u> of <u>Hendr</u>	cicks County, Indiana
tate), and Kristian Nicholle Hughes Hendr	cicks County, Indiana (state)
ere married by me as authorized under a marriage license that the	ad by the Clark of the Circuit Count of II 1:1 C
ere married by me as authorized under a marriage license that was issume 20, 2003. Signed by:Dirk Shaw	,Minister (official designation)
ere married by me as authorized under a marriage license that was issume 20, 2003. Signed by:	June 26, 2003 (date). (official designation)
ere married by me as authorized under a marriage license that was issued	,Minister (official designation)

STATE OF INDIANA

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

IC 31-11-1. Furnishing false information upon applying for license. No 🖭 Female Applicant > 50 Yes 🗆 A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under Name of Physician Konald Kracke IC 31-11-4-4 commits a Class D felony. FEMALE APPLICANT MALE APPLICANT Middle Name Middle Name Valsox Date of Birth Date of Birth Day Place of Birth (State or foreign country) Place of Birth (State or foreign country) Residence Address Street or R.R. Residence Address Street or R.R 11718 Teduveter OR No. of Previous Marriage Previous Marital Status: Previous Marital Status: Death Divorce Annulment Date 2003 Last Marriage Ended By: Death Divorce Annulment Date _ Last Marriage Ended By: Other (Specify) ☐ Birth Certificate Date of Birth Verified By: Date of Birth Verified By: ☐ Birth Certificate Other (Specify) Are you now or have you ever been adjudged to be of unsound mind? Yes 🗆 No Yes Are you now 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 No Yes Are you related to the female applicant closer than second cousin? Are you related to the male applicant closer than second cousin? Are you now under the influence of an alcoholic beverage? No 🗗 Yes 🗆 No Yes Are you now under the influence of an alcoholic beverage? No T Yes No Yes Are you now under the influence of a narcotic drug? Are you now under the influence of a narcotic drug? List the full names of any dependent children. List the full names of any dependent children. meld Laurence (a) Full name of applicant's father _ (a) Full name of applicant's father (If adopted, list adoptive parents only) (If adopted, list adoptive parents only) Residence of father (if deceased, so state) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) Indiana Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Dusetta Raina Fellers (b) Full maiden name of applicant's mother (If adopted, list adoptive parents only) (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) ACKNOWLEDGEMENT ACKNOWLEDGEMENT I acknowledge that I have received information regarding dangerous communicable diseases that I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome.
Signature of Applicant immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. 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.).IV New Address 10420 Hickory it we New Address . SAME Subscribed and sworn to before me this _____ day of _ 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, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _ state facts which make the consent of the other parent unnecessary _ State of Indiana State of Indiana County of Hendricks) County of Hendricks) Father ____ Father _ Mother Subscribed and sworn to before me this __ Subscribed and sworn to before me this _ COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued _ , authorizes and directs the issuance of a marriage license to the above named parties. and filed in RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 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 certify that on July 19, 2003 (date), at Indianapolis in Marion _County, _Indiana County, Indiana, Sean David Watson of Hendricks Hamilton _County, ___Indiana_ (state), and Kelly Ann Alfrey __ of ___ were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated _ (official designation) June 20, 2003 Signed by: Donald A. Watson Pastor July 24, 2003 __ (date). Filed and recorded in accordance with the laws of the State of Indiana on ____

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

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

67 Book 382 Page 10-20-03 Date of Application

IC 31-11-11. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.	Female Applicant > 50 No V Yes I If No, Medical Examination or Report Dated V-19-03 Name of Physician V BEOVE
MALE APPLICANT	FEMALE APPLICANT
Name Pirst Middle CLUMITZP	Name Krist Middle Last
Date of Birth Month Day Year 1949	Date of Birth Month Day Year 30 1955
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
226 STE St. Beech Grove Marion IN	8284 Portside Dr. Avon Hond. IN
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages. 4
Last Marriage Ended By: Death Divorce Annulment Date 12-00	Last Marriage Ended By: Death □ Divorce ☑ Annulment □ Date 9-99
Date of Birth Verified By:	Date of Birth Verified By: Birth Certificate Other (Specify)
Driver's License	Drivers License
1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐ If answer is "yes", has the adjudication been removed? 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 I
If answer is "yes", has the adjudication been removed? No Yes Are you related to the female applicant closer than second cousin? No Yes Yes	2. Are you related to the male applicant closer than second cousin? No 🗹 Yes 🗌
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage? No Yes 4. Are you now under the influence of a narcotic drug? No Yes Yes
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐ 5. List the full names of any dependent children	4. Are you now under the influence of a narcotic drug? 5. List, the full names of any dependent children. Alicole Michelle Geryo
J. Elst the All mands of the Appendix states.	Angela Marie Cervo
6. (a) Full name of applicant's father Dennis V. Swayze	6. (a) Full name of applicant's father CHOVOL MAYO
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only) Residence of father (if deceased, so state) TAGIONA
Birthplace of father (State or foreign country) Indiana	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Carolyn E. HIIDUN	(b) Full maiden name of applicant's mother Showon Broad
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Thatiana	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Traigna
Birthplace of mother (State or foreign country) Indiana	Birthplace of mother (State or foreign country) Trainana
immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above	immune deficiency syndrome). Faren Lee Mayo Date 42063 The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs. Clerk of Court Date	acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana) I swear/affirm that the information given in this application is true and correct. ASigned New Address 6264 Port or Auon, Int Hulp 3 Subscribed and sworn to before me this 20 day of Oune 2003 Clerk of the Hendricks Circuit Court	State of Indiana I swear/affirm that the information given County of Hendricks Let Mayo in this application is true and correct. Asigned Subscribed and sworn to before me this 20 day of Clerk of the Hendricks Circuit Court
Tharax 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	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby 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) Father ID #	County of Hendricks) Father ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me this day of Clerk	Subscribed and sworn to before me this day of Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT	T. A marriage license having been refused to the above named parties, the
and filed in, author	prizes 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 Cle	SE AND MARRIAGE CERTIFICATE rk of the Circuit Court of Hendricks County, Indiana, datedJune20, 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
(state), and Karen Lee Mayo of Hendri	County, Indiana (state) County, Indiana (state)
were married by me as authorized under a marriage license that was issued by . Arthur Roy Carnes, II	ued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated
Filed and recorded in accordance with the laws of the State of Indiana on	July 3, 2003 (date).
	SignedClerk

Signed _____ Hendricks Circuit Court

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Book 47
Page 383
6-20-03
Date of Application

IC 31-11-1. Furnishing false information upon applying for license.

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

Female Applicant > 50 No P Yes 6-19.03

If No, Medical Examination or Report Dated

Name of Physician MOLLY SIEARING

IC 31-11-4-4 commits a Class D felony.	Name of Physician Trock Statement
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last DERRICK AUSTIN BALES	Name First Middle Last COBB
Date of Birth Month Day Year 4 / 82	Date of Birth Month Day Year 1983
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
292 E. BROADWAY DANVIllE HENDRICKS IN	Previous Marital Status: Never Married OR No. of Previous Marriages
Previous Marital Status: Never Married OR No. of Previous Marriages	
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of Birth Verified By: Birth Certificate Other (Specify)	Date of Birth Verified By: Birth Certificate Other (Specify)
DRIVERS LICENSE	DLIVERS LICENSE
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes I If answer is "yes", has the adjudication been removed? No Yes 2. Are you related to the female applicant closer than second cousin? No Yes 4. Are you now under the influence of an alcoholic beverage? No Yes 5. List the full names of any dependent children.	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes", has the adjudication been removed? No Yes 2. Are you related to the male applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes 4. Are you now under the influence of a narcotic drug? No Yes 5. List the full names of any dependent children.
6. (a) Full name of applicant's father BFIRN DALES (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)	6. (a) Full name of applicant's father ROBERT ALLEN COBB (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 62003 The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The 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 County of Hendricks Signed New Address New Address Subscribed and sworn to before me this Clerk of the Hendricks Circuit Court	State of Indiana County of Hendricks Signed New Address A49 Subscribed and sworn to before me this Clerk of the Hendricks Circuit County Clerk of the Hendricks Circuit County Clerk of the Hendricks Circuit County County of Hendricks I swear/affirm that the information given the inf
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs state facts which make the consent of the other parent unnecessary
State of Indiana) County of Hendricks) Father ID # Mother ID # Subscribed and sworn to before me this day of	State of Indiana) County of Hendricks) Father ID # Mother ID # Subscribed and sworn to before me this day of
Clerk	Clerk
	T. A marriage license having been refused to the above named parties, the Court, by written order issued brizes and directs the issuance of a marriage license to the above named parties
and filed in, author	prizes 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 Cler 2003, authorizing the marriage of Derrick Austi	E AND MARRIAGE CERTIFICATE rk of the Circuit Court of Hendricks County, Indiana, dated June 20, n Bales and Alissa Lynn Cobb I, Rev. Brian D. Bales (name)
certify that on June 21, 2003 (date), at Ro	ckville in Parke
County, Indiana, Derrick Austin Bales of Hendric (state), and Alissa Lynn Cobb of Hendric	icks County Indiana
were married by me as authorized under a marriage license that was issu	ued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated
Filed and recorded in accordance with the laws of the State of Indiana on	July 3, 2003 (date). (official designation
	Olaran Quana

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Book <u>384</u>
Page <u>67</u>
<u>10 - 20 - 03</u>
Date of Application

Clerk

IC 31-11-1. Furnishing false information upon applying for license. Female Applicant > 50 No 🗆 Yes 🔼 A person who knowingly furnishes false information to a clerk of the 6-11-03 If No, Medical Examination or Report Dated
Name of Physician Jan John Ston circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony. MALE APPLICANT FEMALE APPLICANT Middle mmins Date of Birth Place of Birth (State or foreign country) Place of Birth (State or foreign country) Residence Address Street or R.R. Previous Marital Status: Never Married Last Marriage Ended By: Death Divorce Annulment Date Death Divorce Annulment Date Last Marriage Ended By: Other (Specify) Date of Birth Verified By: ☐ Birth Certificate Date of Birth Verified By: ☐ Birth Certificate Other (Specify) drivers Are you now or have you ever been adjudged to be of unsound mind? No Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes", has the adjudication been removed? Yes 🗌 No 🔲 If answer is "yes", has the adjudication been removed? No 🗆 No . Are you related to the female applicant closer than second cousin? Yes 🗌 2. Are you related to the male applicant closer than second cousin? No Yes Are you now under the influence of an alcoholic beverage? No 🔯 Yes 🗌 Are you now under the influence of an alcoholic beverage? No Yes | Yes | Are you now under the influence of a narcotic drug? No Yes Are you now under the influence of a narcotic drug? List the full names of any dependent children. List the full names of any dependent children. Everett Nolan Everett Brunson (a) Full name of applicant's father DONALO ummins (a) Full name of applicant's father (If adopted, list adoptive parents only) (If adopted, list adoptive parents only) _ llinois Residence of father (if deceased, so state) Indiana Residence of father (if deceased, so state) Birthplace of father (State or foreign country Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Jane KeartoH (b) Full maiden name of applicant's mother (If adopted, list adoptive parents only) (If adopted, list adoptive parents only) llinois Residence of mother (if deceased, so state) Residence of mother (if deceased, so state) Lilinois Birthplace of mother (State or foreign country) . Birthplace of mother (State or foreign country) ACKNOWLEDGEMENT ACKNOWLEDGEMENT I acknowledge that I have received information regarding dangerous communicable diseases that I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome) immune deficiency syndrome) Signature of Applicant Off Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. 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 County of Hendricks in this application is true and correct. Signed Same as above

Subscribed and sworn to before me this 20 day of Jule in this application is true and correct. New Address _ Alme Subscribed and sworn to before me this _ _ day of _ _ Clerk of the Hendricks Circuit Court _ 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, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _ state facts which make the consent of the other parent unnecessary _ State of Indiana County of Hendricks) County of Hendricks) Mother Mother _ ID #_ Subscribed and sworn to before me this _ Subscribed and sworn to before me this _ COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued _ and filed in , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I 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 Nicole Ann Cummins _ and I further certify that the following marriage certificate was filed in my office: I, _ Jonathan Lilly certify that on ___ July 26, 2003 ____ (date), at ____ Danville Hendricks __ in _ County, Indiana, Ryan Gene Brunson Hendricks _ of _ Indiana County, _ (state), and Nicole Ann Cummins _____of ____Hendricks _ County, ___ Indiana were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 20, 2003. Signed by:

Jonathan Lilly

Pastor

(official designation) (official designation) Filed and recorded in accordance with the laws of the State of Indiana on _ August 1, 2003 (date).

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

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C-20-03

Date of Application

MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name First Middle Last
David Lee Gamble	Tracy Diana Payne
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Vennsylvania	Irdiana
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
201 N. Vine St. Planfield Hendricks IN 46168	201 N. vine St Planyheld Hendricks IN 46168
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 1996	Last Marriage Ended By: Death Divorce Annulment Date
Date of Birth Verified By:	Date of Birth Verified By: Birth Certificate Stother (Specify)
Priver's License	Driver's Ucerse
1. Are you now or have you ever been adjudged to be of unsound mind? No S 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?	If answer is "yes", has the adjudication been removed?
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 \Box 3. Are you now under the influence of an alcoholic beverage? No Yes \Box
3. Are you now under the influence of an alcoholic beverage? No Yes ☐ 4. Are you now under the influence of a narcotic drug? No Yes ☐	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No Yes U
4. Are you now under the influence of a narcotic drug? No Yes List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of applicant's father Lesoy Camble	6. (a) Full name of applicant's father Daniel J. Payne
	6. (a) Full name of applicant's father Oansel Dayne (If adopted, list adoptive parents only)
(If adopted, list adoptive parents only) Residence of father (if deceased, so state)	Residence of father (if deceased, so state) ZII101S
Birthplace of father (State or foreign country) Penns Ylvania	Birthplace of father (State or foreign country) Thinks
(b) Full maiden name of applicant's mother Mary Corner Greina	(b) Full maiden name of applicant's mother Juanita M. Snith
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) 7110015
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGEMENT	ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that	I acknowledge that I have received information regarding dangerous communicable diseases that
are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant Daw Date 6/20/03	immune deficiency syndrome). Fracyo Tayne Date 170/03
Signature of Applicant Date Cof 27	Signature of Applicant
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	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) / / 7 2 / in this application is true and correct.	County of Hendricks) A On this application is true and correct
Signed / www / Mouth	Signed Surger Start
New Address SAME Subscribed and sworn to before me this 20 day of 5003	New Address Subscribed and sworn to before me this
Clerk of the Hendricks Circuit Court	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,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
Costs of Indiana	State of Indiana
State of Indiana) County of Hendricks)	State of Indiana) County of Hendricks)
Father ID #	Father ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me this day of Clerk	Subscribed and sworn to before me this day of Clerk
	A STATE OF THE PARTY OF THE PAR
	T. A marriage license having been refused to the above named parties, the
and filed in auth	Court, by written order issued orizes and directs the issuance of a marriage license to the above named parties.
The last transfer with the part of the par	
	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cle	rk of the Circuit Court of Hendricks County, Indiana, datedJune_20,
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 Plai	nfield in Hendricks
County, Indiana, David Lee Gamble of Hendr	icks County, Indiana
(state), and Tracy Diana Payne of Hendric	cks County, Indiana (state)
were married by me as authorized under a marriage license that was iss	ued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated
June 20, 2003 Signed by: Miki Mathioudakis	Reverend (deta) (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	July 10, 2003 (date).

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

IC 31-11-11. Furnishing false information upon applying for license.

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

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Page
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6-20-03
Date of Application

No 🗹

Yes 🗆

Female Applicant > 50

A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated Name of Physician DAVID HADLEY circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony. MALE APPLICANT FEMALE APPLICANT Middle Name Middle Last MCKEE WARREN ELIZABETH Month Date of Birth Day Date of Birth Place of Birth (State or foreign country) Place of Birth (State or foreign country) Residence Address Street or R.R. Residence Address Street or R.R. BROWNSBURG HENDRICKS IN BROWNSBURG HENDRICKS OR No. of Previous Marriages Last Marriage Ended By: Death Divorce Annulment Date Last Marriage Ended By: Death Divorce Annulment Date Other (Specify) ☐ Birth Certificate Other (Specify) Date of Birth Verified By: ☐ Birth Certificate Date of Birth Verified By: LICENSE DRIVERS DRIVERS LICENSE Are you now or have you ever been adjudged to be of unsound mind? No 🗹 Yes 🗆 Are you now or have you ever been adjudged to be of unsound mind? No Yes No 🗆 Yes 🗆 If answer is "yes", has the adjudication been removed? No Yes If answer is "yes", has the adjudication been removed? No Yes No Yes No Yes Yes No Yes No Yes No Yes No Yes WAFFEN Are you related to the female applicant closer than second cousin? Are you related to the male applicant closer than second cousin? Are you now under the influence of an alcoholic beverage? Are you now under the influence of an alcoholic beverage? Are you now under the influence of a narcotic drug? Are you now under the influence of a narcotic drug? List the full names of any dependent children. List the full names of any dependent children. (a) Full name of applicant's father TIMOTHY (a) Full name of applicant's father JAM6S (If adopted, list adoptive parents only) (If adopted, list adoptive parents only) Residence of father (if deceased, so state) Residence of father (if deceased, so state) N Birthplace of father (State or foreign country) Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother DIAN€ (b) Full maiden name of applicant's mother _ (If adopted, list adoptive parents only) _ (If adopted, list adoptive parents only) _ Residence of mother (if deceased, so state) _ Residence of mother (if deceased, so state) _ Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) _ **ACKNOWLEDGEMENT ACKNOWLEDGEMENT** I acknowledge that I have received information regarding dangerous communicable diseases that I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant immune deficiency syndrome). Signature of Applicant X The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. acknowledgment because of religious beliefs. Clerk of Court Clerk of Court Lyswear/affirm that the information given State of Indiana I swear/affirm that the information given State of Indiana County of Hendricks V in this application is true and correct. in this application is true and correct. County of Hendricks) New Address Dall day of June New Address & Same 20 day of JUNE scribed and sworn to before me this ubscribed and sworn to before me this _ Clerk of the Hendricks Circuit Court 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, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _ state facts which make the consent of the other parent unnecessary _ State of Indiana County of Hendricks) County of Hendricks) Father _ ID# Father __

Mother

Subscribed and sworn to before me this _

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 <u>Nathan Matthew Warren</u> and <u>Carrie Elizabeth McKee</u> I further certify that the following marriage certificate was filed in my office: I, ______ Harold L. Leininger II. certify that on _____June 28, 2003 _ (date), at __Avon_ _in ___ Hendricks County, Indiana, Nathan Matthew Warren of Hendricks _County, _ Indiana (state), and <u>Carrie Elizabeth McKee</u> of <u>Hendricks</u> __ County, __ Indiana were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, 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

Signed Hendricks Circuit Court

_ Clerk

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

Subscribed and sworn to before me this _

Mother .

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Date of Application

IC 31-11-1. Furnishing false information upon applying for 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 ☐ If No, Medical Examination or Report Dated ☐ Yes 🖳

IC 31-11-4-4 commits a Class D felony.	Name of Physician
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name First Middle (Last
Edward Perry Wash	Jancy For Mather
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country) Mdenna
Residence Address Street or R.R. City County State	Residence Address / Street or R.R. City County / State
836 B Winding Grook E Dr. Andols Marion Bothers	2409 Harvest Way #B Plan In Pol Hindelm 46,
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 2001	Last Marriage Ended By: Death Divorce Annulment Date 2001
Date of Birth Verified By:	Date of Birth Verified By:
Drives & Secinse	Druis &
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 4 Yes
If answer is "yes", has the adjudication been removed?	If 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 Tyes
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
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 Huan Hash	6. (a) Full name of applicant's father Naruey Stone
6. (a) Full name of applicant's father (If adopted, list adoptive parents only)	6. (a) Full name of applicant's father (If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Auth Cliselyth Kayy	(b) Full maiden name of applicant's mother Mildred I. Osbers
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGEMENT	ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that	I acknowledge that I have received information regarding dangerous communicable diseases that
are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	are sexually transmitted, and a list of the test sites for the virus that causes AID8 (acquired immune deficiency syndrome).
Signature of Applicant Edward O. 14-6 Date 6-20-05	Signature of Applicant hancy Lhalks Date 6-20-03
	Signature of Applicant
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given County of Hendricks in this application is true and correct.	State of Indiana County of Hendricks I swear/affirm that the information given this application is true and correct.
County of Hendricks Signed P. 11 in this application is true and correct.	County of Hendricks And All In this application is true and correct.
New Address 2409 HARVEST WAY & PUNFIELD 46168	Signed Manay Mathas New Address
Subscribed and warm to be form and it will be the control of the c	Subscribed and sworn to before me this D day of June 2003
Clerk of the Hendricks Circuit Court	
Clerk of the Hendricks Circuit Court	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,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	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	Γ. A marriage license having been refused to the above named parties, the
and filed in author	Court, by written order issued prizes and directs the issuance of a marriage license to the above named parties.
and free in, autito	Tizes and directs the issuance of a marriage license to the above hamed parties.
	E AND MARRIAGE CERTIFICATE
	k of the Circuit Court of Hendricks County, Indiana, dated June 20,
	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	ndianapolis in Marion
County, Indiana,Edward Perry Hash ofMarion	County, Indiana (state)
(state), and Nancy Lou Mathis of Hendric	KS County, Indiana (state)
were married by me as authorized under a marriage license that was issu	ed 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 Slavar Dugan Clerk
BOYCE FORMS • SYSTEMS 1-800-382-8702 1477	Hendricks Circuit Court
마스를 하는 것이 가게 되었다. 그 나를 하는 것이 없어요? 그렇게 되었다. 그렇게 되었다.	

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Book 67
Page 388
U-20-03
Date of Application

IC 31-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.	Female Applicant > 50 No 9 Yes 3-10-96 If No, Medical Examination or Report Dated Name of Physician Many Soper, 400
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name First Middle Last
Willand Lunell William)	mandi Sue Wilson
Date of Birth Month Day Year	Date of Birth Month Day Year
11 7 68	9 8 73
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Allenois	Michigan
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
543 Enderly au Drounslusa Hendeln Hell	543 Enderly Aux Brown buya Hend In 4/11
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 2000	Last Marriage Ended By: Death Divorce Annulment Date 2000
Date of Birth Verified By:	Date of Birth Verified By: Birth Certificate Other (Specify)
Data certificate Druit (Specify)	Date of Blittle verified by.
0	0 . 0 .
Newsy's Decence	Drues a Treense
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?	If answer is "yes", has the adjudication been removed?
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 Yes
5. List the full names of any dependent children. Daniel Wilson	5. List the full names of any dependent children. Aniel Wilson.
Matthew Wilson	Matthew Wilson Courte Wilson
	To the second se
6. (a) Full name of applicant's father Oonald S. Wilson	6. (a) Full name of applicant's father Clarence James Batter
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	
Birthplace of father (State or foreign country)	Residence of father (if deceased, so state)
(b) Full maiden name of applicant's mother thirty language and the second secon	Birthplace of father (State or foreign country)
	(b) Full maiden name of applicant's mother Landa Lue War
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant William R. Wilson Date 6-20-03	I acknowledge that I have received information regarding dangerous communicable diseases 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 6-20-03
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	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. 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. (Signed Willow R Wilson	State of Indiana County of Hendricks Signed I swear/affirm that the information given in this application is true and correct.
Y New Address SAME	New Address HITE
Subscribed and sworn to before me this 20 day of 4me, 3003	Subscribed and sworn to before me this 30 day of June, 3003
Clerk of the Hendricks Circuit Court	Clerk of the Hendricks Circuit Court
Alarah Rugar	Storaw Sugar
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENTS OR GUARDIAN
We, the parents of 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 # Subscribed and sworn to before me this day of	Mother ID #
Subscribed and sworn to before the this day of Clerk	Subscribed and sworn to before me this day of Clerk
Clerk	Cierk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR County	T. A marriage license having been refused to the above named parties, the
and filed inauthor	orizes and directs the issuance of a marriage license to the above named parties.
	and directs the localities of a marriage needs to the above named parties.
I certify that there was filed in my office a marriage license issued by the Cler	SE AND MARRIAGE CERTIFICATE rk of the Circuit Court of Hendricks County, Indiana, datedJune20,
2003 , authorizing the marriage of <u>Willard Russe</u>	ell 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 <u>June 24, 2003</u> (date), at <u>Branch 2003</u>	rownsburg in Hendricks
County, Indiana, <u>Willard Russell Wilson</u> of <u>Hend</u>	dricks County, Indiana
(state), and <u>Mandi Sue Wilson</u> of <u>Hendric</u>	cks County, Indiana (state)
were married by me as authorized under a marriage license that was issue	used by the Clark of the Circuit Court of Handricks 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 Hendricks Circuit Court

Clerk

STATE OF INDIANA

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Book 67
Page 389
Date of Application

IC 31-11-11. Furnishing false information upon applying for license. No Yes 🗆 Female Applicant > 50 A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under Name of Physician 1 degembeller IC 31-11-4-4 commits a Class D felony. MALE APPLICANT FEMALE APPLICANT Name Last len TIMOALLY nosner Year Date of Birth 1958 195 Place of Birth (State or foreign country) Place of Birth (State or foreign country) Indiana Lodiana Residence Address Street or R.R. County City County 788 5 CO R 2 800 E Hendricks IN 4612. 1217 N. CO.Bd 200 W. Panulle Hendricks IN 46/28 Previous Marital Status: Never Married Previous Marital Status: Never Married OR No. of Previous Marriages. OR No. of Previous Marriages. Death Divorce Annulment Date 99 Death Divorce Annulment Date 2006 Last Marriage Ended By: Last Marriage Ended By: Other (Specify) ☐ Birth Certificate Date of Birth Verified By: Date of Birth Verified By: ☐ Birth Certificate Other (Specify) GRASE Are you now or have you ever been adjudged to be of unsound mind? Nother Yes Are you now or have you ever been adjudged to be of unsound mind? No Yes No D Yes 🗆 If answer is "yes", has the adjudication been removed? If answer is "yes", has the adjudication been removed? No Yes No Yes 🗆 Are you related to the female applicant closer than second cousin? No Yes Are you related to the male applicant closer than second cousin? No Yes Are you now under the influence of an alcoholic beverage? No Yes 🗆 Are you now under the influence of an alcoholic beverage? No Yes Are you now under the influence of a narcotic drug? Yes 🗌 Are you now under the influence of a narcotic drug? List the full names of any dependent children. List the full names of any dependent children. langue Nicole Rosnes (a) Full name of applicant's father Bernovo hosnes (a) Full name of applicant's father James (Ma) 1000 (If adopted, list adoptive parents only) (If adopted, list adoptive parents only) Residence of father (if deceased, so state) Residence of father (if deceased, so state) 200 Birthplace of father (State or foreign country) Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Mary Elizabeth Messic (b) Full maiden name of applicant's mother (Second) Ce (If adopted, list adoptive parents only) (If adopted, list adoptive parents only) _ Residence of mother (if deceased, so state) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) **ACKNOWLEDGEMENT ACKNOWLEDGEMENT** I acknowledge that I have received information regarding dangerous communicable diseases that I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired are sexually transmitted, and a list of the test sizes for the virus that causes AIDS (acquired immune deficiency syndrome). immune deficiency syndrome). 620-03 Signature of Applicant Ton Corner Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. acknowledgment because of religious beliefs. Clerk of Court _ 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 Signed Mos in this application is true and correct. County of Hendricks in this application is true and correct. New Address _ Subscribed and sworn to before me this _____ day of _____ LARE 2003 46135 Subscribed and sworn to before me this _____ day of _____ UNE __ 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, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____ state facts which make the consent of the other parent unnecessary __ State of Indiana) County of Hendricks) County of Hendricks) Father __ Father ____ ID# Mother _ Mother _ Subscribed and sworn to before me this __ Subscribed and sworn to before me this _ COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _ County _ __ Court, by written order issued _ and filed in _ , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I 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 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 were 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

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Book . 390 Page Date of Application

IC 31-11-11. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.	Female Applicant > 50 No Yes Use 16 No, Medical Examination or Report Dated Name of Physician 2000 Physician 20
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name First Middle Last
Date of Birth Month Day Year	Date of Birth Month Day Year
5 3 1980	7 26 1978
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
146 CAPKOLDE APIC ANDN HENDRICKS IN	146 CAPMOL DR APTC AUDIN HENDRICKS IN
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of Birth Verified By:	Date of Birth Verified By: Birth Certificate Other (Specify)
DRIVERS LICENSE	DRIVERS LICENSE
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes", has the adjudication been removed? No Yes Are you related to the female applicant closer than second cousin? No Yes Are you now under the influence of an alcoholic beverage? No Yes Are you now under the influence of a narcotic drug? No Yes List the full names of any dependent children.	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes I If answer is "yes", has the adjudication been removed? No Yes I 2. Are you related to the male applicant closer than second cousin? No Yes I 3. Are you now under the influence of an alcoholic beverage? No Yes I 4. Are you now under the influence of a narcotic drug? No Yes I 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) TU	6. (a) Full name of applicant's father SEHEYY LYNN BELL (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)
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). 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	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Date
State of Indiana County of Hendricks Signed New Address Subscribed and sworn to before me this Clerk of the Hendricks Circuit Court	State of Indiana) I swear/affirm that the information given 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 20 day of JUNE 203 Clerk of the Hendricks Circuit Court
Clerk of the Hendricks Circuit Court	Cierk of the Figure Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby 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) Father ID #	County of Hendricks) Father ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me this day of Clerk	Subscribed and sworn to before me this day of Clerk
The state of the s	Γ. A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, author	orizes 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 Clerand School of S	County,
	Signed Signed Clerk
	Signed Clerk
BOYCE FORMS • SYSTEMS 1-800-382-8702 1477	Hendricks Circuit Court

STATE OF INDIANA

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Page 39/ U-20-03
Date of Application

IC 31-11-1. Furnishing false information upon applying for license.

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

Female Applicant > 50 No W Yes 12-2-02

If No, Medical Examination or Report Dated

Name of Physician Darkara, Koewley Mr.O

IC 31-11-4-4 commits a Class D felony.	
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name First Middle Last
Date of Birth Joseph anthony Jonathan Duyer	Date of Birth Month Day Year 8 33 82
Place of Birth (State or foreign country) Inliana	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State 931 Highlander Or . Placefull Sendent-168 Previous Marital Status: Never Married OR No. of Previous Marriages	Residence Address Street or R.R. City County State 131 Mahlender Os Placefuld And Atle 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:	Date of Birth Verified By: Birth Certificate
Indiana ID Card	Indiana I D Casa
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes I f answer is "yes", has the adjudication been removed? No Yes 2. Are you related to the female applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes 4. Are you now under the influence of a narcotic drug? No Yes 5. List the full names of any dependent children.	1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐ If answer is "yes", has the adjudication been removed? No ☐ Yes ☐ 2. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐ 3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐ 4. Are you now under the 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)	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 The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	ACKNOWLEDGEMENT I acknowledge that I have received information regarding dangerous communicable diseases 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 Date Clerk of Court Date
Clerk of Court State of Indiana County of Hendricks Signed New Address Date I swear/affirm that the information given in this application is true and correct.	State of Indiana) County of Hendricks) Signed in this application is true and correct.
Subscribed and sworn to before me this day of Clerk of the Hendricks Circuit Court	Subscribed and sworn to before me this Clerk of the Hendricks Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana) County of Hendricks) Father ID # Mother ID #	State of Indiana) County of Hendricks) Father ID # Mother ID #
Subscribed and sworn to before me this day of Clerk	Subscribed and sworn to before me this day of Clerk
County	T. A marriage license having been refused to the above named parties, the Court, by written order issued
RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the Cle 2003 , authorizing the marriage of Joseph A. J. I further certify that the following marriage certificate was filed in my office: certify that on June 23, 2003 (date), at Dar County, Indiana, Joseph A. J. Beyer of Hendrick (state), and Amy Jean Purdy of Hendrick were married by me as authorized under a marriage license that was issued by the Cle	orizes and directs the issuance of a marriage license to the above named parties. SE AND MARRIAGE CERTIFICATE ork of the Circuit Court of Hendricks County, Indiana, dated June 20, Beyer and Amy Jean Purdy I, Janet S. Smith (name), oville in Hendricks County, Indiana (state) used by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Hend Co Deputy Clerk (official designation)

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

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Book 47
Page 392
4-20-03
Date of Application

A person who knowingly furnishes false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.	Female Applicant > 50 No Yes I Yes I If No, Medical Examination or Report Dated 5-2-03 Name of Physician Seven J. Suksus 700
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name First Middle Last
Date of Birth Month Bay Year	Date of Birth Month Joay Year
1 13 17	10 8 79
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
1164 Vakurin Dr. Woon Hendrick South	23 1164 Valuneur Dr. avon Hind Shitlet.
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of Birth Verified By: Birth Certificate Other (Specify)	Date of Birth Verified By: Birth Certificate Other (Specify)
Drusis Excine	Druis Seeme
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 male applicant closer than second cousin? No Yes
2. Are you related to the female applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes	2. Are you 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.
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. They Mannondo	5. List the full names of any dependent children.
6. (a) Full name of applicant's father Willie Simonds	6. (a) Full name of applicant's father Cedric a. Jones
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother (c) Full maiden name of applicant's mother	Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Valence Vern Class
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGEMENT	ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that	I acknowledge that I have received information regarding dangerous communicable diseases that
are sexually transmitted, and a list of the lest sites (for the virus that causes AIDS (acquired immune deficiency syndromes)	are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Date 6-20-03	Signature of Applicant 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	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of Hendricks Signed New Address SANE I swear/affirm that the information given in this application is true and correct.	State of Indiana) County of Hendricks) Signed Signed I swear/affirm that the information given in this application is true and correct.
Subscribed and sworn to before me this 20 day of 440.	C New Address TAME
Clerk of the Hendricks Circuit Court	Subscribed and sworn to before me this D day of Heart, 3003 Clerk of the Hendricks Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby 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) Father ID #	County of Hendricks) Father ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me this day of Clerk	Subscribed and sworn to before me this day of Clerk
County	T. A marriage license having been refused to the above named parties, the Court, by written order issued
and filed in, auth	orizes 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 Cle	SE AND MARRIAGE CERTIFICATE ork of the Circuit Court of Hendricks County, Indiana, dated June 20,
further certify that the following marriage certificate was filed in my office:	Simonds and Akia Tywee Jones I, Victor O. Hill (name),
certify that on July 5, 2003 (date) at Ande	erson in Madison (name),
County, Indiana, Coray Eugene Simonds of Hence	lricks County, Indiana
(state), and Akia Tywee Jones of Hendrick	rrson in Madison dricks County, Indiana (state) S County, Indiana (state)
were married by me as authorized under a marriage license that was iss	ued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated
Filed and recorded in accordance with the laws of the State of Indiana on	July 10, 2003/ (date). (official designation)
	Slavan Dugan
	NACADA (NACADA)

Signed _____ Hendricks Circuit Court Clerk

STATE OF INDIANA

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Book U7
Page 393
Date of Application

IC 31-11-11. Furnishing false information upon applying for license. No Yes 🗆 Female Applicant > 50 A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated Name of Physician circuit court when the person applies for a marriage license under Tracks Name of Physician . IC 31-11-4-4 commits a Class D felony. FEMALE APPLICANT MALE APPLICANT Middle Middle Last Junioar te or foreign country) Residence Address Henel Never Married OR No. of Previous Marriages Never Married OR No. of Previous Marriages Death Divorce Annulment Date 10/02 Death Divorce Annulment Last Marriage Ended By: Last Marriage Ended By: Other (Specify) Other (Specify) ☐ Birth Certificate Date of Birth Verified By: ☐ Birth Certificate Date of Birth Verified By: privers Indiana Are you now or have you ever been adjudged to be of unsound mind? No Are you now or have you ever been adjudged to be of unsound mind? No If answer is "yes", has the adjudication been removed? Yes 🗌 Yes 🗌 Yes 🗌 No D If answer is "yes", has the adjudication been removed? If answer is "yes", has the adjudication been removed? No A No No Yes 🗌 Yes 🗆 Are you related to the male applicant closer than second cousin? Are you related to the female applicant closer than second cousin? Yes 🗌 Yes 🗆 Are you now under the influence of an alcoholic beverage? Are you now under the influence of an alcoholic beverage? Are you now under the influence of a narcotic drug? N: cole Yes 🗆 Are you now under the influence of a narcotic drug? Yes 🗆 List the full names of any dependent children. List the full names of any dependent children. _ Kashi 6. (a) Full name of applicant's father Warren Dean Atkins 6. (a) Full name of applicant's father (If adopted, list adoptive parents only) (If adopted, list adoptive parents only) Indiana recoased Residence of father (if deceased, so state) Residence of father (if deceased, so state) Tennessee Birthplace of father (State or foreign country) Birthplace of father (State or foreign country) Monioe Ruth Hutchieser (b) Full maiden name of applicant's mother DIXIE Lee (If adopted, list adoptive parents only) (If adopted, list adoptive parents only) Indiana Indiana Residence of mother (if deceased, so state) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) West Virginia Birthplace of mother (State or foreign country) Endiana ACKNOWLEDGEMENT **ACKNOWLEDGEMENT** I acknowledge that I have received information regarding dangerous communicable diseases that I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). immune deficiency syndromes. Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. acknowledgment because of religious beliefs. Clerk of Court Date _ Clerk of Court . Date _ I swear/affirm that the information given State of Indiana I swear/affirm that the information given State of Indiana County of Hendricks Signed in this application is true and correct. in this application is true and correct. County of Hendricks New Address New Address Subscribed and sworn to before me this 2017 Clerk of the Hendricks Circuit Court _ 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, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _ state facts which make the consent of the other parent unnecessary ____ State of Indiana) County of Hendricks) County of Hendricks) Father _ ID #_ Father _ Mother _ Subscribed and sworn to before me this _ Subscribed and sworn to before me this _ COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _ County _ __ Court, by written order issued _ _, authorizes and directs the issuance of a marriage license to the above named parties. and filed in _ RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated __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 were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Judge Pro Tempore (official designation) June 20, 2003 Signed by: __Michael G. Ruppert

Filed and recorded in accordance with the laws of the State of Indiana on ____July 10, 2003

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

APPLICATION FOR MARRIAGE LICENSE **HENDRICKS COUNTY**

Book Page June 23, 2003

Date of Application

A person who knowingly furnishes false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.	Female Applicant > 50 No Yes 1 If No, Medical Examination or Report Dated Name of Physician 15 - Cooperation Name of Physician Name of Physician Name of Physician Name of Physician Nam
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last Marold Slenn Emerson	Name First Middle Last Melissa hence cook
Date of Birth Month Day Year 9 18 65 Place of Birth (State or foreign country)	Date of Birth Month Day Year Place of Birth (State or foreign country)
Flace of Birth (State of Toreign country)	Place of Birth (State of Toreign country)
Residence Address Street or R.R. City County State H33 E . US 3 & Fultsbro Wind In Holle	Residence Address Street or R.R. City County State 344 N Jefferson Brownsburg Hendricks Zw 4618 Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 2000	Last Marriage Ended By: Death Divorce Annulment Date 295
Date of Birth Verified By:	Date of Birth Verified By: Birth Certificate Other (Specify)
- Drivers France	Driver's liceise
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes I fanswer is "yes", has the adjudication been removed? No Yes 2. Are you related to the female applicant closer than second cousin? No Yes Are you now under the influence of an alcoholic beverage? No Yes Are you now under the influence of a narcotic drug? No Yes 5. List the full names of any dependent children.	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes I fanswer is "yes", has the adjudication been removed? No Yes 2. Are you related to the male applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes 4. Are you now under the influence of a narcotic drug? No Yes 5. List the full names of any dependent children.
6. (a) Full name of applicant's father Aarold Afton Comusion (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)	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 Above Applicant Above Applicant Above acknowledgment because of religious beliefs. Clerk of Court Date	ACKNOWLEDGEMENT I acknowledge that I have received information regarding dangerous communicable diseases 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 Date Date of the above acknowledgment because of religious beliefs. Clerk of Court Date Date Date Date Date Date Date Dat
State of Indiana I swear/affirm that the information given in this application is true and correct. Signed Hardricks New Address 344 1 Jeffer son Brownsburg Interpretation is true and correct. New Address 344 1 Jeffer son Brownsburg Interpretation is true and correct. Subscribed and sworn to before me this day of Line Jobs Clerk of the Hendricks Circuit Court	State of Indiana County of Hendricks Signed New Address 344 N Jeffer Son Brownshurg In-4611 Subscribed and sworn to before me this Clerk of the Hendricks Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana) County of Hendricks)	State of Indiana) County of Hendricks)
Father ID # Mother ID #	Father ID # Mother ID #
Subscribed and sworn to before me this day of Clerk	Subscribed and sworn to before me this day of Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT	T. A marriage license having been refused to the above named parties, the
and filed in, author	Court, by written order issued
I certify that there was filed in my office a marriage license issued by the Cler 2003, authorizing the marriage ofHarold_Glenn I further certify that the following marriage certificate was filed in my office: I certify that on	cicks County, Indiana
(state), and <u>Melissa Renae Cook</u> of <u>Hendrick</u>	County, <u>Indiana</u> (state)
were married by me as authorized under a marriage license that was issu	ped by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Pastor July 3, 2003 (date).
	Staron Dugan
BOYCE FORMS • SYSTEMS 1-800-382-8702 1477	Signed Clerk Hendricks Circuit Court

STATE OF INDIANA

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Book 67
Page 395

0-23-03
Date of Application

WALE ARRY GLANT	
MALE APPLICANT ame First Middle Last	FEMALE APPLICANT
ame First Middle Last Weble	Name First Middle Last
ate of Birth Month Day Year	Date of Birth Month Day War
lace of Birth (State or foreign country)	11 3 78
Ohio	Place of Birth (State or foreign country)
esidence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
revious Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
ast Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
ate of Birth Verified By: Birth Certificate Other (Specify)	Date of Birth Verified By: Birth Certificate Other (Specify)
Druis Ganse	Druis's Genne
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?	If answer is "yes", has the adjudication been removed?
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 \(\square\)
Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage? No Yes
Are you now under the influence of a narcotic drug? No Yes	4. Are you now under the influence of a narcotic drug?
List the full names of any dependent children.	5. List the full names of any dependent children.
(a) Full name of applicant's father Auru Wellk	6. (a) Full name of applicant's father Brent Edward Shar
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Qhia	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Karal Buske	(b) Full maiden name of applicant's mother Auresa ann Mush
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
mune deficiency syndrome // / h / //	are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
/ W)	immune deficiency syndrome MANNAY Date 23 Take 20
mune deficiency syndrome Date 6-23-03 me above applicant has objected to verifying by oath or affirmation or signature to the above knowledgment because of religious beliefs. Determine Date Date Date Date Date Date Date Dat	immune deficiency syndromed and the state of
the above applicant has objected to verifying by oath or affirmation or signature to the above knowledgment because of religious beliefs. Lerk of Court	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court
the above applicant has objected to verifying by oath or affirmation or signature to the above knowledgment because of religious beliefs. The policy of Hendricks of Court in this application is true and correct. The policy of Hendricks of Court in this application is true and correct. The policy of Hendricks of Court in this application is true and correct. The policy of Hendricks of Court in this application is true and correct. The policy of Hendricks of Court in this application is true and correct. The policy of Hendricks of Court in this application is true and correct. The policy of Hendricks of Court in this application is true and correct. The policy of Hendricks of Court in this application is true and correct. The policy of Hendricks of Court in this application is true and correct. The policy of Hendricks of Court in this application is true and correct. The policy of Hendricks of Court in this application is true and correct. The policy of Hendricks of Court in this application is true and correct. The policy of Hendricks of Court in this application is true and correct. The policy of Hendricks of Court in this application is true and correct. The policy of Hendricks of Court in this application is true and correct. The policy of Hendricks of Court in this application is true and correct. The policy of Hendricks of Court in this application is true and correct. The policy of Hendricks of Court in this application is true and correct.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court State of Indiana County of Hendricks New Address Support to before me this and day of the state of the above in this application is true and correct.
ne above applicant has objected to verifying by oath or affirmation or signature to the above knowledgment because of religious beliefs. Pate of Indiana I swear/affirm that the information given in this application is true and correct.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court
le above applicant has objected to verifying by oath or affirmation or signature to the above knowledgment because of religious beliefs. 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 State of Indiana County of Hendricks New Address Subscribed and sworn to before me this Clerk of the Hendricks Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN
le above applicant has objected to verifying by oath or affirmation or signature to the above knowledgment because of religious beliefs. 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 State of Indiana County of Hendricks New Address Subscribed and sworn to before me this Clerk of the Hendricks Circuit Court
le above applicant has objected to verifying by oath or affirmation or signature to the above knowledgment because of religious beliefs. 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 State of Indiana County of Hendricks New Address Subscribed and sworn to before me this Clerk of the Hendricks Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
le above applicant has objected to verifying by oath or affirmation or signature to the above knowledgment because of religious beliefs. 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 State of Indiana County of Hendricks New Address Subscribed and sworn to before me this Clerk of the Hendricks Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of Hendricks Clerk of the Hendricks Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of Hendricks Clerk of Indiana County of Hendricks
le above applicant has objected to verifying by oath or affirmation or signature to the above knowledgment because of religious beliefs. 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
I swear/affirm that the information given in this application is true and correct. New Address Signed New Address New Address New Address Scribed and sworn to before me this ONSENT OF PARENTS, PARENT, OR GUARDIAN Let the parents of this applicant, hereby give consent for this marriage. If only one parent signs, the facts which make the consent of the other parent unnecessary Let of Indiana Mary of Hendricks Mary of Hendrick	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court
le above applicant has objected to verifying by oath or affirmation or signature to the above knowledgment because of religious beliefs. Let of Indiana 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
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the above applicant has objected to verifying by oath or affirmation or signature to the above knowledgment because of religious beliefs. The pate	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court
the of Indiana I swear/affirm that the information given in this application is true and correct. Signed	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court State of Indiana County of Hendricks New Address Subscribed and sworn to before me this CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of Hendricks State of Indiana County of Hendricks Father Mother Subscribed and sworn to before me this General ID # Subscribed and sworn to before me this County of Hendricks Father Court, by written order issued The above applicant has objected to verifying by oath or affirmation or signature to the above named parties, the acknowledgment because of religious beliefs. Date I swear/affirm that the information given in this application is true and correct. Clerk of the Hendricks Circuit Court Court, of PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of Hendricks Clerk The above applicant has objected to the above named parties, the county by written order issued rizes and directs the issuance of a marriage license to the above named parties. E AND MARRIAGE CERTIFICATE k of the Circuit Court of Hendricks County, Indiana, dated June 23, Monica Marie Shay
the above applicant has objected to verifying by oath or affirmation or signature to the above knowledgment because of religious beliefs. The of Court	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court State of Indiana County of Hendricks New Address Subscribed and sworn to before me this CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of Hendricks Clerk of the Hendricks Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of Hendricks Father Mother Subscribed and sworn to before me this Clerk T. A marriage license having been refused to the above named parties, the Court, by written order issued Trizes and directs the issuance of a marriage license to the above named parties. E AND MARRIAGE CERTIFICATE k of the Circuit Court of Hendricks County, Indiana, dated June 23, June 10, June 23, June 10, June 10, June 23, June 23, June 24, June 23, June 24, June 23, June 24, June 24, June 24, June 24, June 25, June 26, June 26, June 26, June 26, June 26, June 26, June 27, June 26, June 27, June 27, June 28,
Le above applicant has objected to verifying by oath or affirmation or signature to the above knowledgment because of religious beliefs. Lerk of Court	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court
the above applicant has objected to verifying by oath or affirmation or signature to the above knowledgment because of religious beliefs. 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 State of Indiana County of Hendricks Signed New Address Serve Subscribed and sworn to before me this Subscribed and sworn to before me this of the parent unnecessary State of Indiana County of Parents, Parent, Or Guardian We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of Hendricks State of Indiana County of Hendricks The parents of the other parent unnecessary State of Indiana County of Hendricks Circuit Court Consens of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of Hendricks County of Hendricks County, by written order issued The parents of the consent of the above named parties, the county, by written order issued The parents of the consent of Hendricks County, Indiana, dated June 23, and Monica Marie Shay County The above applicant has objected to the above named parties. County The above applicant to the above named parties.
the of Indiana) In this application is true and correct. In the of Indiana) In the of Indiana) In this application is true and correct. In the of Indiana of India	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court State of Indiana County of Hendricks New Address Subscribed and sworn to before me this CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of Hendricks Clerk of the Hendricks Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of Hendricks Father Mother Subscribed and sworn to before me this Court, by written order issued rizes and directs the issuance of a marriage license to the above named parties. E AND MARRIAGE CERTIFICATE k of the Circuit Court of Hendricks County, Indiana, dated June 23, Stephen White (name)

APPLICATION FOR MARRIAGE LICENSE Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4 HENDRICKS COUNTY

Book Page 6-23-03 Date of Application

IC 31-11-11. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the

No ☐ Yes □ Female Applicant > 50 No ☐ Yes ☐ If No, Medical Examination or Report Dated

me First Middle Last Oshua Mane Westrick te of Birth Month Day Year	Name Sirst Middle Last Momas Par Sear Pear
Joshua Shane Westrick Month Day Year	Lived 10.000
te of Birth // Worth	
5 21 80	Date of Birth 3 16 82
ace of Birth (State or foreign country)	Place of Birth (State or foreign country) Street or R.R. City County / State
sidence Address Street or R.R. City County State	Residence Address Street of R.R.
2 Osborne aug. Tittsborn Hindeln44/67	Previous Marital Status: Never Married OR No. of Previous Marriages
evious Marital Status: Never Married OR No. of Previous Marriages	
ast Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date Date of Birth Verified By: Birth Certificate Other (Specify)
ate of Birth Verified By: Birth Certificate Other (Specify)	Date of Birth Verified By: Birth Certificate General Specify)
Drivero Seance	Drues's Deanse
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 \(\subseteq \text{Yes} \subseteq \text{No} \subseteq \text{Yes} \subseteq \text{Yes} \subseteq \text{Yes} \subseteq \text{Yes}
If answer is "yes", has the adjudication been removed?	If answer is yes, has the adjudication occurrence
Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closes than second
Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic betterge.
Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a material contract of the same of the s
List the full names of any dependent children.	5. List the full names of any dependent children.
Anton Joseph Western	6. (a) Full name of applicant's father Dion R. Thomas
(a) Full name of applicant's father	(If adopted, list adoptive parents only)
(If adopted, list adoptive parents only) Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Alison ann Manus	(b) Full maiden name of applicant's mother
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
re sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired minume deficiency syndrome). 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	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court
State of Indiana) County of Hendricks) Leswear/affirm that the information given in this application is true and correct.	State of Indiana County of Hendricks I Signed I Signed I Swear/affirm that the information given in this application is true and correct.
Subscribed and sworn to before methis Clerk of the Hendricks Circuit Court	County of Hendricks in this application is true and correct. Signed Indiana New Address P.O. Box 105 Pittsboro IN Hold 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	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby 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 Handricks	County of Hendricks)
Eather ID #	Father ID # ID #
Mother ID #	Mother ID # Subscribed and sworn to before me this day of
Subscribed and sworn to before me this day of Clerk	Subscribed and sworn to before me this day of Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COU	RT. A marriage license having been refused to the above named parties, the
	Court, by written order issuedhorizes and directs the issuance of a marriage license to the above named parties
	ISE AND MARRIAGE CERTIFICATE Lerk of the Circuit Court of Hendricks County, Indiana, dated June 23, De Westrich and Sara Dione Thomas
2003 authorizing the marriage of Joshua Shar	ne Westrich and Sara Dione Thomas Harold Keck (name)
I further certify that the following marriage certificate was filed in my office	: I, <u>Harold Keck</u> (name)
certify that on July 26, 2003 (date), at	Crawfordsville in Montgomery Odricks County Indiana
County Indiana, Joshua Shane Westrich of Her	ndricks County, Indiana (state
(State), and Dara Dara	
	Minister (official designation
were married by me as authorized under a marriage license that was is June 23, 2003. Signed by: Harold Keck Filed and recorded in accordance with the laws of the State of Indiana on	August 1, 2003 (date).
	Minister (official designation August 1, 2003 (date). Signed Cler Hendricks Circuit Court

STATE OF INDIANA

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Book <u>67</u>
Page <u>397</u>
<u>6-24-03</u>
Date of Application

IC 31-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4.4 commits a Class D falory.

IC 31-11-4-4 commits a Class D felony.	Name of Physician 4 min Section 12
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name Middle List
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Disth (State or foreign country)	Place of Birth (State or foreign country)
Place of Birth (State or foreign country)	Andreway Andreway
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married OR No. of Previous Marriages	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 2000
Date of Birth Verified By:	Date of Birth Verified By: Birth Certificate Other (Specify)
Drues's Securice	Druces Exercise
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 2. Are you related to the female applicant closer than second cousin? No Yes	If answer is "yes", has the adjudication been removed? No Yes Are you related to the male applicant closer than second cousin? No Yes
 Are you related to the female applicant closer than second cousin? Are you now under the influence of an alcoholic beverage? No Yes \(\sqrt{Y} \) 	3. Are 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?
5. List the full names of any dependent children. August J. Clayton	5. List the full names of any dependent children. Theley sugarne
6. (a) Full name of applicant's father Gerrit Clarities	6. (a) Full name of applicant's father Bill Cden
(If adopted, list adoptive parents only	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother (b) Full maiden name of applicant's mother (c) Full maiden name of applicant's mother	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother (If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother (If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGEMENT	ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that	I acknowledge that I have received information regarding dangerous communicable diseases that
are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant Date 6/24/03	VSignature of Applicant Neudans Harper Date 6-24-03
Signature of Applicant Sull fundamental Date The Date	Visignature of Applicant Statistics Transfer Date 2
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs. Clerk of Court Date	acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana)
County of Hendricks) All in this application is true and correct.	County of Hendricks) Sheredan A. Hin this application is true and correct.
Y New Address Start C	New Address Spine
Subscribed and sworn to before me this 24 day of Clerk of the Hendricks Circuit Court	Subscribed and sworn to before me this day of 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,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
County of Hendricks) Father ID #	County of Hendricks) 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
	Γ. A marriage license having been refused to the above named parties, the
and filed in author	Court, by written order issued prizes and directs the issuance of a marriage license to the above named parties.
, and	Arizes and differs the issuance of a marriage needs to the above named parties.
	E AND MARRIAGE CERTIFICATE k of the Circuit Court of Hendricks County Indiana dated June 24,
I certify that there was filed in my office a marriage license issued by the Cler 2003, authorizing the marriage of David Andrew	
I further certify that the following marriage certificate was filed in my office:	Janet S. Smith (name),
Tune 27 2003	ille Hendricks
County, Indiana, David Andrew Clayton of Hendrick (state), and Sheridan Ann Harper of Hendrick	icks County, Indiana Indiana (state)
(state), and Sheridan Ann Harper of Hendrick	S County, Indiana (state)
June 24, 2003. Signed by: Janet S. Smith	ned by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Hend Co Deputy Clerk (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	July 3, 2003 (date).
	01 0

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

APPLICATION FOR MARRIAGE LICENSE **HENDRICKS COUNTY**

Book _ Page _ Date of Application

IC 31-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage 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 Cott
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name First Middle Last
Date of Birth Month Day Year	Date of Birth Month Day Year 1) 2 82
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Washington
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of Birth Verified By:	Date of Birth Verified By:
Drues & Lienal	Druis'a Laine
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?	If answer is "yes", has the adjudication been removed?
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 \(\square\)
3. Are you now under the influence of an alcoholic beverage? No Yes Are you now under the influence of a record in the 2	3. Are you now under the influence of an alcoholic beverage? No Yes \(\begin{array}{c} \text{Yes} \\ \end{array}
4. Are you now under the influence of a narcotic drug? No Yes 1. I ist the full names of any dependent children	4. Are you now under the influence of a narcotic drug? No Yes List the full pames of any dependent children
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 Aphn William Dobrota	6 (a) Full name of applicant's father Orwick & Dillar
(If adopted, list adoptive parents only)	6. (a) Full name of applicant's father David T. Bullmond (If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Billy Jage Darrison	(b) Full maiden name of applicant's mother Sasah & Betterlog
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Date 6-24-03 The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Date Date Date Date Date Date Date Dat
Clerk of Court Date	Clerk of Court Date
State of Indiana) County of Hendricks) Signed Indiana I swear/affirm that the information given in this application is true and correct. New Address 1753 RACHEL DR. PLAINFIELD	State of Indiana County of Hendricks Signed New Address State of Indiana New Address Swear/affirm that the information given in this application is true and correct.
Subscribed and sworn to before me this 34 day of Clerk of the Hendricks Circuit Court	Subscribed and sworn to before me this 94 day of 4 day of 4 day
Sharan Nugan Clerk of the Hendricks Circuit Court	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) Father ID #	County of Hendricks)
Mother ID #	Father ID # ID #
Subscribed and sworn to before me this day of	Subscribed and sworn to before me this day of
COMPLETE IE MARRIAGE LIGENSE ISSUED DV OPDER OF GOVER	Clerk
County	T. A marriage license having been refused to the above named parties, the Court, by written order issued
and fried in, authorized	orizes 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 Cler 2003, authorizing the marriage of Andrew Ashley	E AND MARRIAGE CERTIFICATE ork of the Circuit Court of Hendricks County, Indiana, dated June 24, Dobrota and Josephine Marie Redmond.
relative that on Tune 28, 2003 (date) at the properties of the certify that on the control of the certify that on the certification of the certificat	I, <u>Rev. Daniel L. Zittenkopf/Dr. Michael Jemk</u> ins
County, Indiana, Andrew Ashley Dobrota of Hanco	ck County Indiana
	cks County, Indiana (state)
were married by me as authorized under a marriage license that was issu	ned by the Clerk of the Circuit Court of Hendricks County, Indiana, dated
Filed and recorded in accordance with the laws of the State of Indiana on	ael Jenkins Reverend/Doc of Ministofficial designation) July 3, 2003 (date)
	Staron Dugan
	SignedClerk
BOYCE FORMS • SYSTEMS 1-800-382-8702 1477	Hendricks Circuit Court

STATE OF INDIANA

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

APPLICATION FOR MARRIAGE LICENSE **HENDRICKS COUNTY**

Date of Application

IC 31-11-11. Furnishing false information upon applying for 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 I If No, Medical Examination or Report Dated Name of Physician June Stump

IC 31-11-4-4 commits a Class D felony.	
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name First Middle Last
Date of Birth Month Day Year	Theole marie Bersey
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Milana	Indiana
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
408 Depot Circle avon Hindricks In 46123	lef5 N. Co Rd Danville Hend In 4612
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
THE RESERVE AND PROPERTY OF THE PARTY OF THE	
Date of Birth Verified By: Birth Certificate General Specify)	Date of Birth Verified By:
0.0	
Drugs France	Drugs Dear
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?	If answer is "yes", has the adjudication been removed?
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?	3. Are you now under the influence of an alcoholic beverage? No — Yes —
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of applicant's father Michael & String	6. (a) Full name of applicant's father Steven Paul Bersey
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Mandsa J. Duton	(b) Full maiden name of applicant's mother Ausan Marie Koneck
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGEMENT	ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that	ACKNOWLEDGEMENT
are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome)	
Signature of Applicant Witchell Divine Date 6-25-03	immune deficiency syndrome). Visignature of Applicant Tucole 1. Keurey Date 6-25-0
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs. Clerk of Court Date	acknowledgment because of religious beliefs.
	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of Hendricks in this application is true and correct.	County of Hendricks in this application is true and correct.
Signed Mutchell & Tring New Address 3388 Pepper mit Dr. West La fayette IN 47906	& Signed Wirole M. Korsey
Subscribed and sworn to before me this and any of Aury 2003	
Clerk of the Hendricks Circuit Court	Subscribed and sworn to before me this 35 day of Harry 2003 Clerk of the Hendricks Circuit Court
	Sharox Dugar
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,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	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 # Subscribed and sworn to before me this day of	Mother ID # Subscribed and sworn to before me this day of
Clerk	— Clerk
COMPLETE IT WARE TO	
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT	7. A marriage license having been refused to the above named parties, the
and filed in author	Court, by written order issued rizes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENSE	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk	of the Circuit Court of Hendricks County, Indiana, datedJune_25,
further certify that the following marriage continues are filed in the following marriage are filed in the filed in the following marriage are filed in the	t Irving and Nicole Marie Kersey .
certify that on July 5, 2003 (date), at	, Rev. Ronald E. McDugle (name),
County, Indiana, Mitchell Scott Irving of Hend	lricks County Indiana
state), and Nicole Marie Kersey of Hendricks	County,
were married by me as authorized under a marriage license that was issue	ed by the Clerk of the Circuit Court of Hendricks County, Indiana, dated
une 25, 2003 . Signed by: Rev. Ronald E. McDugl	e,Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	July 22, 2003 (date).
30YCE FORMS • SYSTEMS 1-800-382-8702 1477	Signed Signed Clerk
70 TOTAL STATE OF STA	Hendricks Circuit Court

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Clerk

IC 31-11-11. Furnishing false information upon applying for license. Female Applicant > 50 No 🗗 Yes 🗆 A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under Name of Physician _ Lavid Vadlu IC 31-11-4-4 commits a Class D felony. MALE APPLICANT FEMALE APPLICANT Name Date of Birth Date of Birth Place of Birth (State or foreign country) Place of Birth (State or foreign country) Residence Address Residence Address Street or R.R. 245 S. Washington 345 S. Washington Previous Marital Status: Previous Marital Status: Never Married OR No. of Previous Marriages Last Marriage Ended By: Death Divorce Annulment Date Death Divorce Annulment Date Last Marriage Ended By: ☐ Birth Certificate Other (Specify) Other (Specify) Date of Birth Verified By: Date of Birth Verified By: ☐ Birth Certificate Are you now or have you ever been adjudged to be of unsound mind? No Yes Are you now or have you ever been adjudged to be of unsound mind? No Yes No 🗆 Yes 🗆 If answer is "yes", has the adjudication been removed? If answer is "yes", has the adjudication been removed? No Yes No Yes Are you related to the male applicant closer than second cousin? Are you related to the female applicant closer than second cousin? No Yes No TYes Are you now under the influence of an alcoholic beverage? No Yes Are you now under the influence of an alcoholic beverage? Are you now under the influence of a narcotic drug? No Yes Are you now under the influence of a narcotic drug? No ☐ Yes ☐ List the full names of any dependent children. List the full names of any dependent children. (a) Full name of applicant's father (a) Full name of applicant's father (If adopted, list adoptive parents only) (If adopted, list adoptive parents only) Residence of father (if deceased, so state) Residence of father (if deceased, so state) Birthplace of father (State or foreign country Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Full maiden name of applicant's mother _ (If adopted, list adoptive parents only) (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) **ACKNOWLEDGEMENT ACKNOWLEDGEMENT** I acknowledge that I have requived information regarding dangerous communicable diseases that I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the Virus that causes AIDS (acquired are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome) immune deficiency syndrome. Signature of Applicant Signature of Applicant . The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. acknowledgment because of religious beliefs. Clerk of Court Clerk of Court . Date State of Indiana year/affirm that the information given State of Indiana I swear/affirm that the information given County of Hendricks n this application is true and correct. County of Hendricks) in this application is true and correct. Signed Y Signed Y New Address Same Subscribed and sworn to before me this ______ day of 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, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _ state facts which make the consent of the other parent unnecessary State of Indiana County of Hendricks) County of Hendricks) Father _ ID# Father _ Mother Subscribed and sworn to before me this _ Subscribed and sworn to before me this _ COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued _ , authorizes and directs the issuance of a marriage license to the above named parties. and filed in RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated ____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 certify that on _____July 19, 2003 _____ (date), at ____Danville ___in ___Hendricks County, Indiana, Zachary Lawrence Copelandof Hendricks _County, __Indiana (state), and __Jaclyn Nicole Givan __of __Hendricks _County, _Indiana were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 25, 2003. Signed by: Jason Hosfield _, ____Evangelist Filed and recorded in accordance with the laws of the State of Indiana on ____ July 24, 2003

STATE OF INDIANA

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

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Date of Application

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

Female Applicant > 50 No Ves 5-29-03

If No, Medical Examination or Report Dated

Name of Physician

IC 31-11-4-4 commits a Class D felony.	Name of Physician
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name Ough Noc Fran
Date of Birth Month Day Year	Date of Birth Month Day Year
4 29 1977	5 le 77
Place of Birth (State or foreign country) UIET NAM	Place of Birth (State or foreign country) With Nam
Residence Address Street or R.R. City County State 624 HALLECK WAY JUDPIS HENDRICKS IN	Residence Address Street or R.R. City County State 3334 Monelly Lin Down South Bend H. Ongoh SN
Previous Marital Status: Never Married OR No. of Previous Marriages.	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of Birth Verified By: Birth Certificate Other (Specify)	Date of Birth Verified By: Birth Certificate Other (Specify)
DAUERS LICENSE	
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes I If answer is "yes", has the adjudication been removed? No Yes 3. Are you related to the female applicant closer than second cousin? No Yes Are you now under the influence of an alcoholic beverage? No Yes 5. List the full names of any dependent children.	1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes☐ If answer is "yes", has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.
	Aut Man
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)	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) <u>VIET NAM</u>	Birthplace of mother (State or foreign country)
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). 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	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Date 600 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
State of Indiana) County of Hendricks) Signed	State of Indiana) County of Hendricks) Signed New Address Subscribed and sworn to before me this Lee 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	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana County of Hendricks ID #	State of Indiana) County of Hendricks) Father ID # Mother ID #
Subscribed and sworn to before me this day of Clerk	Subscribed and sworn to before me this day of Clerk
	T. A marriage license having been refused to the above named parties, the
and filed in, authorized	Court, by written order issuedorizes 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 Cle	SE AND MARRIAGE CERTIFICATE rk of the Circuit Court of Hendricks County, Indiana, datedJune_ 25, toandQuyen Ngoc Tran I,Janet S. Smith(name),
I further certify that the following marriage certificate was filed in my office: certify that on June 26, 2003 (date), at	nville in Hendricks (name),
County, Indiana, Quang Nhat Ho of Hen	dricks County, Indiana
(state), and Quyen Ngoc Tran of St. Jose	ph County, Indiana (state)
June 25, 2003 Signed by: Janet S. Smith	ued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated
Filed and recorded in accordance with the laws of the State of Indiana on	

Signed _

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

IC 31-11-11. Furnishing false information upon applying for license.

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Female Applicant > 50

Book . Page

No Yes 🗆

A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under David Hasley Name of Physician _ IC 31-11-4-4 commits a Class D felony. MALE APPLICANT FEMALE APPLICANT Name Date of Birth / Date of Birth Place of Birth (State or foreign country) Place of Birth (State or foreign country) Residence Address Residence Address Street or R.R. Previous Marital Status: Never Married OR No. of Previous Marriages. Never Married Previous Marital Status: OR No. of Previous Marriage Last Marriage Ended By: Death Divorce Annulment Date Last Marriage Ended By: Death Divorce Annulment Date ☐ Birth Certificate Date of Birth Verified By: Other (Specify) Date of Birth Verified By: ☐ Birth Certificate Other (Specify) Are you now or have you ever been adjudged to be of unsound mind? No Yes 🗆 No D Are you now or have you ever been adjudged to be of unsound mind? Yes 🗌 If answer is "yes", has the adjudication been removed? No Yes If answer is "yes", has the adjudication been removed? Yes 🗌 No Yes Are you related to the female applicant closer than second cousin? No 🗗 Are you related to the male applicant closer than second cousin? Yes 🗌 Are you now under the influence of an alcoholic beverage? No Yes Are you now under the influence of an alcoholic beverage? No Yes Are you now under the influence of a narcotic drug? No Yes Are you now under the influence of a narcotic drug? No Yes List the full names of any dependent children. List the full names of any dependent children. (a) Full name of applicant's father (a) Full name of applicant's father Quane (If adopted, list adoptive parents only) (If adopted, list adoptive parents only) Residence of father (if deceased, so state) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother **Battlerine** (b) Full maiden name of applicant's mother (If adopted, list adoptive parents only) (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) _ Birthplace of mother (State or foreign country) **ACKNOWLEDGEMENT ACKNOWLEDGEMENT** I acknowledge that I have received information regarding dangerous communicable diseases that I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome immune deficiency syndrome? 6/25/03 Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. acknowledgment because of religious beliefs. Clerk of Court Date Clerk of Court 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. Y Signed New Address Y New Address SAME Subscribed and sworn to before me this 25 day of 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, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _ state facts which make the consent of the other parent unnecessary _ State of Indiana State of Indiana County of Hendricks) County of Hendricks) Father _ Father ___ ID #_ Mother _ Mother _ Subscribed and sworn to before me this _ Subscribed and sworn to before me this _ day of

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Hendricks

I further certify that the following marriage certificate was filed in my office: I, Rev. Arnold R. Andrews certify that on August 2, 2003 (date), at Indianapolis in Marriage certificate was filed in my office: I, Rev. Arnold R. Andrews

County _

County, Indiana, Johnathan Jerimiah Hillman

(state), and Heather Lynn Dailey of Hendricks

County, _Indiana were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, 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).

_ Court, by written order issued _

_, authorizes and directs the issuance of a marriage license to the above named parties.

_ County,

Indiana

Clerk

and filed in

Clerk

STATE OF INDIANA

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Book 403
Page 403
Date of Application

IC 31-11-1. Furnishing false information upon applying for license. No 🖳 Female Applicant > 50 A person who knowingly furnishes false information to a clerk of the -10-03 If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under Name of Physician _ lan Johnston MO IC 31-11-4-4 commits a Class D felony. FEMALE APPLICANT MALE APPLICANT Name First Middle Date of Birth Date of Birth Day 57 Place of Birth (State or foreign country) Place of Birth (State or foreign country) Residence Address OR No. of Previous Marriages Death Divorce Annulment Date 1991 Death Divorce Annulment Date 1997 Last Marriage Ended By: Last Marriage Ended By: Other (Specify) ☐ Birth Certificate Date of Birth Verified By: ☐ Birth Certificate Other (Specify) Date of Birth Verified By: Are you now or have you ever been adjudged to be of unsound mind? No Yes 🗌 Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes", has the adjudication been removed? No Yes No Yes If answer is "yes", has the adjudication been removed? No -Yes -Are you related to the female applicant closer than second cousin? No Yes Are you related to the male applicant closer than second cousin? No 1 Yes No Tyes Are you now under the influence of an alcoholic beverage? Are you now under the influence of an alcoholic beverage? No Yes Are you now under the influence of a narcotic drug No Yes Are you now under the influence of a narcotic drug? List the full names of any dependent children. List the full names of any dependent children. Intruck Mc Senly (a) Full name of applicant's father \(\sum \) \(\sum \) \(\text{All } \) 6. (a) Full name of applicant's father _ (If adopted, list adoptive parents only) _ (If adopted, list adoptive parents only) Residence of father (if deceased, so state) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother (b) Full maiden name of applicant's mother (If adopted, list adoptive parents only) (If adopted, list adoptive parents only) _ Residence of mother (if deceased, so state) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Hassachusetts Birthplace of mother (State or foreign country) ACKNOWLEDGEMENT **ACKNOWLEDGEMENT** I acknowledge that I have received information regarding dangerous communicable diseases that I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). immune deficiency syndrome) Signature of Applicant Signature of Applicant ___ The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. acknowledgment because of religious beliefs. Clerk of Court Clerk of Court Date . Date . I swear/affirm that the information given State of Indiana I swear/affirm that the information given State of Indiana County of Hendricks D. Cal Barles County of Hendricks) III Robe in this application is true and correct. in this application is true and correct. (Same) New Address New Address _ and sworn to before me this _____ day of and sworn to before me this 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, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _ state facts which make the consent of the other parent unnecessary __ State of Indiana State of Indiana County of Hendricks) County of Hendricks) Father ___ Father ___ Mother _ Mother ID# Subscribed and sworn to before me this _ Subscribed and sworn to before me this _ Clerk COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued , authorizes and directs the issuance of a marriage license to the above named parties. and filed in RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE ____, 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 __in ___Hendricks certify that on July 12, 2003 ____ (date), at ___ Avon ____of ___Hendricks County, __Indiana County, Indiana, Dwight Cal Burleson _of ___Hendricks (state), and Jill Lee Cole County, _ Indiana were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 26, 2003 Signed by: Karen E. Devaisher _ (official designation) July 22, 2003 (date). Filed and recorded in accordance with the laws of the State of Indiana on ___

Signed

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Book _ 6-26-03
Date of Application

A person who knowingly furnishes false information to a clerk of the circuit 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 I If No, Medical Examination or Report Dated Name of Physician Dy 1020 \ Cooper
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last Charelus Michael Johnson Date of Birth Month Day Year 12 15 76	Name First Middle Last Denise Danielle Sens Date of Birth Month Day Year 10 17 78
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State 1448 Halated Dr. Indply Marine 44214 Previous Marital Status: Never Married OR No. of Previous Marriages	Residence Address Street or R.R. City County State OG 7 (Woodsledge) Drownslung Heal Shi Holls 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:	Date of Birth Verified By: Birth Certificate
Drivis & Laine	Druisa Luisa
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes", has the adjudication been removed? No Yes 2. Are you related to the female applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes 4. Are you now under the influence of a narcotic drug? No Yes 5. List the full names of any dependent children.	1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐ If answer is "yes", has the adjudication been removed? No ☐ Yes ☐ Yes ☐ Are you related to the male applicant closer than second cousin? No ☐ Yes ☐ 3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐ 4. Are you now under the 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)	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 The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	ACKNOWLEDGEMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Date 10-20-03 The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
State of Indiana I swear/affirm that the information given in this application is true and correct. Signed New Address OTIO Other Address Subscribed and sworn to before me this address Clerk of the Hendricks Circuit Court	State of Indiana State of Indiana I swear/affirm that the information given in this application is true and correct. Signed New Address 10740 Wilton Ct. Incepts IA 46014 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	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of 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	
	Court, by written order issued
RETURN OF MARRIAGE LICENSE I certify that there was filed in my office a marriage license issued by the Clerk 2003, authorizing the marriage ofCharles Michael I further certify that the following marriage certificate was filed in my office: I, certify that on August 9, 2003 (date), at Ind. County, Indiana,Charles Michael Johnson of Mario (state), andDenise Danielle Linn of Hendric were married by me as authorized under a marriage license that was issued June 26, 2003 . Signed by: Darren Cushman Wood Filed and recorded in accordance with the laws of the State of Indiana on	k of the Circuit Court of Hendricks County, Indiana, datedJune26,elJohnsonandDenise Danielle Linn Darren Cushman Wood
BOYCE FORMS • SYSTEMS 1-800-382-8702 1477	Signed Sharan Dugan Clerk Hendricks Circuit Court

Clerk

STATE OF INDIANA

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

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Page 405

0-26-03
Date of Application

IC 31-11-11. Furnishing false information upon applying for license.

A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage 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 Settly Fam.

Betty Hane MALE APPLICANT FEMALE APPLICANT Name Middle Name First Date of Birth Date of Birth Place of Birth (State or foreign country) Place of Birth (State or foreign country) Residence Address 3840 Con Never Married OR No. of Previous Marriage OR No. of Previous Marriages. Previous Marital Status: Previous Marital Status: Never Married Death Divorce Annulment Date 1999 Last Marriage Ended By: Death Divorce Annulment Date 2001. Last Marriage Ended By: Other (Specify) ☐ Birth Certificate Date of Birth Verified By: ☐ Birth Certificate Date of Birth Verified By: Other (Specify) No Yes No Yes Are you now or have you ever been adjudged to be of unsound mind? Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes", has the adjudication been removed? No Yes No Yes If answer is "yes", has the adjudication been removed? Are you related to the female applicant closer than second cousin? No Yes No TYes Are you related to the male applicant closer than second cousin? No Yes Are you now under the influence of an alcoholic beverage? Are you now under the influence of an alcoholic beverage? No Yes Are you now under the influence of a narcotic drug? No Yes Are you now under the influence of a narcotic drug? No 🕒 Yes 🗆 List the full names of any dependent children. List the full names of any dependent children. 6. (a) Full name of applicant's father (a) Full name of applicant's father (If adopted, list adoptive parents only) (If adopted, list adoptive parents only) Residence of father (if deceased, so state) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother (b) Full maiden name of applicant's mother *L* (If adopted, list adoptive parents only) (If adopted, list adoptive parents only) _ Residence of mother (if deceased, so state) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) ACKNOWLEDGEMENT **ACKNOWLEDGEMENT** I acknowledge that I have received information regarding dangerous communicable diseases that I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test tes for the virus that causes AIDS (acquired are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). immune deficiency syndrome). Date 6/26/03 Signature of Applicant Signature of Applicant ___ The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. acknowledgment because of religious beliefs. Clerk of Court Clerk of Court . State of Indiana I swear/affirm that the information given State of Indiana I swear/affirm that the information given County of Hendricks) in this application is true and correct. County of Hendricks in this application is true and correct. Signed New Address 416 E. College Are Brown and The 46.112
Subscribed and sworn to before me this 26 day of Clerk of the Hendricks Circuit Court New Address Subscribed and sworn to before me this day of Clerk of the Hendricks Circuit Court _ 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, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____ state facts which make the consent of the other parent unnecessary _ State of Indiana) County of Hendricks) County of Hendricks) Father _ Father ___ _ ID #_ Mother _ Mother _ Subscribed and sworn to before me this ___ Subscribed and sworn to before me this ___ COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _ County _ _ Court, by written order issued _ and filed in _ _, authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I 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 were 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

Signed .

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Book 406
Page 406
Date of Application

IC 31-11-1. Furnishing false information upon applying for license. Female Applicant > 50 No D Yes 🗆 A person who knowingly furnishes false information to a clerk of the If No, Medical Examination of Report Dated circuit court when the person applies for a marriage license under Name of Physician Sonald Steamelle IC 31-11-4-4 commits a Class D felony. MALE APPLICANT FEMALE APPLICANT Middle First Middle Date on Blets. INDEMAN Day Month Place of Birth (State or foreign country) Place of Birth (State or foreign country) +1 Residence Address Street or R.R. State 2044 WODDSTREAM DR HENDRICKS IN HUON 2014 Woodstream Previous Marital Status: Never Married OR No. of Previous Marriages Never Married Previous Marital Status: OR No. of Previous Marriage Last Marriage Ended By: Death Divorce Annulment Date Death Divorce Annulment Date Last Marriage Ended By: Date of Birth Verified By: ☐ Birth Certificate Other (Specify) Other (Specify) ☐ Birth Certificate Date of Birth Verified By: DRIVERS 16ivers Are you now or have you ever been adjudged to be of unsound mind? No Yes Are you now or have you ever been adjudged to be of unsound mind? No Z Yes No No If answer is "yes", has the adjudication been removed? Yes 🗌 If answer is "yes", has the adjudication been removed? No 🗆 Are you related to the female applicant closer than second cousin? Yes 🗆 No Yes | No Yes | Are you related to the male applicant closer than second cousin? Are you now under the influence of an alcoholic beverage? No Yes 🗆 Yes 🗌 Are you now under the influence of an alcoholic beverage? Are you now under the influence of a narcotic drug? No 4 Yes Are you now under the influence of a narcotic drug? No Yes 🗆 List the full names of any dependent children. List the full names of any dependent children. (a) Full name of applicant's father \alpha mes 6. (a) Full name of applicant's father Sopert (If adopted, list adoptive parents only) (If adopted, list adoptive parents only) Residence of father (if deceased, so state) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Jusan (b) Full maiden name of applicant's mother Deborah (If adopted, list adoptive parents only) (If adopted, list adoptive parents only) _ Residence of mother (if deceased, so state) Residence of mother (if deceased, so state) - In Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) ACKNOWLEDGEMENT **ACKNOWLEDGEMENT** I acknowledge that I have received information regarding dangerous communicable diseases that I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome)2 immune deficiency syndrome). Signature of Applicant Signature of Applicant . The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. acknowledgment because of religious beliefs. Clerk of Court _ Date _ Clerk of Court State of Indiana I swear/affirm that the information given State of Indiana swear/affirm that the information given in this application is true and correct. County of Hendricks) in this application is true and correct. New Address _ New Address . Subscribed and sworn to before me this _ _ day of Subscribed and sworn to before me this _ 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, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary __ state facts which make the consent of the other parent unnecessary _ State of Indiana County of Hendricks) County of Hendricks) Father _ Father ___ ID #_ Mother Mother _ Subscribed and sworn to before me this _ Subscribed and sworn to before me this _ _ day of _ COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _County _ _ Court, by written order issued and filed in _ , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I further certify that the following marriage certificate was filed in my office: I, _ Michael Welch (name), certify that on July 12, 2003
County, Indiana, Todd J. Lindeman ___ (date), at ___ Speedway Marion County, Indiana, Todd J. Lind (state), and Dawn M. Huser Indiana Hendricks County, _ County, __Indiana Hendricks _ of __ were 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,

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Page 407

Lo-26-03

Date of Application

IC 31-11-4-4 commits a Class D felony.	
MALE APPLICANT Name First Middle Last	FEMALE APPLICANT Name First Middle Last
Scott alan Serand	Vicky ann Chaves
Date of Birth Month Day Year	Date of Birth Month Day Year
lace of Birth (State or foreign country)	Place of Birth (State or foreign country)
Melwanker.	- California
tesidence Address Street or R.R. City County State	Residence Address Street or R.R. City County State of 5805 Ambus Kane, Independent State
revious Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
ast Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date 1988
Date of Birth Verified By: Birth Certificate Other (Specify)	Date of Birth Verified By: Birth Certificate Other (Specify)
Washington Druer in France	Indine ID Card
. 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?	If answer is "yes", has the adjudication been removed?
Are you related to the female applicant closer than second cousin? No Yes Are you now under the influence of an alcoholic beverage? No Yes	2. Are you row under the influence of an electric house real.
. Are you now under the influence of an alcoholic beverage? No Yes Yes	3. Are you now under the influence of an alcoholic beverage? No Yes 4. Are you now under the influence of a narcotic drug? No Yes
List the full names of any dependent children.	5. List the full names of any dependent children.
. (a) Full name of applicant's father Mehall Slosge Design	6. (a) Full name of applicant's father Ralph Jurrill
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Marin Fatheria Marin	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Maren Hathura Narm (If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother (If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Washington	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) California
re sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	ACKNOWLEDGEMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired)
acknowledge that I have received information regarding dangerous communicable diseases that the sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired minume deficiency syndrome). Date 6-26-03	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
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acknowledge that I have received information regarding dangerous communicable diseases that re sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired minune deficiency syndrome) liginature of Applicant	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court State of Indiana County of Hendricks Signed New Address Subscribed and sworn to before me this Clerk of the Hendricks Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs state facts which make the consent of the other parent unnecessary State of Indiana County of Hendricks Father Mother Subscribed and sworn to before me this County of Hendricks T. A marriage license having been refused to the above named parties, the Court, by written order issued Orizes and directs the issuance of a marriage license to the above named parties or the Circuit Court of Hendricks County, Indiana, dated June 26, Parent Janet S. Smith (name)
acknowledge that I have received information regarding dangerous communicable diseases that re sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired minune deficiency syndrome) ignature of Applicant	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date State of Indiana County of Hendricks) Signed New Address Subscribed and sworn to before me this CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs state facts which make the consent of the other parent unnecessary State of Indiana County of Hendricks) Father Mother Subscribed and sworn to before me this Court, by written order issued Orizes and directs the issuance of a marriage license to the above named parties. E AND MARRIAGE CERTIFICATE rk of the Circuit Court of Hendricks County, Indiana, dated June 26, erard and Vicky Ann Chavez I, Janet S. Smith (name), ville in Hendricks County. Indiana
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Signed Slaves
Hendricks Circuit Court

Clerk

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

APPLICATION FOR MARRIAGE LICENSE **HENDRICKS COUNTY**

Book __ 6-26-03 Date of Application

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

Name First Middle Last	FEMALE APPLICANT
Charles Charles	Name First Middle Last
Date of Birth Month Day Year	Description of Dowell
4 12 60	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	- Malana
residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married OR No. of Previous Marriages	08490 D. Cold 350 W. Dhlewith Hinkelite
OK No. of Flevious Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 1995	Last Marriage Ended By: Death Divorce Annulment Date 1993
Date of Birth Verified By: Birth Certificate Gother (Specify)	Date of Birth Verified By: Birth Certificate Other (Specify)
Druis's Leine	Druis in Lai
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 2. Are you related to the female applicant closer than second coursin?	If answer is "yes", has the adjudication been removed?
Tes L	2. Are you related to the male applicant closer than second cousin? No — Yes —
	3. Are you now under the influence of an alcoholic beverage?
5. List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug? No Yes Yes
Richardson	5. List the full names of any dependent children. Anny Downer
(a) Bull	
6. (a) Full name of applicant's father Faul Cugnetichuls,	6. (a) Full name of applicant's father _ Crien Francis Bedelin
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Birthplace of father (State or foreign country)	Residence of father (if deceased, so state)
(b) Full maiden name of applicant's mother	Birthplace of father (State or foreign country)
(If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother Pancy Maslammah
Residence of mother (if deceased, so state)	(If adopted, list adoptive parents only)
Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state)
	Birthplace of mother (State or foreign country)
ACKNOWLEDGEMENT	ACKNOWLEDGEMENT
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pate above applicant as objected to verifying by oath or affirmation or signature to the above knowledgment because of religious beliefs. Bate of Indiana punty of Hendricks of New Address and Signature to the above bescribed and sworn to before me this applicant, hereby give consent for this marriage. If only one parent signs, the facts which make the consent of the other parent unnecessary and the of Indiana punty of Hendricks of the Hendricks of the other parent unnecessary and the of Indiana punty of Hendricks of the other parent unnecessary and the of Indiana punty of Hendricks of the other parent unnecessary and the of Indiana punty of Hendricks of Hendr	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court State of Indiana County of Hendricks New Address Subscribed and sworn to before me this CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of Hendricks State of Indiana County of Hendricks Father Mother Subscribed and sworn to before me this Clerk A marriage license having been refused to the above named parties, the Court, by written order issued rizes and directs the issuance of a marriage license to the above named parties. AND MARRIAGE CERTIFICATE of the Circuit Court of Hendricks County, Indiana, dated
parature 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
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BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

Signed Hendricks Circuit Court

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Page 409
Date of Application

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

Female Applicant > 50 No P Yes Dated

If No, Medical Examination or Report Dated

Name of Physician Amedicale Care

Sharan Nugan

Hendricks Circuit Court

Clerk

IC 31-11-4-4 commits a Class D felony.	Traine of Thysician
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name First Middle Last
Date of Birth Month Day Year	Date of Birth Month Day Year
11 729 1984	10 03 1983
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
74 Penn Dr ADJA AUGULTENDRICKS IN 46123	24 Penn O. A.A. A. Avan Hendricks IN 4618
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of Birth Verified By: Birth Certificate Other (Specify)	Date of Birth Verified By: Birth Certificate Dether (Specify)
Driver's Greese	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?	If answer is "yes", has the adjudication been removed?
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?
3. Are you now under the influence of an alcoholic beverage? No Yes Ves Ves	3. Are you now under the influence of an alcoholic beverage? No S 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 List the full names of any dependent children.	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.	Trento Ardel Darlington
6. (a) Full name of applicant's father John A. Darlington III	6. (a) Full name of applicant's father Oculle Richardson
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state) Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother (If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother (If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country) Indiana	Birthplace of mother (State or foreign country)
	Children and the second of the
are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Date 27-23	are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Date (1-270)
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
County of Hendricks Signed Navy Milrogs Same and correct.	State of Indiana) I swear/affirm that the information given County of Hendricks in this application is true and correct.
ricky diddless	New Address Dane
Subscribed and sworn to before me this	Subscribed and sworn to before me this 2 day of Clerk of the Hendricks Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF DADENTS DADENT OF CHARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby 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 Clerk	Subscribed and sworn to before me this day of Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR'	Γ. A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, author	orizes and directs the issuance of a marriage license to the above named parties.
	E AND MARRIAGE CERTIFICATE the of the Circuit Court of Hendricks County, Indiana, dated June 27,
2003 , authorizing the marriage of John A. Darli	ngton 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	dianapolis in Marion
County, Indiana, John A. Darlington IV of Hendr	County, Indiana
(state), and <u>Toni Marie Richardson</u> of <u>Hendricks</u> were married by me as authorized under a marriage license that was issu	County, Indiana (state) and by the Clerk of the Circuit Court of Hendricks County, Indiana, dated
Tune 27, 2003 . Signed by: Rev. Ted D. Stephenso	n
Filed and recorded in accordance with the laws of the State of Indiana on	July 25, 2003 (date).

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Book Page 4/0
Date of Application

(name),

Hendricks

Indiana

Indiana

Brownsburg Town Ct Judge (official designation)

County, _

County, ____

IC 31-11-11. Furnishing false information upon applying for license. Female Applicant > 50 No 🕒 - Yes □ A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under Name of Physician aganess onlying MO IC 31-11-4-4 commits a Class D felony. FEMALE APPLICANT MALE APPLICANT Name Name Date of Birth Date of Birth Place of Birth (State or foreign country) Place of Birth (State or foreign country) Residence Address Street or R.R. Residence Address Death Divorce Annulment Date 1999 Last Marriage Ended By: Last Marriage Ended By: Death Divorce Annulment Date ☐ Birth Certificate ☐ Birth Certificate Other (Specify) Date of Birth Verified By: Other (Specify) Date of Birth Verified By: Are you now or have you ever been adjudged to be of unsound mind? No Yes Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes", has the adjudication been removed? No Yes If answer is "yes", has the adjudication been removed? No Yes No Yes No Yes Are you related to the female applicant closer than second cousin? Are you related to the male applicant closer than second cousin? No Yes No Yes Are you now under the influence of an alcoholic beverage? Are you now under the influence of an alcoholic beverage? No Yes Are you now under the influence of a narcotic drug' No -Yes -Are you now under the influence of a narcotic drug? List the full names of any dependent children. List the full names of any dependent children. (a) Full name of applicant's father (a) Full name of applicant's father (If adopted, list adoptive parents only) (If adopted, list adoptive parents only) Residence of father (if deceased, so state) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother (b) Full maiden name of applicant's mother (If adopted, list adoptive parents only) (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) __ Birthplace of mother (State or foreign country) _ ACKNOWLEDGEMENT ACKNOWLEDGEMENT I acknowledge that I have received information regarding dangerous communicable diseases that I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the frirus that causes AIDS (acquired are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome Signature of Applicant immune deficiency syndrome) Abher Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. acknowledgment because of religious beliefs. Clerk of Court Clerk of Court Date Date State of Indiana I syear/affirm that the information given I swear/affirm that the information given State of Indiana In this application is true and correct. County of Hendricks County of Hendricks in this application is true and correct. New Address _ 30000 New Address 50015 Subscribed and sworn to before me this day of Subscribed and sworn to before me this _ 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, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _ state facts which make the consent of the other parent unnecessary . State of Indiana State of Indiana County of Hendricks) County of Hendricks) Father ___ Father _ Subscribed and sworn to before me this _ Subscribed and sworn to before me this _ COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT, A marriage license having been refused to the above named parties, the _ Court, by written order issued and filed in . _, authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 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

(date), at ___Brownsburg

Hendricks

July 3, 2003

Hendricks Circuit Court

were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated

certify that on _____June 27, 2003

County, Indiana, Robert Allen Cloyd III of _

(state), and Kati Nicole Ashley of Hendricks

June 26, 2003 Signed by: Charles E. Hostetter

Filed and recorded in accordance with the laws of the State of Indiana on ____

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Book 67
Page 4//

0-27-03
Date of Application

IC 31-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4.4 commits a Class D falony.

IC 31-11-4-4 commits a Class D felony.	Name of Physician Dr. 1000
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last Date of Birth Month Day Year	Name First Middle Last Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married O 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) Sicense	Date of Birth Verified By: Birth Certificate Dither (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes", has the adjudication been removed? No Yes 2. Are you related to the male applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes 4. Are you now under the 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)	6. (a) Full name of applicant's father Oemmin Edward Faulkenth (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 Allian Fel Brown (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 4/27/03 The above applicant has objected to verifying by oath or affirmation or signature to the above	ACKNOWLEDGEMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome) Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs. Clerk of Court Date	acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana I swear/affirm that the information given in this application is true and correct. Signed New Address The Speedway IN 46224 Subscribed and sworn to before me this	State of Indiana County of Hendricks Signed New Address Subscribed and sworn to before me this Clerk of the Hendricks Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana) County of Hendricks) Father ID #	State of Indiana) County of Hendricks) Father ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me this day of Clerk	Subscribed and sworn to before me this day of Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT	. A marriage license having been refused to the above named parties, the
and filed in, autho	Court, by written order issuedrizes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENSI I certify that there was filed in my office a marriage license issued by the Clerk 2003 authorizing the marriage of Jason Ryan Ree	k of the Circuit Court of Hendricks County, Indiana, datedJune 27, eves and Melissa Ann Faulkenberg
I further certify that the following marriage certificate was filed in my office: I.	Steven T. Reeves (name),
County, Indiana, Jason Ryan Reeves of Hendric (state), and Melissa Ann Faulkenbergof Marion	eks County Indiana
were married by me as authorized under a marriage license that was issue June 27, 2003. Signed by: Steven T. Reeves	ed by the Clerk of the Circuit Court of Hendricks County, Indiana, dated
Filed and recorded in accordance with the laws of the State of Indiana on	August 1, 2003 (date).

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

67 Book _ Page _ 4-21-03 Date of Application

IC 31-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.	Female Applicant > 50 No Yes I If No, Medical Examination or Report Dated Lo-13-03 Name of Physician Similar Martin Mio
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name First Middle Last
Date of Birth Month Day Year 3 8 64	Date of Birth Month Day Year 8 30 62
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
436 N. CoRd 500 E. avon Hind Shr 46123	936 N. CoRd 500 E avon Hend in 442
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 2001	Last Marriage Ended By: Death Divorce Annulment Date 1999
Date of Birth Verified By: Birth Certificate Other (Specify)	Date of Birth Verified By: Birth Certificate Other (Specify)
Drues Sesence	Drues is Genice
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes I fanswer is "yes", has the adjudication been removed? No Yes 2. Are you related to the female applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes 4. Are you now under the influence of a narcotic drug? No Yes 5. List the full names of any dependent children.	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes I fanswer is "yes", has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes 5. List the full names of any dependent children.
6. (a) Full name of applicant's father Raymond Harmon	6. (a) Full name of applicant's father Willard Dean Cheather
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Birthplace of father (State or foreign country) Birthplace of father (State or foreign country)	Residence of father (if deceased, so state)
(b) Full maiden name of applicant's mother Delicely of Blevie	(b) Full maiden name of applicant's mother Mary Nove Budall
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)	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 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	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant That Date Date Date Date Clark of Court. The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
	Clerk of Court Date
State of Indiana) County of Hendricks) Signed New Address Subscribed and sworn to before the this 27 day of I swear/affirm that the information given in this application is true and correct.	State of Indiana) I swear/affirm that the information given County of Hendricks) in this application is true and correct. Signed Awar Subscribed and sworn to before me this 2 1 day of Aland, 5003
Clerk of the Hendricks Circuit Court	Subscribed and sworn to before me this Z / _ 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	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby 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) Father ID #	County of Hendricks)
Mother ID #	Father ID # Mother ID #
Subscribed and sworn to before me this day of Clerk	Subscribed and sworn to before me this day of Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT	C. A marriage license having been refused to the above named parties, the
County	Court, by written order issued rizes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENSI I certify that there was filed in my office a marriage license issued by the Cler 2003 authorizing the marriage of Josh Matthew	
I further certify that the following marriage certificate was filed in my office: I	Bob Fishburn (name)
certify that onJuly 11, 2003 (date), atAvo County, Indiana,Josh Matthew Harmon ofMario	n in Hendricks
(state), and Lisa Dawn Hannon of Hendrick	County, Indiana (state)
were married by me as authorized under a marriage license that was issu-	ed by the Clerk of the Circuit Court of Hendricks County, Indiana, dated
Filed and recorded in accordance with the laws of the State of Indiana on	July 25, 2003 (date).
	Slaran Dugan
BOYCE FORMS • SYSTEMS 1-800-382-8702 1477	Signed Clerk Hendricks Circuit Court

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Book <u>67</u>
Page <u>4/3</u>
6- 27-03
Date of Application

A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.	If No, Medical Examination or Report Dated 6-27-03 Name of Physician 10 10 10 10 10 10 10 10 10 10 10 10 10
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last Anderson Date of Birth Day Year 2 1971	Name First Middle Burkhard Date of Birth Month Day Year 10 14 1971
Place of Birth (State or foreign country) Residence Address Street or R.R. City County State	Place of Birth (State or foreign country) Residence Address Street or R.R. City County State
731 Apple Lane Brownsburg Herd JW 46D. Previous Marital Status: Never Married OR No. of Previous Marriages 2	7 165 Eagle Cave So Dr Indpk Merion IN 46 Previous Marital Status: Never Married □ OR No. of Previous Marriages 1
Last Marriage Ended By: Death Divorce Annulment Date 2-2403	Last Marriage Ended By: Death Divorce Annulment Date 3/99
Date of Birth Verified By: Birth Certificate Other (Specify)	Date of Birth Verified By:
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes I If answer is "yes", has the adjudication been removed? 2. Are you related to the female applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes 4. Are you now under the influence of a narcotic drug? No Yes 5. List the full names of any dependent children.	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes I f answer is "yes", has the adjudication been removed? No Yes Are you related to the male applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes 4. Are you now under the influence of a narcotic drug? No Yes 5. List the full names of any dependent children.
6. (a) Full name of applicant's father Tanes Anderson (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)	6. (a) Full name of applicant's father Charles R Buskhard (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) Fig. 19 Residence 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 127 103	ACKNOWLEDGEMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Acknowledgement Bushing Applicant Bushing Applicant
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of Hendricks Signed New Address Subscribed and sworn to before me this Clerk of the Hendricks Circuit Court	State of Indiana County of Hendricks Signed New Address 73/Apple M. Brownslawy, Subscribed and sworn to before me this Clerk of the Hendricks Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana) County of Hendricks) Father ID #	State of Indiana) County of Hendricks) Father ID #
Mother ID # Subscribed and sworn to before me this day of Clerk	Mother ID # Subscribed and sworn to before me this day of Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT	. A marriage license having been refused to the above named parties, the
and filed in, author	Court, by written order issued rizes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENSE I certify that there was filed in my office a marriage license issued by the Clerk 2003, authorizing the marriage ofMichael Lee A	of the Circuit Court of Hendricks County, Indiana, dated <u>June 27</u> , nderson Stacey Lynn Burkhard
I further certify that the following marriage certificate was filed in my office: I.	Ulla Riitta (name)
County, Indiana, Michael Lee Anderson of Hendr	icks County Indiana
certify that on June 28, 2003 (date), at Nas County, Indiana, Michael Lee Anderson of Hendr (state), and Stacey Lynn Burkhard of Hendr were married by me as authorized under a marriage license that was issued	ricks County, Indiana (state)

Signed Hendricks Circuit Court

Clerk

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Book <u>67</u>
Page <u>4/4</u>
Date of Application

Clerk

IC 31-11-1. Furnishing false information upon applying for license. No Yes 🗆 Female Applicant > 50 A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under Maried Wadle Name of Physician _ IC 31-11-4-4 commits a Class D felony. FEMALE APPLICANT MALE APPLICANT Name Name Date of Birth Date of Birth Place of Birth (State or foreign country) Place of Birth (State or foreign country) Residence Address Street or R.R. Residence Address Never Married Death Divorce Annulment Date 1994 Death Divorce Annulment Date 1994 Last Marriage Ended By: Last Marriage Ended By: Other (Specify) Date of Birth Verified By: ☐ Birth Certificate Other (Specify) Date of Birth Verified By: ☐ Birth Certificate Eurs 2 Are you now or have you ever been adjudged to be of unsound mind? No Yes Are you now or have you ever been adjudged to be of unsound mind? No Yes No Yes If answer is "yes", has the adjudication been removed? No Yes If answer is "yes", has the adjudication been removed? No Yes Are you related to the male applicant closer than second cousin? No Yes Are you related to the female applicant closer than second cousin? No Yes Are you now under the influence of an alcoholic beverage? No Yes Are you now under the influence of an alcoholic beverage? No Yes Are you now under the influence of a narcotic drug? No ☐ Yes ☐ Are you now under the influence of a narcotic drug? List the full names of any dependent children. List the full names of any dependent children. (a) Full name of applicant's father 1 (a) Full name of applicant's father (If adopted, list adoptive parents only) (If adopted, list adoptive parents only) Residence of father (if deceased, so state) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother (b) Full maiden name of applicant's mother (If adopted, list adoptive parents only) (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) ACKNOWLEDGEMENT ACKNOWLEDGEMENT I acknowledge that I have received information regarding dangerous communicable diseases that I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). immune deficiency syndrome Signature of Applicant _ Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. acknowledgment because of religious beliefs. Clerk of Court Date . Clerk of Court I swear/affirm that the information given State of Indiana I swear/affirm that the information given State of Indiana in this application is true and correct. in this application is true and correct. County of Hendricks Allarekkenn Signed VV K New Address _ same 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, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary _ County of Hendricks) County of Hendricks) Father _ Father __ Mother . Mother _ Subscribed and sworn to before me this _ Subscribed and sworn to before me this _ COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued _ , authorizes and directs the issuance of a marriage license to the above named parties. and filed in . RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE 2003 , authorizing the marriage of <u>Donald Eugene Ward</u> and <u>Delana Rachelle Kinnaman</u>. I further certify that the following marriage certificate was filed in my office: I, ______ Janet S. Smith ____ (date), at ____ Danville ____in __ Hendricks certify that on _____June 27, 2003 __of ___Hendricks _County, __Indiana County, Indiana, Donald Eugene Ward _County, __ Indiana (state), and Delana Rachelle Kinnamanof ____ Hendricks were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Filed and recorded in accordance with the laws of the State of Indiana on _____July 3, 2003

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

APPLICATION FOR MARRIAGE LICENSE **HENDRICKS COUNTY**

Book Page _ Date of Application

IC 31-11-1. Furnishing false information upon applying for 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 ☐ If No, Medical Examination or Report Dated 6-13-03

IC 31-11-4-4 commits a Class D felony.	Name of Physician 1 E Quarty, 7110
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last Addur	Name First Middle Last
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Indee of Bird (State of Foleign Country)	Frace of Birth (State of Toreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
DOWNSHIP OF THE PROPERTY OF TH	Trevious Marital Status. Trevel Marited (1) OK 140, 01 Frevious Maritages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of Birth Verified By: Birth Certificate	Date of Birth Verified By: Birth Certificate
Drugo Beinse	Druis's Leine
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes I If answer is "yes", has the adjudication been removed? No Yes I	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes Are you related to the female applicant closer than second cousin? No Yes	If answer is "yes", has the adjudication been removed? No Yes Are you related to the male applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage?	3. Are 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 Joseph Adler	6. (a) Full name of applicant's father Dennis Rascalle
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
(b) Full maiden name of applicant's mother (State or foreign country)	Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Bullara Cllin Altern
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
Signature of Applicant Date 0-27-0.3 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	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court
State of Indiana) I swear/affirm that the information given	
County of Hendricks) in this application is true and correct.	State of Indiana) I swear/affirm that the information given County of Hendricks) in this application is true and correct. Signed **State** Rascher**
New Address 1130 Coppermill Lane Apt ZG Indianaptis, N	Signed Stappanul Raschel New Address 1150 Copper mill Lane Apt 29 Indianapolis
Subscribed and sworn to before me this 2 day of Clerr of the Hendricks Circuit Court	Subscribed and sworn to before me this 22 day of 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) Father ID # ID #	County of Hendricks)
Mother ID #	Father ID # Mother ID #
Subscribed and sworn to before me this day of Clerk	Subscribed and sworn to before me this day of Clerk
County	Γ. A marriage license having been refused to the above named parties, the Court, by written order issued
	prizes 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 Cler	E AND MARRIAGE CERTIFICATE k of the Circuit Court of Hendricks County, Indiana, dated
I further certify that the following marriage certificate was filed in my office.	Adler and Stephanie Elaine Raschke (name),
certify that on July 11, 2003 (date), at Val	paraiso im Porter
County, Indiana, Adam Joseph Adler of Hendr	icks County, Indiana
(state), and Stephanie Elaine Raschkee Porte	County, (state) led by the Clerk of the Circuit Court of Hendricks County, Indiana, dated
June 27, 2003 Signed by:Rev. Robert E. Duncar Filed and recorded in accordance with the laws of the State of Indiana on	n,
They and recorded in accordance with the laws of the State of Indiana on	
	Signed Sharan Dugan Clerk
BOYCE FORMS • SYSTEMS 1-800-382-8702 1477	Hendricks Circuit Court

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Clerk

IC 31-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the Female Applicant > 50 No A Yes 🗆 circuit court when the person applies for a marriage license under If No, Medical Examination of Report Dated 6-IC 31-11-4-4 commits a Class D felony. Name of Physician _) tevens MALE APPLICANT FEMALE APPLICANT Name / Date of Birth Day 20 Place of Birth (State or foreign country) Place of Birth (State or foreign country) IN Residence Address Street or R.R. Previous Marital Status: Never Married OR No. of Previous Marriages Previous Marital Status: OR No. of Previous Marria Last Marriage Ended By: Death Divorce Annulment Date Death Divorce Annulment Date Last Marriage Ended By: Date of Birth Verified By: ☐ Birth Certificate Other (Specify) Date of Birth Verified By: Other (Specify) ☐ Birth Certificate Drivers cense Are you now or have you ever been adjudged to be of unsound mind? No Yes Are you now or have you ever been adjudged to be of unsound mind? No 💢 If answer is "yes", has the adjudication been removed? No 🗆 Yes 🗆 If answer is "yes", has the adjudication been removed? No 🗆 Are you related to the female applicant closer than second cousin? No Yes Are you related to the male applicant closer than second cousin? No Yes Are you now under the influence of an alcoholic beverage? No Yes Are you now under the influence of an alcoholic beverage? No Yes 🗆 Are you now under the influence of a narcotic drug? No Yes Are you now under the influence of a narcotic drug? List the full names of any dependent children. Yes 🗌 List the full names of any dependent children. (a) Full name of applicant's father Cors (a) Full name of applicant's father _ (If adopted, list adoptive parents only) _ (If adopted, list adoptive parents only) Residence of father (if deceased, so state) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) Rhode Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Julie Ann Laycock (b) Full maiden name of applicant's mother lamela (If adopted, list adoptive parents only) (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) ACKNOWLEDGEMENT ACKNOWLEDGEMENT I acknowledge that I have received information regarding dangerous communicable diseases that I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). immune deficiency syndrome). () Signature of Applicant X Signature of Applicant 1ones The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. acknowledgment because of religious beliefs. Clerk of Court Clerk of Court State of Indiana I swear/affirm that the information given County of Hendricks I swear/affirm that the information given in this application is true and correct. County of Hendricks) in this application is true and correct. Signed New Address △ Subscribed and sworn to before me this Subscribed and sworn to before me this Clerk of the Hendricks Circuit Court 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, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary _ State of Indiana State of Indiana) County of Hendricks) County of Hendricks) Father Father __ Mother Mother Subscribed and sworn to before me this. Subscribed and sworn to before me this _ COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ____ County __ Court, by written order issued and filed in _, authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I 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 certify that on _____June 28, 2003 ____(date), at __Indianapolis County, Indiana, George Steven Pichon, Jrof Hendricks _County, __Indiana (state), and _Sarah Michelle Jones __ of __ Hendricks ___County, ___Indiana were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 27, 2003 Signed by: Kenneth J. Woods Pastor Filed and recorded in accordance with the laws of the State of Indiana on ____ July 10, 2003

_ Clerk

STATE OF INDIANA

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

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Date of Application

circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.	Name of Physician DAVID HADLEY
MALE APPLICANT	Name First Middle Last
Name First Middle Last FUC THOMAS KNOP	Name TYLENA LAGINA GRIFFITH
Date of Birth Month Day 1988	Date of Birth Month Day Year 1974
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R., City County State
1705 Beechwood Dr. PLAINFIELD Hendricks IN	1708 Beechwood Dl. PLAINFIELD HENDRICKS FUD
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 1978
Date of Birth Verified By: Birth Certificate Other (Specify)	Date of Birth Verified By: Birth Certificate Other (Specify)
DRIVERS LICENSE	DRIVERS LICENSE
1. Are you now or have you ever been adjudged to be of unsound mind? No 🖸 Yes 🗆	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed?	If answer is "yes", has the adjudication been removed? No Yes Yes Xes Yes Xes No Yes Ye
Are you related to the remain approach to the same	2. Are you related to the male applicant closer than second cousin? No 2 Yes 3. Are you now under the influence of an alcoholic beverage? No 2 Yes 3
. The you not under me mineral and	4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
4. Are you now under the influence of a narcotic drug? COLIN RICHED LEE KNOP 1. List the full names of any dependent children.	5. List the full names of any dependent children.
	ELIZAH MONAL GRIFFITH
6. (a) Full name of applicant's father Eugene KNOP	6. (a) Full name of applicant's father Lovell MARION SHOULTS)
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother LOLETTA AUCE LEE	Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother ALNEDIA DEE Willarghby
(b) Full maiden name of applicant's mother LOLETTA PHICE LEE	(If adopted list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant	are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Date 10-71-63
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana) County of Hendricks Grit T - Knux Signed Same New Address Same New Address	State of Indiana) County of Hendricks) Signed Signed New Address Same
New Address Same Subscribed and sworn to before me this 27 day of June	Subscribed and sworn to before me this 21 day of _
Clerk of the Hendricks Circuit Court	Clerk of the Hendricks Circuit Cour
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby 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 Clerk	Subscribed and sworn to before me this day of Cler
	T. A marriage license having been refused to the above named parties, the
County	Court, by written order issuedorizes and directs the issuance of a marriage license to the above named parties
	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cle	erk of the Circuit Court of Hendricks County, Indiana, datedJune 27,
I further certify that the following marriage certificate was filed in my office: certify that onJuly 19, 2003 (date), atPlai	I, Gregory Smith (name
County Indiana Eric Thomas Knop of Hence	dricks County, Indiana
(state), and Tylena Lagina Griffith of Hendrick	ricks County, Indiana (state
were married by me as authorized under a marriage license that was iss	Reverend (official designation
Filed and recorded in accordance with the laws of the State of Indiana on	Sharan Dugan

Signed _

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Page 4/8

| Co - 30 - 03 |
| Date of Application

IC 31-11-11. Furnishing false information upon applying for license. Female Applicant > 50 No 1 A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony. FEMALE APPLICANT MALE APPLICANT Name Date of Birth Date of Birth Place of Birth (State or foreign country) Place of Birth (State or foreign country) Residence Address Residence Address OR No. of Previous Marriages. Never Married Previous Marital Status: Never Married Previous Marital Status: Death Divorce Annulment Date 1999 Death Divorce Annulment Date 1998 Last Marriage Ended By: Last Marriage Ended By: Other (Specify) ☐ Birth Certificate Date of Birth Verified By: ☐ Birth Certificate Other (Specify) Date of Birth Verified By: Are you now or have you ever been adjudged to be of unsound mind? No 🖸 Are you now or have you ever been adjudged to be of unsound mind? No Yes 🗆 Yes 🗆 No Yes If answer is "yes", has the adjudication been removed? No 🗆 If answer is "yes", has the adjudication been removed? No Yes No Yes Are you related to the male applicant closer than second cousin? Are you related to the female applicant closer than second cousin? No Yes No Yes Are you now under the influence of an alcoholic beverage? Are you now under the influence of an alcoholic beverage? Are you now under the influence of a narcotic drug? No Yes No Yes Are you now under the influence of a narcotic drug? List the full names of any dependent children. List the full names of any dependent children. Edwin Monroe Ellis (a) Full name of applicant's father (a) Full name of applicant's father (If adopted, list adoptive parents only) (If adopted, list adoptive parents only) aloud. Residence of father (if deceased, so state) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother (b) Full maiden name of applicant's mother (If adopted, list adoptive parents only) (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) **ACKNOWLEDGEMENT** ACKNOWLEDGEMENT I acknowledge that I have received information regarding dangerous communicable diseases that I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrony immune deficiency syndrome Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. acknowledgment because of religious beliefs. Clerk of Court _ Clerk of Court . Date _ I swear/affirm that the information given State of Indiana I swear/affirm that the information given State of Indiana in this application is true and correct. in this application is true and correct. County of Hendricks mmen Signed _ New Address Clerk of the Hendricks Circuit Court

Signed ______Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

County of Hendricks)

Subscribed and sworn to before me this.

Father ____

Mother _

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,

Nugan

ID #_

___ Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN

State of Indiana

Father ____

Mother

County of Hendricks)

Subscribed and sworn to before me this _

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 OF INDIANA

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

APPLICATION FOR MARRIAGE LICENSE **HENDRICKS COUNTY**

Date of Application

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

	A CONTRACTOR OF STREET, STREET
Name First Middle Last	Name First Middle Last
_ Wade alan Reichart	Name First Middle Last Chille Kae Hadles
Date of Birth Month Day Year	Date of Birth Mooth Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Indiana	Indiana
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
	Trevious Mariages. Never Married
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of Birth Verified By: Birth Certificate Other (Specify)	Date of Birth Verified By: Birth Certificate
Druin Raise	De
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?	If answer is "yes", has the adjudication been removed?
 Are you related to the female applicant closer than second cousin? Are you now under the influence of an alcoholic beverage? No Yes 	2. Are you related to the male applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug?	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No → Yes □ 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 Darry Breat Buchart	6. (a) Full name of applicant's father Michael Ray Wacker
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Birthplace of father (State or foreign country)	Residence of father (if deceased, so state)
and the second s	Birthplace of father (State or foreign country) Solve (b) Full maiden name of applicant's mother Birthplace of father (State or foreign country) Solve (b) Full maiden name of applicant's mother Birthplace of father (State or foreign country)
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGEMENT	
I acknowledge that I have received information regarding dangerous communicable diseases that	ACKNOWLEDGEMENT
are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome)	immune deficiency syndrome).
Signature of Applicant / Cale Mellet Date 6/30/03	Signature of Applicant Thully for Kansa Date 0/30/0:
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)
County of Hendricks) in this application is true and correct.	State of Indiana County of Hendricks Signed Signed County of Hendricks Signed
Signed All All All All All All All All All Al	y Signed Muly Col Starkle
Superibed and sworn to before me this 30 day of Alve 3003	Subscribed and sworn to before me this 30 day of Alm, 5003
Clerk of the Hendricks Circuit Court	Clerk of the Hendricks Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	COMPRESE OF PARTIES AND
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	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 # Mother ID #	Father ID #
Subscribed and sworn to before me this day of	Mother ID # Subscribed and sworn to before me this day of
Clerk	Clerk
COMPLETE IE MADDIACE LICENSE ISSUED DV ODDED OF COURSE	
County	T. A marriage license having been refused to the above named parties, the
and filed in, author	orizes and directs the issuance of a marriage license to the above named parties.
	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cler	k of the Circuit Court of Handricks County Indiana dated June 30
, authorizing the marriage ofwade Alan Re.	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 Zic County, Indian, Wade Alan Reichart of Hamila	ton County Indiana
(state), and Emily Rae nacker of Hendrick	KS County Indiana (state)
were married by me as authorized under a marriage license that was issu	ed by the Clerk of the Circuit Court of Hendricks County, Indiana, dated
Filed and recorded in accordance with the laws of the State of Indiana on	Tul: 25 2002 (official designation)
riled and recorded in accordance with the laws of the State of Indiana on	July 25, 2003 (date).
	Sharan Dugan
	Signed Clerk
BOYCE FORMS • SYSTEMS 1-800-382-8702 1477	Hendricks Circuit Court

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

APPLICATION FOR MARRIAGE LICENSE **HENDRICKS COUNTY**

Book Page Date of Application

IC 31-11-1. Furnishing false information upon applying for license.

Female Applicant > 50 No ☐ Yes ☐

If No, Medical Examination or Report Dated

Name of Physician Than Thurton

MALE APPLICANT	
MALE ATTECAN	FEMALE APPLICANT
Name First Middle Last	Name First Middle Last
Michael Wayne Welliams	Thyea Due York
ate of Birth Month Bay Year	Date of Birth Month Day Year
lace of Birth (State or foreign country)	Place of Birth (State or foreign country)
Indiana	Indeana
esidence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
67 S. CR 300 E. Nanulle Hend In 46122	115 N. Jefferson St. Nanville Hand Shit
revious Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
ast Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of Birth Verified By:	Date of Birth Verified By: Birth Certificate Other (Specify)
Druin &	Druesin Same
. 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?	If answer is "yes", has the adjudication been removed?
. Are you related to the female applicant closer than second cousin? No Yes	2. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
Are you now under the influence of an alcoholic beverage? No Yes	3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
List the full names of any dependent children.	5. List the full names of any dependent children.
(a) Full name of applicant's father Ames H. Williams	6. (a) Full name of applicant's father Morman of Porle
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Vlana Lue Price	(b) Full maiden name of applicant's mother Selese W. Dallone
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
	ACKNOWLEDGEMENT
The above applicant has objected to verifying by oath or affirmation or signature to the above	Signature of Applicant Date 7/1/02 The above applicant has objected to verifying by oath or affirmation or signature to the above
cknowledgment because of religious beliefs. Clerk of Court Date	acknowledgment because of religious beliefs. Clerk of Court Date
the Chilian	
tate of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
ounty of Hendricks) in this application is true and correct.	County of Hendricks) May and Poole in this application is true and correct.
Signed in this application is true and correct. New Address 115 N-JEFFEESON ST.	County of Hendricks) My Signed in this application is true and correct. New Address Same
County of Hendricks) in this application is true and correct.	County of Hendricks) May of Poole in this application is true and correct.
Signed II5 N-JEFFEESON ST. New Address day of Clerr of the Mendricks Circuit Court	County of Hendricks) My Sole in this application is true and correct. Signed Same New Address Subscribed and sworn to before me this day of Clerk of the Hendricks Circuit Court
ounty of Hendricks) in this application is true and correct. Signed New Address II5 N.JEFFELSON ST. Ubscribed and sworn to before me this day of Clerk of the Mendricks Circuit Court ONSENT OF PARENTS, PARENT, OR GUARDIAN	County of Hendricks) I in this application is true and correct. Signed Signed Same Subscribed and sworn to before me this day of Clerk of the Hendricks Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
ounty of Hendricks) Signed New Address Ubscribed and sworn to before me this Clerk of the Hendricks Circuit Court ONSENT OF PARENTS, PARENT, OR GUARDIAN Te, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	County of Hendricks) I in this application is true and correct. Signed Signed Same Subscribed and sworn to before me this day of Clerk of the Hendricks Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
ounty of Hendricks) Signed New Address Theoretical and sworn to before me this day of Clerk of the Hendricks Circuit Court ONSENT OF PARENTS, PARENT, OR GUARDIAN The the parents of this applicant, hereby give consent for this marriage. If only one parent signs, atter facts which make the consent of the other parent unnecessary	County of Hendricks) I in this application is true and correct. Signed Signed Same Subscribed and sworn to before me this day of Clerk of the Hendricks Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
ounty of Hendricks) Signed New Address The Parents of this applicant, hereby give consent for this marriage. If only one parent signs, ate facts which make the consent of the other parent unnecessary ate of Indiana Dounty of Hendricks)	County of Hendricks) In this application is true and correct. Signed Signed Signed In this application is true and correct. Signed Signed In this application is true and correct. Subscribed and sworn to before me this day of Clerkfof the Hendricks Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
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in this application is true and correct. Signed New Address Theoretical and sworn to before me this ONSENT OF PARENTS, PARENT, OR GUARDIAN The tenter parents of this applicant, hereby give consent for this marriage. If only one parent signs, attended from the consent of the other parent unnecessary attended to the parent unnecessary The parents of Indiana The pounty of Hendricks The parents of Indiana The pounty of Hendricks of Indiana The pounty of Hendricks of Indiana The parents of India	County of Hendricks)
in this application is true and correct. Signed New Address Ubscribed and sworn to before me this ONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, ate facts which make the consent of the other parent unnecessary tate of Indiana ounty of Hendricks atter ID #	County of Hendricks) 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)
in this application is true and correct. Signed New Address Unscribed and sworn to before me this ONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, atte facts which make the consent of the other parent unnecessary tate of Indiana Jounty of Hendricks atter July Clerk COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR	County of Hendricks)
in this application is true and correct. Signed New Address The Add	County of Hendricks)
in this application is true and correct. Signed New Address Unscribed and sworn to before me this CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, tate facts which make the consent of the other parent unnecessary tate of Indiana Jounty of Hendricks atter JD #	County of Hendricks)
in this application is true and correct. Signed New Address Unscribed and sworn to before me this	County of Hendricks)
in this application is true and correct. Signed New Address Unscribed and sworn to before me this ONSENT OF PARENTS, PARENT, OR GUARDIAN Ve, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, atte facts which make the consent of the other parent unnecessary ID #	County of Hendricks Signed Same Subscribed and sworn to before me this day of Clerk of the Hendricks Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of Hendricks Father ID # Mother ID # Subscribed and sworn to before me this day of Clerk of the above named parties, the Court, by written order issued Courts and directs the issuance of a marriage license to the above named parties. SE AND MARRIAGE CERTIFICATE Subscribed Second of the Circuit Court of Hendricks County, Indiana, dated July 1, Subscribed July 1, Subscr
in this application is true and correct. Signed New Address Signed Sign	County of Hendricks Signed New Address Subscribed and sworn to before me this Clerk of the Hendricks Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of Hendricks Father Mother Subscribed and sworn to before me this Court, by written order issued Orizes and directs the issuance of a marriage license to the above named parties. SE AND MARRIAGE CERTIFICATE Original of the Circuit Court of Hendricks County, Indiana, dated Williams And Myia Sue Poole I, Rev. Kenneth D. Wells (name),
in this application is true and correct. Signed New Address Described and sworn to before me this day of Clerk of the Mendricks Circuit Court ONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, atte facts which make the consent of the other parent unnecessary	County of Hendricks Signed New Address Subscribed and sworn to before me this Clerktoff the Hendricks Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of Hendricks Father Mother Subscribed and sworn to before me this Court, by written order issued orizes and directs the issuance of a marriage license to the above named parties. SE AND MARRIAGE CERTIFICATE ork of the Circuit Court of Hendricks County, Indiana, dated Williams and Myia Sue Poole I, Rev. Kenneth D. Wells (name), on in Hendricks
in this application is true and correct. Signed New Address Signed New Address Signed New Address Signed Signed New Address Signed New Address Signed Signed Signed Signed New Address Signed	County of Hendricks My Good In this application is true and correct. Signed New Address Same Clerklof the Hendricks Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of Hendricks Tather ID # Subscribed and sworn to before me this day of Clerk Clerk
in this application is true and correct. Signed New Address Signed Sign	County of Hendricks Signed New Address Subscribed and sworn to before me this CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of Hendricks Father Mother Court, by written order issued orizes and directs the issuance of a marriage license to the above named parties. SE AND MARRIAGE CERTIFICATE ork of the Circuit Court of Hendricks County, Indiana, dated Williams and Myia Sue Poole I, Rev. Kenneth D. Wells County, Indiana (state)
in this application is true and correct. Signed New Address II5 N-JEFFELSON ST Clerr of the Hendricks Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, tate facts which make the consent of the other parent unnecessary Late of Indiana) County of Hendricks) County of Hendricks) County of Hendricks) County of Hendricks Complete IF Marriage License Issued by Order Order County of Hendricks County of Hendr	County of Hendricks

Clerk

STATE OF INDIANA

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Book 67
Page 42/
7- 1- 03
Date of Application

IC 31-11-1. Furnishing false information upon applying for license. No 🗸 Yes 🗆 Female Applicant > 50 A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under Name of Physician DAVID HADLEY IC 31-11-4-4 commits a Class D felony. MALE APPLICANT FEMALE APPLICANT Middle Last Name First EIGH DILLEY Month Date of Birth Place of Birth (State or foreign country) Place of Birth (State or foreign country) Street or R.R. Residence Address City Residence Address Street or R.R. 132 PENN DRIVE MOUA HENDRICKS PLAINFIELD Hendricks Never Married OR No. of Previous Marriages Never Married OR No. of Previous Marriages. Previous Marital Status: Death Divorce Annulment Date Last Marriage Ended By: Death Divorce Annulment Date Last Marriage Ended By: Other (Specify) Other (Specify) ☐ Birth Certificate Date of Birth Verified By: Date of Birth Verified By: ☐ Birth Certificate UCENSE DRIVERS DHUERS LICENSE Are you now or have you ever been adjudged to be of unsound mind? No Yes Are you now or have you ever been adjudged to be of unsound mind? No 🖸 Yes 🗆 No Xes No 🗆 Yes 🗆 If answer is "yes", has the adjudication been removed? If answer is "yes", has the adjudication been removed? No Yes No Yes Are you related to the male applicant closer than second cousin? Are you related to the female applicant closer than second cousin? No Yes No Yes Are you now under the influence of an alcoholic beverage? Are you now under the influence of an alcoholic beverage? No Yes Are you now under the influence of a narcotic drug? No Yes Are you now under the influence of a narcotic drug? List the full names of any dependent children. List the full names of any dependent children. 6. (a) Full name of applicant's father THOMAS JOSEPH 6. (a) Full name of applicant's father LEON (If adopted, list adoptive parents only) (If adopted, list adoptive parents only) Residence of father (if deceased, so state) Residence of father (if deceased, so state) _ Birthplace of father (State or foreign country) Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother CONNIE Lynn (If adopted, list adoptive parents only) (If adopted, list adoptive parents only) _ Residence of mother (if deceased, so state) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) ACKNOWLEDGEMENT ACKNOWLEDGEMENT I acknowledge that I have received information regarding dangerous communicable diseases that I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). are sexually transmitted, and a risk of the test sinds for the virus that causes AIDS (acquired immune deficiency syndrome). immune deficiency syndrome Signature of Applicant Signature of Applicant X The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. acknowledgment because of religious beliefs. Clerk of Court _ Clerk of Court I swear/affirm that the information given State of Indiana I swear/affirm that the information given State of Indiana County of Hendricks) in this application is true and correct. New Address 3205 Prairie Wew 1 3205 Prairie View Circle Circle Apt O, Denville, IN 46122 Subscribed and sworn to before me this . Subscribed and sworn to before me this _ _ day of _ day of _ Clerk of the Hendricks Circuit Court 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, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _ state facts which make the consent of the other parent unnecessary _ State of Indiana) State of Indiana) County of Hendricks) County of Hendricks) ID #_ Father _ Father _ _ ID #_ Mother _ Mother COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _ Court, by written order issued _ County _, authorizes and directs the issuance of a marriage license to the above named parties. and filed in RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 1, , 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 __ County, ___Indiana County, Indiana, Stephen Frederick Rost of ____ Hendricks (state), and Melissa Leigh Dilley of Hendricks County, __Indiana were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 1, 2003 .. Signed by: Mark A. McKinney Pastor _ (official designation) (date). Filed and recorded in accordance with the laws of the State of Indiana on _ August 20, 2003

Signed

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Female Applicant > 50

No 🗗

Yes 🗆

Book Page Date of Application

Clerk

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

If No, Medical Examination or Report Dated avid Wadle Name of Physician _ IC 31-11-4-4 commits a Class D felony. MALE APPLICANT FEMALE APPLICANT Name Name andon Date of Birth 5 Place of Birth (State or foreign country) Place of Birth (State or foreign country) Residence Address Street or R.R Residence Addres Never Married Previous Marital Status: Never Married OR No. of Previous Marriages Previous Marital Status: Death Divorce Annulment Date Death Divorce Annulment Date Last Marriage Ended By: Last Marriage Ended By: ☐ Birth Certificate Other (Specify) Date of Birth Verified By: ☐ Birth Certificate Other (Specify) Date of Birth Verified By: Are you now or have you ever been adjudged to be of unsound mind? No Yes Are you now or have you ever been adjudged to be of unsound mind? No 🗆 Yes 🗆 If answer is "yes", has the adjudication been removed? No 🗆 Yes 🗆 If answer is "yes", has the adjudication been removed? No Yes Are you related to the female applicant closer than second cousin? No 🕒 Yes 🗌 Are you related to the male applicant closer than second cousin? No - Yes No Yes Are you now under the influence of an alcoholic beverage? Are you now under the influence of an alcoholic beverage? No TYes Are you now under the influence of a narcotic drug? No Yes Are you now under the influence of a narcotic drug? List the full names of any dependent children. List the full names of any dependent children. (a) Full name of applicant's father Marge William (a) Full name of applicant's father William (If adopted, list adoptive parents only) (If adopted, list adoptive parents only) Residence of father (if deceased, so state) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Chesse Full maiden name of applicant's mother Clean (If adopted, list adoptive parents only) . (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Residence of mother (if deceased, so state) . Birthplace of mother (State or foreign country) _ Birthplace of mother (State or foreign country) ACKNOWLEDGEMENT ACKNOWLEDGEMENT I acknowledge that I have received information regarding dangerous communicable diseases that I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
ySignature of Applicant Relecco D. Pourrow immune deficiency syndrome).
Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. acknowledgment because of religious beliefs. Clerk of Court Clerk of Court I swear/affirm that the information given State of Indiana State of Indiana I swear/affirm that the information given County of Hendricks County of Hendricks in this application is true and correct. in this application is true and correct. cca D. Parn Y New Address 894 Polley Drive Same Subscribed and sworn to before me this 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, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____ 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 _ Mother Mother _ Subscribed and sworn to before me this __ Subscribed and sworn to before me this __ COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _ County _ _ Court, by written order issued _ _, authorizes and directs the issuance of a marriage license to the above named parties. and filed in RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated __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), in Hendricks certify that on August 9, 2003 _ (date), at ____Avon County, Indiana, Brandon Ross Cauldwell __of __Hendricks __County, _Indiana (state), and Rebecca Diane Parman of Hendricks County, Indiana were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Minister July 1, 2003 Signed by: Douglas A. Litsey Filed and recorded in accordance with the laws of the State of Indiana on _____ August 14, 2003 (date).

Clerk

STATE OF INDIANA

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Book <u>67</u>
Page <u>423</u>
Date of Application

IC 31-11-1. Furnishing false information upon applying for license. Female Applicant > 50 No 🖳 A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under ason Coope Name of Physician IC 31-11-4-4 commits a Class D felony. FEMALE APPLICANT MALE APPLICANT Name Name Date of Birth Date of Birth Place of Birth (State or foreign country) Place of Birth (State or foreign country) Residence Address Street or R.R Residence Address Previous Marital Status: Never Married Previous Marital Status: Never Married Death Divorce Annulment Date 2002 Death Divorce Annulment Date 2002 Last Marriage Ended By: Last Marriage Ended By: ☐ Birth Certificate Other (Specify) Date of Birth Verified By: ☐ Birth Certificate Other (Specify) Date of Birth Verified By: Are you now or have you ever been adjudged to be of unsound mind? No 🗎 Yes 🗌 Are you now or have you ever been adjudged to be of unsound mind? No Yes No Yes If answer is "yes", has the adjudication been removed? No Yes If answer is "yes", has the adjudication been removed? No Yes Are you related to the female applicant closer than second cousin? Are you related to the male applicant closer than second cousin? No Yes Are you now under the influence of an alcoholic beverage? No Yes No Yes Are you now under the influence of an alcoholic beverage? Yes 🗆 Are you now under the influence of a narcotic drug? Are you now under the influence of a narcotic drug List the full names of any dependent children List the full names of any dependent children. Kickard (a) Full name of applicant's father 6. (a) Full name of applicant's father _ (If adopted, list adoptive parents only) (If adopted, list adoptive parents only) Residence of father (if deceased, so state) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Sondra fac (b) Full maiden name of applicant's mother (If adopted, list adoptive parents only) _ (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) _ ACKNOWLEDGEMENT ACKNOWLEDGEMENT I acknowledge that I have received information regarding dangerous communicable diseases that I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome) immune deficiency syndrome).
Signature of Applicant Signature of Applicant Alanka The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. acknowledgment because of religious beliefs. Clerk of Court _ Date . Clerk of Court Date _ I swear/affirm that the information given State of Indiana I swear/affirm that the information given State of Indiana in this application is true and correct nty of Hendricks) in this application is true and correct County of Hendricks)/ Signed Manual
New Address Sam New Address _ Subscribed and sworn to before me this _ Subscribed and sworn to before me this Clerk of the Hendricks Circuit Court of the Hendricks Circuit Court Nugar 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, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _ state facts which make the consent of the other parent unnecessary _ State of Indiana State of Indiana County of Hendricks) County of Hendricks) ID #_ Father _ Father . Mother . Mother _ Subscribed and sworn to before me this Subscribed and sworn to before me this _ Clerk COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued _ , authorizes and directs the issuance of a marriage license to the above named parties. and filed in RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated _July 1, and Dianna Lynn Bennett 2003 , authorizing the marriage of Richard David Adkison 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 __ County, _ County, Indiana, Richard David Adkison of Hendricks _County, __Indiana (state), and _____ Dianna Lynn Bennett____ of ____ Hendricks

August 28, 2003

Hendricks Circuit Court

Signed

Filed and recorded in accordance with the laws of the State of Indiana on _

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

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Book <u>67</u>
Page <u>424</u>
<u>1-2-03</u>
Date of Application

A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.	Female Applicant > 50 No P Yes D If No, Medical Examination or Report Dated Name of Physician Catherine Waterfield Yno
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name First Middle Last
Date of Birth Month Day Year	- Christa Susanne Osborne
Date of Birth Month Day Year	Date of Birth Month Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State 42	Residence Address Street or R.R. City County State
49 annelane Blod Columbus Franklin Ohis.	35 Hoyg annelan Blud Columbus Oh Fran 4
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of Birth Verified By: Birth Certificate Other (Specify)	Date of Birth Verified By: Birth Certificate
Ohio Druss Ding	Dh: n - 8-
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?	If answer is "yes", has the adjudication been removed?
. Are you related to the female applicant closer than second cousin? No Yes	2. Are you related to the male applicant closer than second cousin? No Yes
. Are you now under the influence of an alcoholic beverage? No Yes	3. Are you now under the influence of an alcoholic beverage? No Yes
. Are you now under the influence of a narcotic drug? No Yes List the full names of any dependent children	4. Are you now under the influence of a narcotic drug?
List the full names of any dependent children.	List the full names of any dependent children.
(a) Full name of applicant's father Mary Davis	6. (a) Full name of applicant's father Achie Osborne.
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state), Sindlame
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) Sentugles
(b) Full maiden name of applicant's mother Carol Rogers	(b) Full maiden name of applicant's mother welling Sall Bur
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)	(If adopted, list adoptive parents only)
Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state)
- Council (out of folding country)	Birthplace of mother (State or foreign country) Bentucky
namune deficiency syndrome) In part of Applicant Date 7-2.03 The above applicant has objected to verifying by oath or affirmation or signature to the above eknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above
erk of Court Date	acknowledgment because of religious beliefs. Clerk of Court Date
ate of Indiana) Dounty of Hendricks) Signed Some Address Some abscribed and sworn to before me this Aday of July 2003	State of Indiana) County of Hendricks) Signed in this application is true and correct. New Address Subscribed and sworn to before me this day of Held. 3003
Sharan Dugan Clerkof the Hendricks Circuit Court	Clerk of the Bendricks Circuit Court
ONSENT OF PARENTS, PARENT, OR GUARDIAN e, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, ate facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
ate of Indiana)	State of Indiana)
ounty of Hendricks)	County of Hendricks)
ther ID #	FatherID #
other ID # bscribed and sworn to before me this day of	Mother ID #
Clerk	Subscribed and sworn to before me this day of Clerk
OMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT	Γ. A marriage license having been refused to the above named parties, the
County	Court, by written order issued crizes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
ertify that there was filed in my office a marriage license issued by the Cleri 2003, authorizing the marriage ofJohn Robert	k of the Circuit Court of Hendricks County, Indiana, dated July 2 Davis and Christa Susanne Osborne
arther certify that the following marriage certificate was filed in my office: I	Rev. David E. Land (name),
tify that onJuly 5, 2003(date), atAv unty, Indiana,John Robert DavisofFrank	in Hendricks County, Ohio
ate), and	County Ohio
and recorded in accordance with the laws of the State of Indiana on	ed by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Minister (official designation)
	minister (official designation)

Signed Slavase
Hendricks Circuit Court

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Book 67
Page 425
7-3-03
Date of Application

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

Female Applicant > 50 No D Yes D 16-16-03

If No, Medical Examination or Report Dated 6-16-03

Name of Physician 2000per

IC 31-11-4-4 commits a Class D felony.	Name of Physician A. Justin Cooper
MALE APPLICANT	FEMALE APPLICANT
Name Horist Middle Last	Name First Middle Last
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Near of Birth (State or forming country)
Indiana	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
603 Shortley Drive (won Benduck IN	603 Shortleaf Nr. avon Dendrichs IN
Previous Marital Status: Never Married OR No. of Previous Marriages.	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death □ Divorce ☑ Annulment □ Date
Date of Birth Verified By: Birth Certificate Other (Specify)	Date of Birth Verified By: Birth Certificate Other (Specify)
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?	If answer is "yes", has the adjudication been removed?
 Are you related to the female applicant closer than second cousin? Are you now under the influence of an alcoholic beverage? Yes □ 	 Are you related to the male applicant closer than second cousin? Are you now under the influence of an alcoholic beverage? No
4. Are you now under the influence of a narcotic drug? No Yes	3. Are you now under the influence of an alcoholic beverage? No 4. Are you now under the influence of a narcotic drug? No ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of applicant's father	6. (a) Full name of applicant's father Sovert Numan Nuyvaert
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother (If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother Suth Glan Condervosco
Residence of mother (if deceased, so state)	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGEMENT	ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that	I acknowledge that I have received information regarding dangerous communicable diseases that
are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant	Signature of Applicant Date 7-3-02
	Date -
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs. Clerk of Court Date	acknowledgment because of religious beliefs. 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)	
County of Hendricks) Steve Homps in this application is true and correct. Signed New Address	Signed New Address
Subscribed and sworn to before me this day of	New Address day of
Clerk of the Hendricks Circuit Court	Clerk of the Hendricks Circuit Court
CONSENT OF DADENTS DADENT OF CHARDIAN	CONSTRUCTION OF PLANTS OF PLANTS OF PROPERTY OF PROPER
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby 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 # Subscribed and sworn to before me this day of	Mother ID # Subscribed and sworn to before me this day of
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT	T. A marriage license having been refused to the above named parties, the
and filed in, autho	orizes 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 Cler	E AND MARRIAGE CERTIFICATE k of the Circuit Court of Hendricks County, Indiana, dated
I further certify that the following marriage certificate was filed in my office: I	and (name),
certify that on (date), at	
County, Indiana, of	County,
(state), and of	ed 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	
	Sharan Dugan
	SignedClerk

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

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Book 7-3-03
Date of Application

A person who knowingly furnishes false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit 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 - 7-6-03 If No, Medical Examination or Report Dated Name of Physician - 10-03 Name of Physician - 10-03
MALE APPLICANT	FEMALE APPLICANT
Name Brian Alan Parsons	Name First Middle Weem 5
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or Toreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married OR No. of Previous Marriages.	Previous Marital Status: Never Married OR No. of Previous Marriages
ast Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of Birth Verified By: Birth Certificate Other (Specify)	Date of Birth Verified By: Birth Certificate Other (Specify)
drivers wense	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 Yes Yes	If answer is "yes", has the adjudication been removed? No Yes 2. Are you related to the male applicant closer than second cousin? No Yes Yes
2. Are you related to the female 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
Are you now under the influence of a narcotic drug? No Yes Yes	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children.
	2 11 11
5. (a) Full name of applicant's father Danny Ray Parsons	6. (a) Full name of applicant's father James handelph Weems
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state) Birthplace of father (State or foreign country)
Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother (b) Full maiden name of applicant's mother	nell(b) Full maiden name of applicant's mother margaret may more
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
The above applicant has objected to verifying by oath or affirmation or signature to the above exhausted from the control of the control of Courts.	immune deficiency syndrome). Signature of Applicant 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
Clerk of Court Date	Cierk of Court
County of Hendriets Signetif Signetif State of Indiana I swear/affirm that the information given that application is true and correct.	State of Indiana County of Hendricks Signed I swear/affirm that the information given in this application is true and correct.
New Address	New Address A ame day of day of
Clerk of the Hendricks Circuit Court	Clerk of the Hendricks Circuit Court
Sharan Augus)	
CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, tate facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby 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) Gather ID #	Father ID #
Mother ID #	Mother ID # Subscribed and sworn to before me this day of
ubscribed and sworn to before me this day of Clerk	Subscribed and sworn to before me this day or Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR	RT. A marriage license having been refused to the above named parties, the
Countyauth	Court, by written order issuedhorizes and directs the issuance of a marriage license to the above named parties.
and fried in, autr	forthes and directs the issuance of a marriage neonse to the above named parties.
certify that there was filed in my office a marriage license issued by the Clo	SE AND MARRIAGE CERTIFICATE erk of the Circuit Court of Hendricks County, Indiana, dated July 3, 2003 Parsons and Lisa Elizabeth Weems
further contifue that the following marriage certificate was filed in my office:	· I /s/ Thomas K. Stepanski (name).
postification July 19, 2003 (date) at Di	anville in Hendricks
Brian Alan Parsons of Hendric	CKS County Indiana
state) and Lisa Elizabeth weems of Hendric	CKS County, Indiana (state)
July 3, 2003 Signed by: /s/ Thomas K. Stepa	sued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated anski Catholic Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	July 22, 2003 (date).
	01
	Signed Thank Dugan Clerk
BOYCE FORMS • SYSTEMS 1-800-382-8702 1477	Hendricks Circuit Court

STATE OF INDIANA

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Date of Application

IC 31-11-1. Furnishing false information upon applying for 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 7-1If No, Medical Examination or Report Dated
Name of Physician Doone Content Dept

IC 31-11-4-4 commits a Class D felony.	Name of Physician 2000 Conference
MALE APPLICANT	FEMALE APPLICANT
Name Sirst Middle Last	Name Eirst Middle Last
Date of Birth Month Day Year	Date of Birth Month Day Fear
9 27 58	3 3 68
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
406 W. Main St. Deston Hendeln Heryg	406 W. Main St. Destor Hind In 4614
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married
Last Marriage Ended By: Death Divorce Annulment Date 1998	Last Marriage Ended By: Death Divorce Annulment Date 2000
Date of Birth Verified By: Birth Certificate Other (Specify)	Date of Birth Verified By: Birth Certificate
Drivis & Sunse	Drivers Becuse
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 Are you related to the female applicant closer than second cousin? No Yes	If answer is "yes", has the adjudication been removed? No Yes 2. Are you related to the male applicant closer than second cousin? No ——Yes
2. Are you related to the female applicant closer than second cousin? No Yes \(\) 3. Are you now under the influence of an alcoholic beverage? No Yes \(\)	2. Are you related to the male applicant closer than second cousin? No —Yes — 3. Are you now under the influence of an alcoholic beverage? No —Yes —
4. Are you now under the influence of a narcotic drug?	4. 'Are you now under the influence of a narcotic dpug? No Yes
5. List the full names of any dependent children. Level Dany,	5. List the full names of any dependent children. Sugar Davidso
Lamentes Frey, Lyan Meney	
6. (a) Full name of applicant's father Charles Bobbly Janey	6. (a) Full name of applicant's father Philip a. Ridge
(If adopted, list adoptive parents only)	6. (a) Full name of applicant's father (If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother	(b) Full maiden name of applicant's mother Martia J. Missett
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). (Signature of Applicant — Date 7-3-03	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Date 7-3-0-3
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	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana) County of Hendricks Yould County of Hendricks Signed New Address One A	State of Indiana County of Hendricks Signed New Address I swear/affirm that the information given in this application is true and correct.
Subscribed and sworn to before me this day of Clerk of the Hendricks Circuit Court	Subscribed and sworn to before me this day of Clock of the Hendricks Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana) County of Hendricks) Father ID #	State of Indiana) County of Hendricks) Father ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me this day of Clerk	Subscribed and sworn to before me this day of Clerk
	T. A marriage license having been refused to the above named parties, the Court, by written order issued
and filed in, auth	orizes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cle	rk of the Circuit Court of Hendricks County, Indiana, datedJuly 3,
I further certify that the following marriage certificate was filed in my office.	I,andPhyllis Ann Ridge I,Janet S. Smith(name),
	in Hendricks (name),
County, Indiana, Paul Jeffrey Laney of Hend	ricks County, Indiana
(state), and Phyllis Ann Ridge of Hendrick	County, <u>Indiana</u> (state)
	ued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated
July 3, 2003. Signed by: Janet S. Smith Filed and recorded in accordance with the laws of the State of Indiana on	July 14, 2003 (date). (official designation)
	Staron Dugan
	SignedClerk
BOYCE FORMS • SYSTEMS 1-800-382-8702 1477	Hendricks Circuit Court

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Book 47
Page 428
Date of Application

IC 31-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.	Female Applicant > 50 No Yes 17-3-03 If No, Medical Examination or Report Dated 1-3-03 Name of Physician
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Jast Johnson Date of Birth Month Day Year 12	Name First Middle Last Kockel Day Year 7 3 70
Place of Birth (State or foreign country)	Place of Birth (State or foreign country) Indiana State
Residence Address Street or R.R. City County like State Residence Address Street or R.R. City County like State Previous Marital Status: Never Married OR No. of Previous Marriages. OR No. of Previous Marriages.	Residence Address Street or R.R. City County State Stay 15.70 Cold Splenig On Beaunghing Head State Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of Birth Verified By: Birth Certificate Other (Specify)	Date of Birth Verified By: Birth Certificate Other (Specify)
- Ellinois Druisis Sicina	Druis's Exime
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes I fanswer is "yes", has the adjudication been removed? No Yes 2. Are you related to the female applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes 4. Are you now under the influence of a narcotic drug? No Yes 5. List the full names of any dependent children.	1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐ If answer is "yes", has the adjudication been removed? No ☐ Yes ☐ 2. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐ 3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐ 4. Are you now under the 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)	(If adopted, list adoptive parents only) Residence of father (State or foreign country) (If adopted, list adoptive parents only) Birthplace of father (State or foreign country) Residence of father (State or foreign country) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Residence 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 7-3-03	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). (Signature of Applicant — Sucas — 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	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of Hendricks Signed New Address Subscribed and sworn to before me this Clerk of the Hendricks Circuit Court	State of Indiana County of Hendricks Signed New Address Addres
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana) County of Hendricks) Father ID # Mother ID #	State of Indiana)
Mother ID # Subscribed and sworn to before me this day of Clerk	Subscribed and sworn to before me this day of Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT	T. A marriage license having been refused to the above named parties, the Court, by written order issued
	orizes 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 Cler 2003 authorizing the marriage of Thomas James	RE AND MARRIAGE CERTIFICATE rk of the Circuit Court of Hendricks County, Indiana, dated July 3, s Pierski and Sueann Rochel Lucas
I further certify that the following marriage certificate was filed in my office: Certify that on July 19, 2003 (date), at Attack County, Indiana, Thomas James Pierski of Will (state), and Sueann Rochel Lucas of Hendrice	I,
were married by me as authorized under a marriage license that was issu July 3, 2003. Signed by: Charles Kline Filed and recorded in accordance with the laws of the State of Indiana on	ued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Pastor (official designation) July 24, 2003 (date).

Signed _____ Hendricks Circuit Court

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Book <u>47</u>
Page <u>429</u>
7-3-03
Date of Application

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

Female Applicant > 50 No Yes Yes 4-28-03

If No, Medical Examination or Report Dated

Name of Physician Dr. HUSDVOOK

IC 31-11-4-4 commits a Class D felony.	Name of Physician 121. Plastic Cox
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name 100 First Middle Last
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (Stage or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County, State	3 Indiana 41ellis
8203 QUETICO DY. THOOS. MOVION TH	Residence Address Street or R.R. City County State 88 BYOLOGOV 14 BYOWNS DIVING HEAD TAIL
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages 2
Last Marriage Ended By: Death Divorce Annulment Date 10-03	Last Marriage Ended By: Death □ Divorce ☑ Annulment □ Date 12 - 02
Date of Birth Verified By:	Date of Birth Verified By: Birth Certificate Other (Specify)
Driver's License	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 Are you related to the female applicant closer than second cousin? No Yes	If answer is "yes", has the adjudication been removed?
 Are you related to the female applicant closer than second cousin? Are you now under the influence of an alcoholic beverage? No ✓ Yes ☐ 	2. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐ 3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children. Aaron Mi Wynne, Alexanara E. Wynne, Morgan B. Wynne	5. List the full names of any dependent children. Jeffrey R. Bennett Ju
6. (a) Full name of applicant's father E. Jack Hunkapittan	6. (a) Full name of applicant's father James W. Allee
(If adopted, list adoptive parents only) Residence of father (if deceased, so state) California	(If adopted, list adoptive parents only) Residence of father (if deceased, so state)
Birthplace of father (State or foreign country) DKIANDMA	Residence of father (if deceased, so state) Birthplace of father (State or foreign country) Thatana
(b) Full maiden name of applicant's mother (If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother DOVOTNY E. KOBERTS
Residence of mother (if deceased, so state)	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country) New Mexico	Birthplace of mother (State or foreign country) Indiana
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome) (Signature of Applicant Date Date Date Date Date Date Date Dat
State of Indiana) State of Indiana (Indiana) State of I	State of Latin
County of Hendricks in this application is true and correct. New Address 239 Classiane Pressoro IN 44667	State of Indiana County of Hendricks Signed County of Hendricks County of Hendricks
Subscribed and sworn to before me this day of JUTY 2003	New Address 9397 Chadstone Fittsboro Ful 46167 Subscribed and sworn to before me this day of JUIU 2003
Clerk of the Hendricks Circuit Court	Slaran Nigan Clerk of the Hendricks Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby 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) Father ID #	County of Hendricks)
Mother ID #	Father ID # ID #
Subscribed and sworn to before me this day of Clerk	Subscribed and sworn to before me this day of Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT	
and filed in, author	Court by written and a insural
RETURN OF MARRIAGE LICENSI I certify that there was filed in my office a marriage license issued by the Clerk 2003 authorizing the marriage of Michael Keith	E AND MARRIAGE CERTIFICATE k of the Circuit Court of Hendricks County, Indiana, dated
I further certify that the following marriage certificate was filed in my office: I	Janet S. Smith
County, Indiana, Michael Keith Wynne of Hendr	in Hendricks
(binie), andOI Heliot CKS	County Indiana
were married by me as authorized under a marriage license that was issue	ad by the Clerk of the Circuit Court of Hartista Court (State)
Filed and recorded in accordance with the laws of the State of Indiana on	July 14, 2003 (date). (official designation)
	Staron Dugan

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

APPLICATION FOR MARRIAGE LICENSE **HENDRICKS COUNTY**

Book Page Date of Application

IC 31-11-1. Furnishing false information upon applying for license. Female Applicant > 50 No Yes 🗆 A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated 5-21-03
Name of Physician 2 Shank Vormehr Mio circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony. MALE APPLICANT FEMALE APPLICANT Name Name Date of Birth Date of Birth Place of Birth (State or foreign country) Place of Birth (State or foreign country) Residence Address Street or R.R. Residence Address Previous Marital Status: Never Married OR No. of Previous Marriages Previous Marital Status: Last Marriage Ended By: Death Divorce Annulment Date Last Marriage Ended By: Death Divorce Annulment Date ☐ Birth Certificate Date of Birth Verified By: Other (Specify) ☐ Birth Certificate Other (Specify) Date of Birth Verified By: Are you now or have you ever been adjudged to be of unsound mind? No Yes Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes", has the adjudication been removed? No Yes If answer is "yes", has the adjudication been removed? No Yes Are you related to the female applicant closer than second cousin? No Yes Are you related to the male applicant closer than second cousin? No Yes No TYes Are you now under the influence of an alcoholic beverage? Are you now under the influence of an alcoholic beverage? No Yes Are you now under the influence of a narcotic drug? No ☐ Yes ☐ Are you now under the influence of a narcotic drug? No Tyes List the full names of any dependent children. List the full names of any dependent children. (a) Full name of applicant's father (a) Full name of applicant's father (If adopted, list adoptive parents only) (If adopted, list adoptive parents only) Residence of father (if deceased, so state) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Celia (b) Full maiden name of applicant's mother (If adopted, list adoptive parents only) (If adopted, list adoptive parents only) ellenvis Residence of mother (if deceased, so state) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) _ Birthplace of mother (State or foreign country) **ACKNOWLEDGEMENT ACKNOWLEDGEMENT** I acknowledge that I have received information regarding dangerous communicable diseases that I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome) immune deficiency syndrome) Signature of Applicant EDlante Date 7-3-03 Signature of Applicant _ The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. 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 Swah a Wonsey in this application is true and correct. County of Hendricks) in this application is true and correct. County of Hendricks) New Address ____ Sami New Address Subscribed and sworn to before me this _ 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, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _ state facts which make the consent of the other parent unnecessary _ County of Hendricks) County of Hendricks) Father _ Father _ Mother _ Mother . Subscribed and sworn to before me this _ Subscribed and sworn to before me this

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

_ of

__ of ___

I 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, Edward Paul Keith Sarah Jane Weaver C. David Zollars (name), in . Hendricks _ County, Hendricks Indiana County, _ were 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, _ (date).

Clerk

, authorizes and directs the issuance of a marriage license to the above named parties.

_ Court, by written order issued _

Hendricks Circuit Court

County, Indiana, Edward Paul Keith

(state), and Sarah Jane Weaver

and filed in _

County

____, authorizing the marriage of ____

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Book 431
Page 7-3-03
Date of Application

IC 31-11-11. Furnishing false information upon applying for license.

A person who knowingly furnishes false information to a clerk of the circuit court 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 89-10 Naab Rd Ste 450 Indepts

MALE APPLICANT	FEMALE APPLICANT
ne First Middle , Last	Name Oh School Middle Stafford
Ray Richard Moreno	Date of Birth Month Day Year
e of Birth Day Year	3 24 65
ce of Birth (State or foreign country)	Place of Birth (State or foreign country)
sidence Address Street or R.R. City County State	Residence Address Street or R ₁ R. City / County State
sidence Address Street or R.R. City County State 1 12) a fer Cress way Bourg Hend 11 46112	401 Watercress way Blourg Henre in 4001
evious Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
st Marriage Ended By: Death Divorce Annulment Date 2002	Last Marriage Ended By: Death Divorce Annulment Date 1997
	Date of Birth Verified By:
te of Birth Verified By: Birth Certificate	
drivers acense	drivers ucense
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 I
If answer is "yes", has the adjudication been removed?	If answer is "yes", has the adjudication been removed? No Yes Yes Yes
Are you related to the female applicant closer than second cousin? No X Yes No X Yes	3. Are you now under the influence of an alcoholic beverage?
Are you now under the influence of an arcotic drug? No X Yes	4. Are you now under the influence of a narcotic drug?
List the full names of any dependent children.	5. List the full names of any dependent children. Samuel Hunter Stafford
Seth Allen Moreno Dane Daniel Moreno	Hillery Lene Stafford Andrew Quenton Staffor
(a) Full name of applicant's father Ramon Moreno	6. (a) Full name of applicant's father DMES E Welr
(If adopted list adoptive parents only)	(If adopted, list adoptive parents only)
Pasidones of father (if deceased so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country) Texas Moreno	(b) Full maiden name of applicant's mother Chery! A Weir
(b) Full maiden name of applicant's mother	(If -1t-1 list adoptive parents only)
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Texas	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country) Texas	Birthplace of mother (State or foreign country) Kenfucky
ACKNOWLEDGEMENT	ACKNOWLEDGEMENT
acknowledge that I have received information regarding dangerous communicable diseases that	I acknowledge that I have received information regarding dangerous communicable diseases that
re sexually transmitted, and a list of the lest sites for the virus that causes AIDS (acquired	are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency symptomes)
nmune deficiency syndrome). ignature of Applicant Date 7/3/65	Signature of Applicature Student State 13103
gnature of Applicant 2	
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
cknowledgment because of religious beliefs. Date	Clerk of Court Date
Clerk of Court Date	
State of Indiana) / Swear/affirm that the information given	State of Indiana I swear/affirm that the information giver
County of Hendricks) in this application is true and correct.	
	County of Hendricks
Signed Same	Signed Same
Signed Signed Samuel Samuel Samuel Subscribed and sworn to before me this 3 day of July, 2003	New Address
New Address Subscribed and sworn to before me this 3 day of Subscribed and sworn to before me this 3 day of Subscribed and sworn to before me this 3 day of Subscribed and sworn to before me this 3 day of Subscribed and sworn to before me this 3 day of Subscribed and sworn to before me this 3 day of Subscribed and sworn to before me this 3 day of Subscribed and sworn to before me this 3 day of Subscribed and sworn to before me this 3 day of Subscribed and sworn to before me this 3 day of Subscribed and sworn to before me this 3 day of Subscribed and sworn to before me this 3 day of Subscribed and sworn to before me this 3 day of Subscribed and sworn to before me this 3 day of Subscribed and sworn to before me this 3 day of Subscribed and sworn to before me this 3 day of Subscribed and sworn to before me this 3 day of Subscribed and sworn to before me this 3 day of Subscribed and sworn to before me this 3 day of Subscribed and sworn to before me this 3 day of Subscribed and sworn to before me this 3 day of Subscribed and sworn to before me this 3 day of Subscribed and sworn to before me this 3 day of Subscribed and sworn to before me this 3 day of Subscribed and sworn to before me this 3 day of Subscribed and sworn to before me this 3 day of Subscribed and sworn to before me this 3 day of Subscribed and sworn to be subscribe	Subscribed and sworn to before me this 3 day of Clerk of the Hendricks Circuit Cour
Signed Signed Samuel Samuel Subscribed and sworn to before me this 3 day of Subscribed and sworn to before me this 3 day of Clerk of the Hendricks Circuit Court Court Consent OF Parents, Parent, OR GUARDIAN	Subscribed and sworn to before me this
Signed New Address New Address Subscribed and sworn to before me this 3 day of Subscribed and sworn to before me this 3 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,	Subscribed and sworn to before me this
Signed Signed Samuel Samuel Subscribed and sworn to before me this 3 day of Subscribed and sworn to before me this 3 day of Clerk of the Hendricks Circuit Court Court Consent OF Parents, Parent, OR GUARDIAN	Subscribed and sworn to before me this
Signed New Address New Address Subscribed and sworn to before me this 3 day of Subscribed and sworn to before me this 3 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,	Subscribed and sworn to before me this
Signed Signed Signed South Signed South Signed Subscribed and sworn to before me this 3 day of Clerk of the Hendricks Circuit Court Consent of the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana (South Signed	Subscribed and sworn to before me this
Signed Signed South Signed Sout	Subscribed and sworn to before me this
Signed Signed Samuly, 2003 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	Subscribed and sworn to before me this
Signed Signed South Signed South Signed South Signed Subscribed and sworn to before me this	Subscribed and sworn to before me this
Signed Signed South Signed Sout	Subscribed and sworn to before me this
Signed Signed South Signed South Signed Subscribed and sworn to before me this	Subscribed and sworn to before me this
Signed 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 State of Indiana D # Mother ID # Subscribed and sworn to before me this day of COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR County Authors County	Subscribed and sworn to before me this
Signed Subscribed and sworn to before me this day of Clerk of the Hendricks Circuit Court Clerk of the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana) County of Hendricks) Father ID #	Subscribed and sworn to before me this
Signed Subscribed and sworn to before me this	Subscribed and sworn to before me this
Signed New Address Subscribed and sworn to before me this	Subscribed and sworn to before me this
Signed Subscribed and sworn to before me this day of Clerk of the Hendricks Circuit Court Clerk of the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	Subscribed and sworn to before me this
New Address Subscribed and sworn to before me this	Subscribed and sworn to before me this
New Address Subscribed and sworn to before me this	Subscribed and sworn to before me this
Signed New Address Subscribed and sworn to before me this	New Address Subscribed and sworn to before me this

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Book 432
Page 432
Date of Application

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

Female Applicant > 50 No Yes U-30-03

If No, Medical Examination or Report Dated

Name of Physician Trucks Hompson

MALE APPLICANT	FEMALE APPLICANT
ame First Middle Last	Name First Middle Last
rate of Birth Month Day Year	Date of Birth Month Day Year
5 24 63	4 30 72
ace of Birth (State or foreign country)	Place of Birth (State or foreign country)
esidence Address Street or R.R. City - County/ State	Residence Address Street or R.R. City County State
132 Westmen Dr. Plansiels Hend In 44/68	2132 Westmere Dr. Hlacefill Hend In the
revious Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
ast Marriage Ended By: Death Divorce Annulment Date 1995	Last Marriage Ended By: Death Divorce Annulment Date
ate of Birth Verified By:	Date of Birth Verified By: Birth Certificate
Driving Leine	Indiana ID Carl
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?	If answer is "yes", has the adjudication been removed?
Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes
Are you now under the influence of an alcoholic beverage? Are you now under the influence of a narcotic drug? No Yes Yes	3. Are you now under the influence of an alcoholic beverage? No → Yes → 4. Are you now under the influence of a narcotic drug? No → Yes →
List the full names of any dependent children.	5. List the full names of any dependent children.
(a) Full name of applicant's father Warren S. Petty	6. (a) Full name of applicant's father Auril Scott
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother (If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother (If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country) Mississippi	Birthplace of mother (State or foreign country)
ACKNOWLEDGEMENT	ACKNOWLEDGEMENT
acknowledge that I have received information regarding dangerous communicable diseases that	I acknowledge that I have received information regarding dangerous communicable diseases that
re savuelly transmitted and a list of the test site for the virus that causes AIDS (acquired	are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
mmune deficiency syndrome) Mark (2016) ignature of Applicant	immune deficiency syndrome). In M Scott Date 7-3-03
ignature of Applicant Date Date	Signature of Applicant Date Date
he above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
cknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
erk of Court Date	Clerk of Court Date
ate of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
ounty of Hendricks Signed	State of Indiana) County of Hendricks) Signed I swear/affirm that the information given for the supplication is true and correct.
	& Signed Sinam Scott
New Address day of July 2003	Y New Address
day of Clerk of the Mendricks Circuit Court	Subscribed and sworn to before me this day of Clerk of the Hendricks Circuit Court
	CONSENT OF PARENTS, PARENT, OR GUARDIAN
ONSENT OF PARENTS, PARENT, OR GUARDIAN (e. the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs
	state facts which make the consent of the other parent unnecessary
ate facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
	State of Indiana)
ate of Indiana) punty of Hendricks)	State of Indiana) County of Hendricks)
tate of Indiana) ounty of Hendricks) ather ID #	State of Indiana) County of Hendricks) Father ID #
ate of Indiana) bounty of Hendricks) ther ID # bother ID # abscribed and sworn to before me this day of	State of Indiana) County of Hendricks) Father ID # Mother ID # Subscribed and sworn to before me this day of
tate of Indiana) ounty of Hendricks) ather ID # Iother ID #	
tate of Indiana) ounty of Hendricks) ather ID # tother ID # abscribed and sworn to before me this day of Clerk COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR'	State of Indiana) County of Hendricks) Father ID # Mother ID # Subscribed and sworn to before me this day of Clerk T. A marriage license having been refused to the above named parties, the
county of Hendricks) ather ID # In ther ID # ubscribed and sworn to before me this day of Clerk COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR' County	State of Indiana) County of Hendricks) Father
ate of Indiana) ounty of Hendricks) ather ID # tother ID # ubscribed and sworn to before me this day of Clerk OMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR' and filed in, authorized	State of Indiana) County of Hendricks) Father
ate of Indiana) bunty of Hendricks) ther ID # other ID # other ID # other ID # day of Clerk OMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR' County authorized RETURN OF MARRIAGE LICENSE Certify that there was filed in my office a marriage license issued by the Clerk	State of Indiana County of Hendricks) Father
ate of Indiana) bunty of Hendricks) ther ID # other ID # other ID # other ID # day of Clerk OMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR' County authorized RETURN OF MARRIAGE LICENSE Certify that there was filed in my office a marriage license issued by the Clerk	State of Indiana County of Hendricks) Father
ate of Indiana) bunty of Hendricks) ther	State of Indiana) County of Hendricks) Father
ate of Indiana) bunty of Hendricks) ather ID # bother ID # other ID # bescribed and sworn to before me this day of Clerk OMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR' County author RETURN OF MARRIAGE LICENSE certify that there was filed in my office a marriage license issued by the Cler 2003, authorizing the marriage of Butch _Petty further certify that the following marriage certificate was filed in my office: ertify that on July 3, 2003 (date), at Date County	State of Indiana) County of Hendricks) Father
ate of Indiana) ounty of Hendricks) ather	State of Indiana) County of Hendricks) Father
ate of Indiana) ounty of Hendricks) ather	State of Indiana) County of Hendricks) Father
tate of Indiana) county of Hendricks) ather	State of Indiana) County of Hendricks) Father

Clerk

STATE OF INDIANA

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Book <u>43.3</u>
Page <u>43.3</u>
Date of Application

C 31-11-11. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the ircuit court when the person applies for a marriage license under C 31-11-4-4 commits a Class D felony.	Female Applicant > 50 No Yes 7.3-03 If No, Medical Examination or Report Dated Name of Physician David Hadley M.D
MALE APPLICANT	FEMALE APPLICANT
me First Middle Last	Name First Middle Last
te of Birth Month Day Year	Date of Birth Month Day Settling
7 14 68	5 23 63
ce of Birth (State or foreign country)	Place of Birth (State or foreign country) ORio
idence Addressy Street or R.R. City County, State	Residence Address Street or R.R., City County State
816 Henderson Dr. Drownshus Hend Sh 46112	5765 acres Rd Dylerania Lucas Chiata
vious Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
t Marriage Ended By: Death Divorce Annulment Date 1996	Last Marriage Ended By: Death Divorce Annulment Date 1985
e of Birth Verified By: Birth Certificate Other (Specify)	Date of Birth Verified By:
Druis's Leine	Ohio Dr. Leinse
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 Are you related to the female applicant closer than second cousin?	If answer is "yes", has the adjudication been removed? No Yes Are you related to the male applicant closer than second cousin? No Yes
Are you now under the influence of an alcoholic beverage?	2. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐ 3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
Are you now under the influence of a narcotic drug? No Yes	4. Are you now under the influence of a narcotic drug? No Yes
List the full names of any dependent children.	5. List the full names of any dependent children.
(a) Full name of applicant's father William Theodore May	6. (a) Full name of applicant's father David allen Ketren
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Suns	(b) Full maiden name of applicant's mother Sanda Ray Scherge
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)
Distribute of model (State of foleign country)	Distiplice of mount (oute of foreign country)
ACKNOWLEDGEMENT	ACKNOWLEDGEMENT
cknowledge that I have received information regarding dangerous communicable diseases that	I acknowledge that I have received information regarding dangerous communicable diseases that
e sexually transmitted, and a list 96 the test sites for the virus that causes AIDS (acquired	are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
nature of Applicant William 7 Junt Date 7-3-03	x Signature of Applicant Symbols Date 7/03/0
nature of Applicant Date Date	X Signature of Applicant Applicant Date 10310
e above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
knowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
rk of Court Date	Clerk of Court Date
te of Indiana) A I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
unty of Hendricks) . Il of I hathis application is true and correct	
V. Signed Wylliam (Say A	V Signed Blowberts h - Betting
4 New Address 5765 ACROS Rd, SYLVAVIA OH 43560	New Address
scribed and sworm to before me this day of Clerk of the Bendricks Circuit Court	Subscribed and sworn to before me this day of Clerk of the Hendricks Circuit Court
Clerk of the Dendricks Circuit Court	School 18 year
NSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, e 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
Taxts which make the consent of the other parent unnecessary	- sale facts which make the consent of the other parent dimecessary
e of Indiana)	State of Indiana)
nty of Hendricks)	County of Hendricks)
her ID #	Father ID # Mother ID #
scribed and sworn to before me this day of	Subscribed and sworn to before me this day of
Clerk	Clerk
MPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR	T. A marriage license having been refused to the above named parties, the
d filed in auth	Court, by written order issuedorizes and directs the issuance of a marriage license to the above named parties.
ertify that there was filed in my office a marriage license issued by the Cle	SE AND MARRIAGE CERTIFICATE ork of the Circuit Court of Hendricks County, Indiana, datedJuly 3,
	dore Gray II and Kimberly Kay Ketring (name)
	I, Rev. M. Frank Sams (name), on in Hendricks
unty Indiana William Theodore Gray II of Hend	dricks County, Indiana
ate) and Kimberly Kay Ketring of Lucas	County,(state)
	ued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated
ly 3, 2003 Signed by: Rev. M. Frank Sams	
ed and recorded in accordance with the laws of the State of Indiana on	July 14, 2003 (date).
	A LUCAN

Signed _____ Hendricks Circuit Court

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Book -434 Page _ 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	Female Applicant > 50 No 10 Yes 11 If No, Medical Examination or Report Dated 17-3-03
circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.	Name of Physician Dr. Lovall
MALE APPLICANT	FEMALE APPLICANT
Name Brent Middle Last Foster	Name Kelly Kirst Middle Garrard
Date of Birth Month Day Year 1981	Date of Birth Day Year 1980
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. Street Of R.R. State	Residence Address Street or R.R. State Roll Tradok Marion TW46254
Previous Marital Status: Never Married OR No. of Previous Marriages.	Previous Marital Status: Never Married OR No. of Previous Marriages.
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of Birth Verified By: Birth Certificate Other (Specify)	Date of Birth Verified By:
Driders License	Drivers License
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes I If answer is "yes", has the adjudication been removed? 2. Are you related to the female applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes I If answer is "yes", has the adjudication been removed? No Yes I Are you related to the male applicant closer than second cousin? No Yes I Are you now under the influence of an alcoholic beverage? No Yes I List the full names of any dependent children.
To Factor	- Arthur Garrard.
6. (a) Full name of applicant's father (If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Birthplace of father (State or foreign country)	Residence of father (if deceased, so state) Birthplace of father (State or foreign country) Full maiden name of applicant's mother The fact of the country of applicant's mother of applicant's mot
(b) Full maiden name of applicant's mother pawn to 107)	(b) Full maiden name of applicant's mother (If adopted, list adoptive parents only)
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)
Birthplace of mother (State or foreign country)	ACKNOWLEDGEMENT
ACKNOWLEDGEMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome) 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	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of Hendricks Signed New Address Subscribed and sworn to Defore me this 3 rd day of Clerk of the Hendricks Circuit Court	State of Indiana County of Hendricks Signed New Address Subscribed and sworn to before me this Clerk of the Hendricks Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby 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 # Subscribed and sworn to before me this day of	Subscribed and sworn to before me this day of Clerk
Clerk	A maniega license having been refused to the above named parties, the
C	RT. A marriage license having been refused to the above named parties, the Court, by written order issued The discrepance of a marriage license to the above named parties.
and filed in, autr	norizes and directs the issuance of a marriage needs to the desire manual parameters.
I certify that there was filed in my office a marriage license issued by the Cle	SE AND MARRIAGE CERTIFICATE erk of the Circuit Court of Hendricks County, Indiana, dated
I further certify that the following marriage certificate was filed in my office:	ownshurg in Hendricks
certify that on July 5, 2003 (date), at Henry	dricks County Indiana
(state), and Kelly Renee Garrard of Hendric	KS Clock of the Circuit Court of Hendricks County Indiana, dated
were married by me as authorized under a marriage license that was is. July 3, 2003 Signed by: Shelby L. Smith Filed and recorded in accordance with the laws of the State of Indiana on	7, 25, 2002
Filed and recorded in accordance with the laws of the State of Indiana on	Sharax Nugar
BOACH PORMS - EVETEMS 1 800 392 8707 1477	Signed Clerk Hendricks Circuit Court

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Book 67
Page 435
Date of Application

IC 31-11-11. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.	Female Applicant > 50 No Yes To The Standard To The Standard Name of Physician Dr. Gaday
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name First Renee Murrel
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of Birth Verified By:	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 Are you related to the female applicant closer than second cousin? No Yes Are you now under the influence of an alcoholic beverage? No Yes Are you now under the influence of a narcotic drug? No Yes State of the full names of any dependent children.	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes", has the adjudication been removed? No Yes 2. Are you related to the male applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes 4. Are you now under the 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 Frank Installer (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) New York	6. (a) Full name of applicant's father OMES Harrison Murre (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) Thatana
ACKNOWLEDGEMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome) Signature of Applicant Date 7-3-2063	ACKNOWLEDGEMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome) Signature of Applicant Date 7/3/03
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	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of Hendricks Signed Signed Same Subscribed and sworn to before me this 3 day of Subscribed Science Clerk of the Hendricks Circuit Court	State of Indiana) I swear/affirm that the information given in this application is true and correct. Signed New Address Subscribed and sworn to before me this3 day of
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of 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 and filed in, author	T. A marriage license having been refused to the above named parties, the Court, by written order issued crizes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENSI I certify that there was filed in my office a marriage license issued by the Cler 2003 , authorizing the marriage of James Allan T I further certify that the following marriage certificate was filed in my office: I certify that on July 19, 2003 (date), at India County, Indiana, James Allan Trofatter of Hendick (state), and Jill Renee Murrell of Hendrick were married by me as authorized under a marriage license that was issue	E AND MARRIAGE CERTIFICATE k of the Circuit Court of Hendricks County, Indiana, dated
July 3, 2003 Signed by: Rev. Valerie E. Wilso Filed and recorded in accordance with the laws of the State of Indiana on	n Pastor (official designation)

Signed _____ Hendricks Circuit Court

Clerk

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Female Applicant > 50

No 🗗

If No, Medical Examination or Report Dated

Yes 🗆

Book 67
Page 436
1-1-03
Date of Application

Clerk

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

David Hadle Name of Physician _ IC 31-11-4-4 commits a Class D felony. **FEMALE APPLICANT** MALE APPLICANT Middle Name Place of Birth (State or foreign country) Place of Birth (State or foreign country) Residence Address Residence Address Street or R.R. OR No. of Previous Marriag Previous Marital Status: Previous Marital Status: Last Marriage Ended By: Death Divorce Annulment Date Death Divorce Annulment Date Last Marriage Ended By: ☐ Birth Certificate Other (Specify) ☐ Birth Certificate Other (Specify) Date of Birth Verified By: Date of Birth Verified By: No Yes Are you now or have you ever been adjudged to be of unsound mind? No Tes Are you now 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 No Yes Are you related to the female applicant closer than second cousin? Are you related to the male applicant closer than second cousin? No Yes No Yes Are you now under the influence of an alcoholic beverage? Are you now under the influence of an alcoholic beverage? No Yes Are you now under the influence of a narcotic drug? No - Yes Are you now under the influence of a narcotic drug? List the full names of any dependent children. List the full names of any dependent children. (a) Full name of applicant's father Susse (a) Full name of applicant's father (If adopted, list adoptive parents only) (If adopted, list adoptive parents only) Residence of father (if deceased, so state) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) Birthplace of father (State or foreign countr (b) Full maiden name of applicant's mother Theresa (b) Full maiden name of applicant's mother Uarre (If adopted, list adoptive parents only) (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) **ACKNOWLEDGEMENT ACKNOWLEDGEMENT** I acknowledge that I have received information regarding dangerous communicable diseases that I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome immune deficiency syndrome). Signature of Applicant Signature of Applicant . The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. acknowledgment because of religious beliefs. Clerk of Court Clerk of Court 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 Y New Address Subscribed and sworn to before me this 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, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _ state facts which make the consent of the other parent unnecessary _ County of Hendricks) County of Hendricks) Father _ Father _ Mother Mother -Subscribed and sworn to before me this _ Subscribed and sworn to before me this COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _ County _ _ Court, by written order issued _ and filed in _ _, authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I 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. McReymolds 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 Indiana _ County, _ were 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).

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

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Book 67
Page 437
7-3-03
Date of Application

IC 31-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.	Female Applicant > 50 No Yes 7-3-03 If No, Medical Examination or Report Dated Name of Physician 1 Kennedy
MALE APPLICANT	FEMALE APPLICANT
Name Walter Allen Harney Date of Birth Month Day Year	Name First Middle Strong Date of Birth Month Day Year
Place of Birth (State or foreign country) OH 32669	Place of Birth (State or foreign country)
Residence Address Street of R.R. / New York Alachua F/ Previous Marital Status: Never Married OR Nov of Previous Marriages 2	Residence Address 13 Ceda 1 Ren Dr. Brown Soug Hend Tw 46/2 Previous Marital Status: Never Married OR No. of Previous Marriages
ast Marriage Ended By: Death Divorce Annulment Date 2000	Last Marriage Ended By: Death Divorce Annulment Date
Date of Birth Verified By: Birth Certificate Other (Specify)	Date of Birth Verified By: Birth Certificate Other (Specify)
Drivers License. Are you now or have you ever been adjudged to be of unsound mind? No Yes	Drivers License
If answer is "yes", has the adjudication been removed? No Yes Are you related to the female applicant closer than second cousin? Are you now under the influence of an alcoholic beverage? No Yes Are you now under the influence of a narcotic drug? List the full names of any dependent children.	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes", has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. Keyla Morre
(a) Full name of applicant's father white Harney (If adopted, list adoptive parents only)	6. (a) Full name of applicant's father Roy M Strong (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 father (if deceased, so state) Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Tudith Ann Dezm
Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)
ACKNOWLEDGEMENT cknowledge that I have received information regarding dangerous communicable diseases that executably transmitted, and a list of the test sites for the virus that causes AIDS (acquired mune deficiency syndrome) containing the second of the containing transmitted and a list of the test sites for the virus that causes AIDS (acquired mune deficiency syndrome) Date 7-3-03	ACKNOWLEDGEMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Date 7.3.03
e above applicant has objected to verifying by oath or affirmation or signature to the above nowledgment because of religious beliefs. rk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
I swear/affirm that the information given in this application is true and correct. Signed New Address 73 CEDAN RUN DRIVE BROWN DE LA CORRECTION DE LA CORRECTI	State of Indiana County of Hendricks Signed New Address New Address Subscribed and sworn to before me this day of
Clerk of the Hendricks Circuit Court	Clerk of the Hendricks Circuit Court
NSENT OF PARENTS, PARENT, OR GUARDIAN the parents of this applicant, hereby give consent for this marriage. If only one parent signs, e facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
e of Indiana) inty of Hendricks) ier ID #	State of Indiana) County of Hendricks) Father ID #
ther ID # scribed and sworn to before me this day of Clerk	Mother ID # Subscribed and sworn to before me this day of
	C. A marriage license having been refused to the above named parties, the
I filed in, author	rizes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENSE ertify that there was filed in my office a marriage license issued by the Clerk 2003, authorizing the marriage of Walter Allen	k of the Circuit Court of Hendricks County, Indiana, datedJuly 3,
urther certify that the following marriage certificate was filed in my office: I, tify that on	Janet S. Smith (name), nville inHendricks
re married by me as authorized under a marriage license that was issue	County, Indiana (state) ed by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Hend Co Deputy Clerk (official designation)
ed and recorded in accordance with the laws of the State of Indiana on	July 15, 2003 (date).

Signed _____ Hendricks Circuit Court

Clerk

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

APPLICATION FOR MARRIAGE LICENSE **HENDRICKS COUNTY**

Book 438 Page _ 7-7-03
Date of Application

A person who knowingly furnishes false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court 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 Parry Treemen
MALE APPLICANT	FEMALE APPLICANT
Name Sfirst Middle Last First Date of Birth Month Day Myear	Name First Middle Last Krustin Sine Clements Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State 40 Plens Or apt D away Kind Shifted 23 Previous Marital Status: Never Married OR No. of Previous Marriages	Residence Address Street or R.B. City County State 1003 Cedar Slen Ds. S. Haufull Hindshoftle
Previous Marital Status: Never Married OR No. of Previous Marriages Last Marriage Ended By: Death Divorce Annulment Date	Previous Marital Status: Never Married OR No. of Previous Marriages Last Marriage Ended By: Death Divorce Annulment Date
Date of Birth Verified By: Birth Certificate Other (Specify)	Date of Birth Verified By: Birth Certificate General Date General Birth Certificate General Date
Orning & -	0, -, 8
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes", has the adjudication been removed? No Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
2. Are you related to the female applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.	If answer is "yes", has the adjudication been removed? No Yes Are you related to the male applicant closer than second cousin? Are you now under the influence of an alcoholic beverage? Are you now under the influence of a narcotic drug? No Yes Yes List the full names of any dependent children.
6. (a) Full name of applicant's father . Randall Bloyd Effne (If adopted, list adoptive parents only)	6. (a) Full name of applicant's father Senneth Clements (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)	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)
Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date Date	I acknowledge that I have received information regarding dangerous communicable diseases 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 17703 The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of Hendricks Signed New Address Subscribed and sworn to before me this Clerk of the Hendricks Circuit Court	State of Indiana) County of Hendricks) Signed New Address 140 Penn Dr Hot 1 1000, 10 40 103 Subscribed and sworn to before me this day of Clerr of the Hendricks Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana) County of Hendricks) Father ID #	State of Indiana) County of Hendricks)
Mother ID # Subscribed and sworn to before me this day of Clerk	Father ID # Mother ID # Subscribed and sworn to before me this day of Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT	T. A marriage license having been refused to the above named parties, the
County	Court, by written order issued rizes and directs the issuance of a marriage license to the above named parties.
, authorizing the marriage of LLOVO James Et	k of the Circuit Court of Hendricks County, Indiana, dated July 7,
ertify that on	Rev. William H. Steinke (name),
state), and Kristin Rene Clements of Hendricks were married by me as authorized under a marriage license that was issued	County, Indiana (state) County, Indiana (state)
July 7, 2003 Signed by:Rev. William H. Stein Filed and recorded in accordance with the laws of the State of Indiana on	Danta (colors)
OYCE FORMS • SYSTEMS 1-800-382-8702 1477	Signed Clerk Hendricks Circuit Court

STATE OF INDIANA

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Book 67
Page 439
1-1-03
Date of Application

IC 31-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4.4 commits a Class D falory.

Female Applicant > 50 No Yes 7-1-03

If No, Medical Examination or Report Dated, 7-1-03

Name of Physician Karlis Hasbrook

MALE APPLICANT	FEMALE APPLICANT
ame First Middle Last	Name First Middle Last
Carnell Douglas Moffett	Date of Birth Month Day Year
ate of Birth Month Day Year	Date of Billin 9 1/2 77
ace of Birth (State or foreign country)	Place of Birth (State or foreign country)
Andiana	Indiana
esidence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
624 (aptain Dr. avon Hund In 46123	8624 Caplain Dr. Won Nend In 4612
revious Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages.
ast Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
ate of Birth Verified By: Birth Certificate Other (Specify)	Date of Birth Verified By:
Druin Reine	Druis Secime
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?	If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
Are you related to the female applicant closer than second cousin? No Yes	2. Are you related to the male applicant closer than second cousin? No Yes
Are you now under the influence of an alcoholic beverage? No Yes	3. Are you now under the influence of an alcoholic beverage? No Yes
Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? No Yes
List the full names of any dependent children.	5. List the full names of any dependent children.
(a) Full name of applicant's father Douglas Moffitte	6. (a) Full name of applicant's father Danny Pea
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Hamela Calle	(b) Full maiden name of applicant's mother Ausan Synn None
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGEMENT	ACKNOWLEDGEMENT
acknowledge that I have received information regarding dangerous communicable diseases that	I acknowledge that I have received information regarding dangerous communicable diseases that
re sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
ignature of Applicant Date 7-7-03	immune deficiency syndrome). Landy Richelle Plan Date 7/7/03
gnature of Applicant Date	Signature of Applicant Date 11 1100
he above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
cknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
lerk of Court Date	Clerk of Court Date
tate of Indiana) I swear/affirm that the information given	
4/	State of Indiana) I swear/affirm that the information given
	County of Hendricks) and 1 Open in this application is true and correct.
V Signed Dan 1985	County of Hendricks) Lindy RDC in this application is true and correct.
Y Signed 74/50 New Address SAME	County of Hendricks) Signed in this application is true and correct. New Address
Y Signed 74/50 New Address SAME	County of Hendricks) Lindy RDC in this application is true and correct.
V Signed New Address SAME Same Same Ubscribed and sworn to before me this day of Clery of the Hendricks Circuit Court	County of Hendricks) 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
Signed SAME Ubscribed and sworn to before me this day of Clerk of the Hendricks Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN	County of Hendricks) 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
Signed New Address AME ubscribed and sworn to before me this day of Clery of the Hendricks Circuit Court ONSENT OF PARENTS, PARENT, OR GUARDIAN /e, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	County of Hendricks) in this application is true and correct. Signed New Address On the New Address On the Hendricks Circuit Court Consent of Parents, Parent, or Guardian We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
Signed New Address AME ubscribed and sworn to before me this day of Clery of the Hendricks Circuit Court ONSENT OF PARENTS, PARENT, OR GUARDIAN /e, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	County of Hendricks) 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
ONSENT OF PARENTS, PARENT, OR GUARDIAN Ve, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, ate facts which make the consent of the other parent unnecessary tate of Indiana	County of Hendricks) in this application is true and correct. Signed New Address Add
New Address Appendix	County of Hendricks) in this application is true and correct. Signed New Address 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)
New Address	County of Hendricks) 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 #
New Address	County of Hendricks) 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
New Address	County of Hendricks) 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 #
ONSENT OF PARENTS, PARENT, OR GUARDIAN Ve, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, atte facts which make the consent of the other parent unnecessary tate of Indiana ounty of Hendricks atter ID #	County of Hendricks) in this application is true and correct. Signed New Address Of 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
New Address	County of Hendricks) in this application is true and correct. Signed New Address Of 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 T. A marriage license having been refused to the above named parties, the
New Address	County of Hendricks) in this application is true and correct. Signed New Address Of 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 T. A marriage license having been refused to the above named parties, the Court, by written order issued
New Address	County of Hendricks) in this application is true and correct. Signed New Address Of 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 T. A marriage license having been refused to the above named parties, the
New Address	County of Hendricks) Signed New Address Subscribed and sworn to before me this Clerk of the Hendricks Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of Hendricks) Father Mother Subscribed and sworn to before me this day of Clerk T. A marriage license having been refused to the above named parties, the Court, by written order issued orizes and directs the issuance of a marriage license to the above named parties. EE AND MARRIAGE CERTIFICATE
New Address	County of Hendricks)
New Address Apple abscribed and sworn to before me this ONSENT OF PARENTS, PARENT, OR GUARDIAN Ve, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, atte facts which make the consent of the other parent unnecessary tate of Indiana ounty of Hendricks atter ID # ID # ID # Clerk COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT County Ind filed in RETURN OF MARRIAGE LICENS RETURN OF MARRIAGE LICENS certify that there was filed in my office a marriage license issued by the Clerk 2003 , authorizing the marriage of Darnell Dougl	County of Hendricks) 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 T. A marriage license having been refused to the above named parties, the Court, by written order issued corizes and directs the issuance of a marriage license to the above named parties. EE AND MARRIAGE CERTIFICATE Rk of the Circuit Court of Hendricks County, Indiana, dated July 7, as Moffitt and Tandy Richelle Pea
New Address AME Abscribed and sworn to before me this day of Clerk of the Hendricks Circuit Court ONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, atte facts which make the consent of the other parent unnecessary In the day of ID #	County of Hendricks) 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
New Address AME Abscribed and sworn to before me this day of Clerk of the Hendricks Circuit Court ONSENT OF PARENTS, PARENT, OR GUARDIAN Ve, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, atte facts which make the consent of the other parent unnecessary tate of Indiana Jounty of Hendricks Address Ame Clerk of the Hendricks Circuit Court ID # Jounty of Hendricks Address County of Hendricks Complete IF Marriage License Issued By Order Of Court County of Hendricks County of Hendricks Complete IF Marriage License Issued By Order Of Court County of Hendricks County of H	County of Hendricks) 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
Signed New Address AME abscribed and sworn to before me this day of Clert of the Hendricks Circuit Court ONSENT OF PARENTS, PARENT, OR GUARDIAN (e, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, atte facts which make the consent of the other parent unnecessary tate of Indiana) ounty of Hendricks) ather ID #	County of Hendricks) 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 Mother Subscribed and sworn to before me this day of Clerk T. A marriage license having been refused to the above named parties, the Court, by written order issued orizes and directs the issuance of a marriage license to the above named parties. EAND MARRIAGE CERTIFICATE of the Circuit Court of Hendricks County, Indiana, dated July 7, as Moffitt and Tandy Richelle Pea I. David Bourne (name), testown in Boone dricks County, Indiana
Signed New Address AME abscribed and sworn to before me this day of Clert of the Hendricks Circuit Court ONSENT OF PARENTS, PARENT, OR GUARDIAN The the parents of this applicant, hereby give consent for this marriage. If only one parent signs, atte of Indiana The parents of the other parent unnecessary ID # ID	County of Hendricks) 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
Signed New Address AME abscribed and sworn to before me this day of Clert of the Hendricks Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN (e., the parents of this applicant, hereby give consent for this marriage. If only one parent signs, atte facts which make the consent of the other parent unnecessary	County of Hendricks) 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 Mother Subscribed and sworn to before me this day of Clerk T. A marriage license having been refused to the above named parties, the Court, by written order issued orizes and directs the issuance of a marriage license to the above named parties. EAND MARRIAGE CERTIFICATE of the Circuit Court of Hendricks County, Indiana, dated July 7, as Moffitt and Tandy Richelle Pea I. David Bourne (name), testown in Boone dricks County, Indiana

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Page 440
7-1-03

Date of Application

Clerk

IC 31-11-1. Furnishing false information upon applying for license. No E Female Applicant > 50 A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under Name of Physician _ IC 31-11-4-4 commits a Class D felony. FEMALE APPLICANT MALE APPLICANT Name First Date of Birth Date of Birth Place of Birth (State or foreign country) Place of Birth (State or foreign country) Residence Address Never Married Previous Marital Status: Death Divorce Annulment Date 2001 Death Divorce Annulment Date 2002 Last Marriage Ended By: Last Marriage Ended By: Other (Specify) ☐ Birth Certificate Date of Birth Verified By: ☐ Birth Certificate Other (Specify) Date of Birth Verified By: Are you now or have you ever been adjudged to be of unsound mind? No Yes Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes", has the adjudication been removed? No Yes No Yes If answer is "yes", has the adjudication been removed? No Yes No Yes Are you related to the male applicant closer than second cousin? Are you related to the female applicant closer than second cousin? No - Yes Are you now under the influence of an alcoholic beverage? No Yes Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐ Are you now under the influence of a narcotic drug? Are you now under the influence of a narcotic drug? No Yes List the full names of any dependent children. List the full names of any dependent children. (a) Full name of applicant's father Cloud (a) Full name of applicant's father (If adopted, list adoptive parents only) (If adopted, list adoptive parents only) Residence of father (if deceased, so state) Residence of father (if deceased, so state) Birthplace of father (State or foreign country Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother House (b) Full maiden name of applicant's mother (If adopted, list adoptive parents only) (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) **ACKNOWLEDGEMENT ACKNOWLEDGEMENT** I acknowledge that I have received information regarding dangerous communicable diseases that I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Muchael L. Henders kat Date 7-7-03 Signature of Applicant _ The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. acknowledgment because of religious beliefs. Clerk of Court _ Clerk of Court Date I swear/affirm that the information given State of Indiana I swear/affirm that the information given State of Indiana 7/ in this application is true and correct. County of Hendricks) Signed Mehall L. Signed _ New Add New Address _ Sume New Address SAME of Clerk of the Heporicks Circuit Court Subscribed and sworn to before me this 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, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary 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 Mother Mother _ Subscribed and sworn to before me this. Subscribed and sworn to before me this _ COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _ Court, by written order issued . authorizes and directs the issuance of a marriage license to the above named parties. and filed in RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 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 certify that on ____July 25, 2003 ____(date), at __Indianapolis __in ____Marion _County, _Indiana County, Indiana, Michael Lee Hendershot of Hendricks (state), and Patricia Kathleen Adkinsof Hendricks _County, __Indiana were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated ___ (official designation) July 7, 2003 .. Signed by: ___Alex Murphy Judge . ____ Filed and recorded in accordance with the laws of the State of Indiana on _____August 1, 2003

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

IC 31-11-11. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court 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 7-7-03 Name of Physician 10 10 10 10 10 10 10 10 10 10 10 10 10
MALE APPLICANT	FEMALE APPLICANT
Name D First Middle Last	Name First Middle Last
- Bobby J Smith	Jodie 5 Mils
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country) 8 1976
T N	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. Gity County State
176 Brooks Way P. Hstoro Hend IN 4616;	7 505 N Maple St pt HSborn Hend IV 4616
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
	- Control of Filtrians Hallington
Last Marriage Ended By: Death Divorce Annulment Date 2002	Last Marriage Ended By: Death Divorce Annulment Date 2000
Date of Birth Verified By: Birth Certificate Other (Specify)	Date of Birth Verified By: Birth Certificate Other (Specify)
	Date of Birth Verified By:
Drivers License	1 100 1 100 00
	Drivers hicense
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes I If answer is "yes", has the adjudication been removed?	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes Are you related to the female applicant closer than second cousin? No Yes	If answer is "yes", has the adjudication been removed? No Yes 2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?	2. Are you related to the male applicant closer than second cousin? No Yes ☐ 3. Are you now under the influence of an alcoholic beverage? No Yes ☐
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of an alcoholic beverage? No Yes No Y
5. List the full names of any dependent children. Medwell 5m.+h	5. List the full names of any dependent children. The xwell 5m. Fh
	mitch & modison mills
6. (a) Full name of applicant's father bobby 5mf+	
(If adopted, list adoptive parents only)	6. (a) Full name of applicant's father Sono & L Juster
Residence of father (if deceased, so state)	(If adopted, list adoptive parents only) Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Residence of father (if deceased, so state) Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Sewell Muse	(b) Full maiden name of applicant's mother Sally A Colver
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGEMENT	
I acknowledge that I have received information regarding dangerous communicable diseases that	ACKNOWLEDGEMENT I acknowledge that I have received information regarding dangerous communicable diseases that
are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant Soly J Swell Date	immune deficiency syndrome)
Signature of Applicant A Date	Signature of Applicant Date Date
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	
County of Hendricks) R DO \ D = infthis application is true and correct.	State of Indiana I swear/affirm that the information given County of Hendricks I in this application is true and correct.
Signed Notely fruit	County of Hendricks Adu Mi Win this application is true and correct. Signed
New Address Subscribed and sworn to before me this day of	New Address A Same
Clerk of the Hendricks Circuit Court	Subscribed and sworn to before me this day of
Tharan Dugan	Clerk of the Hendricks Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN We the parents of this applicant, barely single-parents for this applicant.	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	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 # Mother ID #	Father ID #
Subscribed and sworn to before me this day of	Mother ID # Subscribed and sworn to before me this day of
Clerk	Subscribed and sworn to before me this day of Clerk
THE PROPERTY OF LIGHTING PROPERTY OF COURT	
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	. A marriage license having been refused to the above named parties, the
and filed in, author	Court, by written order issued
RETURN OF MARRIAGE LICENSE	AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk	k of the Circuit Court of Handricks Courty Indiana datal Tunture 7
2003 , authorizing the marriage of Bobby Joe Smith I further certify that the following marriage certificate was filed in my office: I,	n and Jodie Suzanne Mills
County, Indiana. Bobby Joe Smith (date), at Pit	cks in Hendricks
(state), and boate bazanne milis of Hendricks	County Indiana
were marriage beense that was issued	ed by the Clark of the Circuit Court of Handridge Court I I
Signed by: Kev. Don G. Lambert	Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	July 22, 2003 (date).
	01 0

Signed Hendricks Circuit Court

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Book 67
Page 442
1-8-03
Date of Application

Clerk

IC 31-11-11. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.	Female Applicant > 50 No Yes 791 If No, Medical Examination or Report Dated 9-18-91 Name of Physician 48 Reynolds 100
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name First Middle Last
Steven Waine Drevuer	Cassandra See Denny
Date of Birth Month Day Year	Date of Birth Month Day Year
District (State or Empire country)	Place of Birth (State or foreign country)
Place of Birth (State or foreign country)	Indiana)
Residence Address Street of R.R. Of City Coupty State	Residence Address Street or R.R. City Coupty State
508 Sinder Jane Plainfield Head in 44/68	508 Tender New Hairfield Hand An Holles
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 1997	Last Marriage Ended By: Death Divorce Annulment Date
Date of Birth Verified By: Birth Certificate Other (Specify)	Date of Birth Verified By:
Drives & Becine	Indiana I Desd
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 Ver
If answer is "yes", has the adjudication been removed?	If answer is "yes", has the adjudication been removed? No Yes Are you related to the male applicant closer than second cousin? No Yes No Yes
2. Are you now under the influence of an alcoholic beverage?	2. Are you related to the male applicant closer than second cousin? No
No P Vac D	4. Are you now under the influence of a narcotic drug? No. Yes
5. List the full names of any dependent children.	(and the solution
	Denny, Stephen Michael Durge
- On and Our	Och Willow De
6. (a) Full name of applicant's father Donald & Durger	6. (a) Full name of applicant's father Wilson Denny (If adopted, list adoptive parents only)
(If adopted, list adoptive parents only)	Residence of father (if deceased, so state)
Residence of father (if deceased, so state) Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother	(b) Full maiden name of applicant's mother Sathles Transise Ma
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
	THE RESIDENCE OF THE PERSON OF
ACKNOWLEDGEMENT	ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	
immune deficiency syndrome. Signature of Applicant Date 7-8-0-3	immune deficiency syndroms. Signature of Applicant Cascandia of Wenry Date 7-8-03
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs. Clerk of Court Date
Clerk of Court Date	Cier of Court
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 Signed County of Hendricks Signed County of Hendricks
Signed Signed	
New Address Scame Subscribed and sworn to before me this S day of Aug 2003	Subscribed and sworn to before me this day of
Subscribed and sworn to before the dissection of the Hendricks Circuit Court	Clerk of the Hendricks Circuit Court
- strong rogan	Sharan Dugan
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,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
state facts which make the consent of the other parent unnecessary	same racts which make the constitute of the other parent differential
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	Mother ID # Subscribed and sworn to before me this day of
Subscribed and sworn to before me this day of Clerk	Clerk
County	RT. A marriage license having been refused to the above named parties, the Court, by written order issued
and filed in, auth	horizes and directs the issuance of a marriage license to the above named parties.
	SE AND MADDIAGE CEDTIFICATE
RETURN OF MARRIAGE LICEN	ISE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clo	erk of the Circuit Court of Hendricks County, Indiana, dated July 8. 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 Spe	encer in Owen
County Indiana Chaven Wayne Dwyer of Hend	ricks County, Indiana
(state) and Cassandra Lee Denny of Hendrick	cs County, Indiana (state)
were married by me as authorized under a marriage license that was is:	sued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated
July 8, 2003 Signed by: Donald C. Dwyer	, <u>Minister</u> (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	July 22, 2003 (date).

Signed _____ Hendricks Circuit Court

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

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Book 47
Page 7-703
Date of Application

Female Applicant > 50 No \(\text{No } \text{ Yes } \) If No, Medical Examination or Report Dated Name of Physician \(\text{No. Nemeth. } \) Name of Physician
FEMALE APPLICANT
Name Pirst Patrice Date of Birth Month Day Place of Birth (State or foreign country) Residence Address Street or B.R. Middle Address Year 69 Place of Birth (State or foreign country) Residence Address Street or B.R. City County State
Previous Marital Status: Never Married OR No. of Previous Marriages
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 ☐ Yes ☐ Are you related to the male applicant closer than second cousin? No ☐ Yes ☐ 3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐ 4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐ 5. List the full names of any dependent children.
6. (a) Full name of applicant's father Anald Curry Mc Nustite (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 Court Production Date 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) I swear/affirm that the information given in this application is true and correct. Signed Courty of Hendricks) in this application is true and correct. New Address 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
C. A marriage license having been refused to the above named parties, the Court, by written order issued
E AND MARRIAGE CERTIFICATE k of the Circuit Court of Hendricks County, Indiana, dated July 7, her Gonterman and
- I

STATE OF INDIANA

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

-8-03 Date of Application

IC 31-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.	Female Applicant > 50 No No Yes I If No, Medical Examination or Report Dated Name of Physician I I Hook Ley
MALE APPLICANT	FEMALE APPLICANT
Name Nicho Thomas Canes Date of Birth (State or foreign country) Middle Canes Year 13 1974	Name First Middle Last 1085-107 Date of Birth (State or foreign country) Name First Middle 1085-107 Place of Birth (State or foreign country)
Residence Address Street or R.R. 216 Rosegate 101 Virginia Beach VA 2 3452 Previous Marital Status: Never Married OR No. of Previous Marriages 1	Residence Address, Street or R.R. 247 Millrun or Apt B Plain Get Hend TW/6 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)	Date of Birth Verified By:
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes I f answer is "yes", has the adjudication been removed? No Yes 2. Are you related to the female applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes 4. Are you now under the influence of a narcotic drug? No Yes 5. List the full names of any dependent children.	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes I If answer is "yes", has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 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)	6. (a) Full name of applicant's father (If adopted, list adoptive parents only) Residence 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) Date 80003 The above applicant has objected to verifying by oath or affirmation or signature to the above	ACKNOWLEDGEMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test-sites for the virus that causes AIDS (acquired immune deficiency syndrome) Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs. Clerk of Court Date	acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of Hendricks Signed New Address New Address Subscribed and sworn to before me this day of Clerk of the Hendricks Circuit Court	State of Indiana) I swear/affirm that the information given in this application is true and correct. Signed New Address Addr
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana) County of Hendricks) Father ID # Mother ID #	State of Indiana)
Subscribed and sworn to before me this day of Clerk	Subscribed and sworn to before me this day of Clerk
	T. A marriage license having been refused to the above named parties, the Court, by written order issued
and filed in, author	prizes 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 Clerator 2003, authorizing the marriage of Michael Thomas I further certify that the following marriage certificate was filed in my office: Certify that on July 19, 2003 (date), at Plai County, Indiana, Michael Thomas Cones of Hendrick (state), and Tiffany Nicole Logston of Hendrick	as Cones and Tiffany Nicole Logston I, Hubert Greer
July 8, 2003 Signed by: Hubert Greer Filed and recorded in accordance with the laws of the State of Indiana on	August 8, 2003 (date). (official designation)
BOYCE FORMS • SYSTEMS 1-800-382-8702 1477	Signed Slaran Dugan Clerk Hendricks Circuit Court

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

APPLICATION FOR MARRIAGE LICENSE **HENDRICKS COUNTY**

Book Date of Application

IC 31-11-11. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.	Female Applicant > 50 No Yes 1 If No, Medical Examination or Report Dated 7-8-03 Name of Physician 01-00-00-00-00-00-00-00-00-00-00-00-00-0
MALE APPLICANT	EEMALE ADDITIONE
Name First Middle Last Date of Birth Month Day Year 1975	Name First Middle Date of Birth Month Day Year 1981
Residence Address Street or R.R. City County State Previous Marital Status: Never Married OR No. of Previous Marriages	Place of Birth (State or foreign country) Residence Address Street or R.R. City County State 3183 E. Co. Gd. 2005. Datable Level CKS Zv. Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of Birth Verified By: Birth Certificate Other (Specify)	Date of Birth Verified By:
Driver's Grease	Driver's Greense
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes I fanswer is "yes", has the adjudication been removed? No Yes 2. Are you related to the female applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes 4. Are you now under the influence of a narcotic drug? No Yes 5. List the full names of any dependent children.	1. Are you now or have you ever been adjudged to be of unsound mind? No
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)	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 lites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Date 7-8-03 The above applicant has objected to verifying by oath or affirmation or signature to the above	ACKNOWLEDGEMENT I acknowledge that I have received information regarding dangerous communicable diseases 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 abjected to explicit to be eather off and the property of t
acknowledgment because of religious beliefs. Clerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of Hendricks Signed New Address Subscribed and sworn to before me this Clerk of the Hendricks Circuit Court	State of Indiana County of Hendricks Signed New Address Subscribed and sworn to before me this
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana) County of Hendricks) Father ID # Mother ID #	State of Indiana) County of Hendricks) Father ID # Mother ID #
Subscribed and sworn to before me this day of Clerk	Subscribed and sworn to before me this day of Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT	T. A marriage license having been refused to the above named parties, the
and filed in, author	Court, by written order issued
I certify that there was filed in my office a marriage license issued by the Cler	Trick Brandy Danielle Dellingen
I further certify that the following marriage certificate was filed in my office: I certify that on July 26, 2003 (date), at Dan County, Indiana, Jeremy S. Patrick of Mario (state), and Brandy Danielle Dellinger Hendr	ville in Hendricks n County, Indiana (state)
were married by me as authorized under a marriage license that was issu July 8, 2003. Signed by: John P. Roof	ed by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Priest (official designation)
Thed and recorded in accordance with the laws of the State of Indiana on	Sharan Dugan
BOYCE FORMS • SYSTEMS 1-800-382-8702 1477	Signed Clerk Hendricks Circuit Court

STATE OF INDIANA

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Book 67
Page 447
7-9-03
Date of Application

IC 31-11-11. Furnishing false information upon applying for license. Female Applicant > 50 No A Yes 🗆 A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under Name of Physician Dr. Thom Sor IC 31-11-4-4 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Middle Middle Day Place of Birth (State or foreign country) Place of Birth (State or foreign country) IN Street or R.R. Residence Addre Never Married Previous Marital Status: OR No. of Previous Marriages Previous Marital Status: OR No. of Previous Marr Last Marriage Ended By: Death Divorce Annulment Date Last Marriage Ended By: Death Divorce Annulment Date Other (Specify) Date of Birth Verified By: ☐ Birth Certificate Date of Birth Verified By: ☐ Birth Certificate Other (Specify))rivers nicense ucense Are you now or have you ever been adjudged to be of unsound mind? No X Yes Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes", has the adjudication been removed? No 🗆 Yes 🗆 If answer is "yes", has the adjudication been removed? No 🗆 Yes 🗆 No Yes O Are you related to the female applicant closer than second cousin? No No Are you related to the male applicant closer than second cousin? Yes Are you now under the influence of an alcoholic beverage? Are you now under the influence of an alcoholic beverage? Yes 🗆 No Yes 🗆 Are you now under the influence of a narcotic drug? Are you now under the influence of a narcotic drug? Yes 🗌 List the full names of any dependent children. List the full names of any dependent children. (a) Full name of applicant's father Druce (a) Full name of applicant's father to ber (If adopted, list adoptive parents only) (If adopted, list adoptive parents only) Residence of father (if deceased, so state) 74 Residence of father (if deceased, so state) Birthplace of father (State or foreign country) Birthplace of father (State or foreign country). (b) Full maiden name of applicant's mother Ellen (b) Full maiden name of applicant's mother . Danna (If adopted, list adoptive parents only) (If adopted, list adoptive parents only) _ Residence of mother (if deceased, so state) Residence of mother (if deceased, so state) = Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) ACKNOWLEDGEMENT ACKNOWLEDGEMENT I acknowledge that I have received information regarding dangerous communicable diseases that I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome) Rolling immune deficiency syndrome). Signature of Applicant Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. acknowledgment because of religious beliefs. Clerk of Court 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() County of Hendricks the this application is true and correct. in this application is true and correct. Subscribed and sworn to before me this 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, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _ state facts which make the consent of the other parent unnecessary ____ State of Indiana) State of Indiana County of Hendricks) County of Hendricks) Father _ Father ___ Mother Mother . Subscribed and sworn to before me this _ Subscribed and sworn to before me this _ COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _ County _ Court, by written order issued _ and filed in . _, authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I 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). ____(date), at _____Indianapolis _____of ____Hendricks certify that on July 12, 2003 County, Indian Keatrick Laval Johnson Indiana (state), and Robin Lee Stewart of Hendricks Indiana County, ___ were 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).

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

APPLICATION FOR MARRIAGE LICENSE **HENDRICKS COUNTY**

Book Date of Application

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

MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name First Middle Last
Date of Birth Month Day Year	Date of Birth Month Day Year
9 7 1987	9 8 1977
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Couisiana	Residence Address Street or R.R. City County State
Residence Address Street or R.R. City County State	Residence Address Street of All 2
ZIZ Fast Maple hich HILL Bates MOG4779	THE THE TOTAL OF T
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:	Date of Birth Verified By: Birth Certificate Sother (Specify)
	Priver's Grease
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?	If answer is "yes", has the adjudication been removed?
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?
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
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 Alex Degre Cours	6. (a) Full name of applicant's father QuID, COOK
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother 540 Mey Acams	(b) Full maiden name of applicant's mother Sue Starkey
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) / WISSOUR	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
	ACKNOWLEDGEMENT
ACKNOWLEDGEMENT	I acknowledge that I have received information regarding dangerous communicable diseases that
I acknowledge that I have received information regarding dangerous communicable diseases that	are sexually transmitted, and a jist of the test sites for the virus that causes AIDS (acquired
are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	
Enimune deficiency syndrome). San Date 7/9/03	immune deficiency syndrome). Date 79-03
Signature of Applicant	
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	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
State of Indiana) I swear/affirm that the information given in this application is true and correct.	County of Hendricks O o o in this application is true and correct.
Signed 4714 CV	Signed School Signed
New Address Same as hone	New Address 1604 S. Ellis #48 Web City MO 6
Subscribed and sworn to before me this day of	Subscribed and sworn to before me this day of Clerk of the Hendricks Circuit Court
Clerk of the Hendricks Circuit Court	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,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	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
	VT. A marriage license having been refused to the above named parties the
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR County	T. A marriage license having been refused to the above named parties, the
and filed in auth	porizes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICEN	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cle	erk of the Circuit Court of Hendricks County, Indiana, dated July 9.
2003 , authorizing the marriage of George Matth	ew Cowin and Heather Lyn Cook (name)
I further certify that the following marriage certificate was filed in my office:	I, <u>Jeffrey A. Mulpas</u> (name),
certify that on	OR County Missouri
County, Indiana, George Matthew Cowin of Bat	cke County Indiana (ctata)
(state), and Heather Lyn Cook of Hendric	County, Indiana (state)
were married by me as authorized under a marriage license that was iss	sued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated
Filed and recorded in accordance with the laws of the State of Indiana on	, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	(uate).
	Signed Signed Clerk Hendricks Circuit Court
	Signed Slavor Clerk

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Book 449
7-9-03

IC 31-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.	Female Applicant > 50 No 2 Yes 7-9-03 If No, Medical Examination or Report Dated 7-9-03 Name of Physician 16. Stepmoller
MALE APPLICANT	FEMALE APPLICANT
Name William Date of Birth Month Day Place of Birth (State or foreign country) Place of Birth (State or foreign country)	Name Date of Birth Nonth Day Place of Birth (State or foreign country) The Address Street of RR Street of RR Country Street of RR Street of RR Country Street of RR S
Residence Address Street or R.R. Y + 3	Residence Address Street or R.R. City County State 525 Water ford Way Dan V Fest Two Previous Marital Status: Never Married OR No. of Previous Marriages Last Marriage Ended By: Death Divorce Annulment Date 1997 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 I fanswer is "yes", has the adjudication been removed? No Yes 2. Are you related to the female applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes 5. List the full names of any dependent children.	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes I fanswer is "yes", has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes 4. Are you now under the 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)	6. (a) Full name of applicant's father Aicholos & Vorten (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 Frances M William (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 Date	ACKNOWLEDGEMENT I acknowledge that I have received information regarding dangerous communicable diseases 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	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana) I swear/affirm that the information given County of Hendricks) I swear/affirm that the information given in this application is true and correct. Signed New Address X 525 WATCRFORD WAY DANVILLE TN. Subscribed and sworn to before me this day of Clerk of the Hendricks Circuit Court	State of Indiana County of Hendricks Signed New Address Subscribed and sworn to before me this Clerk of the Hendricks Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of 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
County	T. A marriage license having been refused to the above named parties, the Court, by written order issued prizes 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 Cler 2003, authorizing the marriage ofWilliam Charl I further certify that the following marriage certificate was filed in my office: certify that onJuly 11, 2003 (date), atDar County, Indiana, William Charles Ailes Jr. of Her (state), andKimberly Dawn Cooper of Hendrick	n Rev. Gary W. Pitcock (name), Noville in Hendricks Odricks County, Indiana
July 9, 2003 Signed by: Rev. Gary W. Pitcoc Filed and recorded in accordance with the laws of the State of Indiana on	ck Pastor (official designation)

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

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Book 450
Page 7-10-03
Date of Application

IC 31-11-1. Furnishing false information upon applying for license. No Yes 🗆 Female Applicant > 50 A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under Daniel Hadle Name of Physician _ IC 31-11-4-4 commits a Class D felony. MALE APPLICANT FEMALE APPLICANT Name Middle Date of Birth Date of Birth Place of Birth (State or foreign country) Place of Birth (State or foreign country) Residence Address Street or R.R. Residence Address Street or R.R. 5935 Madoword Never Married Previous Marital Status: Never Married OR No. of Previous Marriage Last Marriage Ended By: Death Divorce Annulment Date Last Marriage Ended By: Death Divorce Annulment Date Other (Specify) ☐ Birth Certificate Date of Birth Verified By: ☐ Birth Certificate Date of Birth Verified By: Other (Specify) Are you now or have you ever been adjudged to be of unsound mind? No Yes No Yes Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes", has the adjudication been removed? No Yes If answer is "yes", has the adjudication been removed? No Yes Are you related to the male applicant closer than second cousin? Are you related to the female applicant closer than second cousin? No Yes No Yes No Yes No Yes Are you now under the influence of an alcoholic beverage? Are you now under the influence of an alcoholic beverage? Are you now under the influence of a narcotic drug? No Yes Are you now under the influence of a narcotic drug? No Yes List the full names of any dependent children. List the full names of any dependent children. (a) Full name of applicant's father (If adopted, list adoptive parents only) (If adopted, list adoptive parents only) Residence of father (if deceased, so state) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Utekie (b) Full maiden name of applicant's mother (If adopted, list adoptive parents only) (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) ACKNOWLEDGEMENT **ACKNOWLEDGEMENT** I acknowledge that I have received information regarding dangerous communicable diseases that I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired are sexually transmitted, and a list of the test side for the virus that causes AIDS (acquired immune deficiency syndrome). immune deficiency syndrome). Signature of Applicant . Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. acknowledgment because of religious beliefs. Clerk of Court Clerk of Court . _ Date _ Date State of Indiana I swear/affirm that the information given State of Indiana swear/affirm that the information given County of Hendricks in this application is true and correct. County of Hendrick in this application is true and correct. & Signed _ * Signed Subscribed and sworn to before me this Subscribed and sworn to before me this 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, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary __ state facts which make the consent of the other parent unnecessary ____ State of Indiana County of Hendricks) County of Hendricks) Father _ Father _ Mother Mother . Subscribed and sworn to before me this. Subscribed and sworn to before me this _ COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _ Court, by written order issued _ _____ County _____ _, authorizes and directs the issuance of a marriage license to the above named parties. and filed in RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated __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____ County, Indiana, William Clayton Stafford of Hendricks _County, _Indiana (state), and Suzanne Lynn Thompson of Hendricks _County, ___Indiana were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 10, 2003 Signed by: Rev. Daniel W. Sutherin Pastor Signed _ Clerk

STATE OF INDIANA

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Date of Application

IC 31-11-11. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the Female Applicant > 50 No Yes I If No, Medical Examination or Report Dated 7-9-03

IC 31-11-4-4 commits a Class D felony.	Name of Physician Nolling Coopers MU
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name First Middle Last
Date of Birth Month Day Year	Date of Birth Month Day Year
2 10 70	11 9 69
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
10408 Windward Dr. Andels Wind Sto 4623,	225 College West Drownshing Head hotel
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital States: Never Married OR No. of Provious Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date 1999
Date of Birth Verified By: Birth Certificate Other (Specify)	Date of Birth Verified By: Birth Certificate Other (Specify)
Druis's Seems	Drump France
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 Are you related to the female applicant closer than second cousin? No Yes	If answer is "yes", has the adjudication been removed? No Yes 2. Are you related to the male applicant closer than second cousin? No Yes Yes
 Are you related to the female applicant closer than second cousin? Are you now under the influence of an alcoholic beverage? No Yes \(\subseteq \) 	3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children.
	Alwa Stephenson, (Hen Stephenson
6. (a) Full name of applicant's father Herbert Halvor Hel	(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) Birthplace of father (State or foreign country)	Residence of father (if deceased, so state) Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Assumany Bennglin	(b) Full maiden name of applicant's mother Latticea Ann Caston
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	Signature of Applicant The 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 County of Hendricks Signed New Address Subscribed and sworn to before me this Clerk of the Hendricks Circuit Court	State of Indiana County of Hendricks Signed New Address Subscribed and sworn to before me this Clerk of the Mendricks 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) County of Hendricks)	State of Indiana) County of Hendricks) Father ID #
Father ID # Mother ID #	Mother ID #
Subscribed and sworn to before me this day of Clerk	Subscribed and sworn to before me this day of
THE RESIDENCE OF THE PARTY OF T	T. A marriage license having been refused to the above named parties, the
County	Court, by written order issued corizes 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 Cle	SE AND MARRIAGE CERTIFICATE ork of the Circuit Court of Hendricks County, Indiana, dated July 10,
I further certify that the following marriage certificate was filed in my office:	Helseth and Donna Ann Fisher. I, Jonathan Lilly (name),
certify that on July 26, 2003 (date), at Bro	wnsburg in Hendricks
County, Indiana, David Jeremy Helseth of Hendr	cicks County, Indiana
(state), and Donna Ann Fisher of Hendricks	County, Indiana (state)
July 10, 2003. Signed by:Jonathan Lilly	ued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated
Filed and recorded in accordance with the laws of the State of Indiana on	
	Sharan Dugan
POVCE FORMS - SYSTEMS 1.500 282 8707 1477	Signed 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

APPLICATION FOR MARRIAGE LICENSE **HENDRICKS COUNTY**

Date of Application

IC 31-11-1. Furnishing false information upon applying for license. No Yes Female Applicant > 50 A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under Name of Physician ____ IC 31-11-4-4 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Date of Birth Date of Birth Place of Birth (State or foreign country) Place of Birth (State or foreign country) motiona Street or R.R. City Residence Address County City 9195 N. Co. Go 75W LENDRICKS IN 46149 145-B SterlingCo storo Hendricks IN 46167 OR No. of Previous Marriages. Previous Marital Status: Never Married OR No. of Previous Marriages Death Divorce Annulment Date Last Marriage Ended By: Last Marriage Ended By: Death Divorce Annulment Date Other (Specify) Other (Specify) Date of Birth Verified By: ☐ Birth Certificate Date of Birth Verified By: ☐ Birth Certificate Are you now or have you ever been adjudged to be of unsound mind? No Yes 🗌 Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes", has the adjudication been removed? Yes 🗌 No Q. If answer is "yes", has the adjudication been removed? No Yes Are you related to the female applicant closer than second cousin? No Yes 🗌 No P Yes Are you related to the male applicant closer than second cousin? No Th Are you now under the influence of an alcoholic beverage? Yes 🗌 No to Yes Are you now under the influence of an alcoholic beverage? Are you now under the influence of a narcotic drug? No Yes Are you now under the influence of a narcotic drug? No Yes List the full names of any dependent children. List the full names of any dependent children. 39UIA Garrent McFinner (a) Full name of applicant's father 6. (a) Full name of applicant's father (If adopted, list adoptive parents only) (If adopted, list adoptive parents only) Residence of father (if deceased, so state) _ Residence of father (if deceased, so state) Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Spender Haggare (If adopted, list adoptive parents only) _ (If adopted, list adoptive parents only) _ Residence of mother (if deceased, so state) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) **ACKNOWLEDGEMENT ACKNOWLEDGEMENT** I acknowledge that I have received information regarding dangerous communicable diseases that I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired are sexually transmitted and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrone). immune deficiency syndrome). Signature of Applicant Date 7/18/03 Signature of Applicant The above applicant has objected to verifying by oath or affire ation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. acknowledgment because of religious beliefs. Clerk of Court _ Date _ Clerk of Court Date State of Indiana I swear/affirm that the information given I swear/affirm that the information given State of Indiana County of Hendricks County of Hendricks) in this application is true and correct. in this application is true and correct. Signed Signed New Address Subscribed and sworn to before methis _ _ 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, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _ state facts which make the consent of the other parent unnecessary _ State of Indiana County of Hendricks) County of Hendricks) Father _ Father _ Mother Subscribed and sworn to before me this _ Subscribed and sworn to before me this _ COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County ____ _ Court, by written order issued _ _, authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I 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, 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, <u>Jeremy Jon McKinney</u> of <u>Hendricks</u>

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(state), and <u>Jennifer Renee Leep</u> of <u>Hendricks</u>

July 10, 2003 Signed by: Bro. Walter Beam

Filed and recorded in accordance with the laws of the State of Indiana on ____

Hendricks Circuit Court

_ County, ____

were 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

_County, _Indiana

Indiana

_ (date).

Minister (official designation)

STATE OF INDIANA

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

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

Female Applicant > 50 No Yes 1

If No, Medical Examination or Report Dated

Name of Physician Date 19-03

MALE APPLICANT	FEMALE APPLICANT
e First Middle Last	Name First Middle Last
of Birth Month Day Year	Date of Birth Month Day Year
of Birth Month Day Year 20 1978	July 3 1976
e of Birth (State or foreign country)	Place of Birth (State or foreign country)
Indiana	Residence Address Street or R.R. OCity County State
dence Address Street or R.R. City County State	1141 Windhoven Cir Apt. B Brownsburg Hendricks In.
	Previous Marital Status: Never Married OR No. of Previous Marriages
ious Marital Status: Never Married OR No. of Previous Marriages.	
Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date /998
of Birth Verified By:	Date of Birth Verified By: Birth Certificate Other (Specify)
rivera Licenso	Drivers dicense
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?	If answer is "yes", has the adjudication been removed?
Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐ No ☐ Yes ☐
Are you now under the influence of a narcotic drug?	
List the full names of any dependent children. Hulla Mun Sluge	5. List the full names of any dependent children. Victoria Keigh Hooper Jonathan Michael
Alan	andrew Thomas Glaner alexandria Morie Bate
(a) Full name of applicant's father Momas Alage	6. (a) Full name of applicant's father Sandall Slooper
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Sulia Wamplus	(b) Full maiden name of applicant's mother Duna Duelle
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)
Birthplace of mother (State or foreign country)	Bittiplace of mother (State of foleign country)
ACKNOWLEDGEMENT knowledge that I have received information regarding dangerous communicable diseases that sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired name deficiency syndrome). Date	are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
knowledge that I have received information regarding dangerous communicable diseases that sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired nature of Applicant Date D7 10 03 above applicant has objected to verifying by oath or affirmation or signature to the above	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrous). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above
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above applicant has objected to verifying by oath or affirmation or signature to the above applicant because of religious beliefs. Is wear/affirm that the information given in this application is true and correct. New Address	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndroth) Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date I swear/affirm that the information gives in this application is true and correct in the application in this application is true and correct in this application is true and correct in the application
above applicant has objected to verifying by oath or affirmation or signature to the above applicant because of religious beliefs. Is wear/affirm that the information given in this application is true and correct. Signed New Address Clerk of the Mondricks Circuit Court	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndroth) Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date I swear/affirm that the information giver in this application is true and correct in this application in this application is true and correct in this applicatio
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chowledge that I have received information regarding dangerous communicable diseases that sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired name deficiency syndrome). The part of Applicant Date D7 10 103 The part of Applicant D7 10 103	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrous). Signature of Applicant Date D7-10-0. The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date State of Indiana County of Hendricks New Address New Address Clerk of the Hendricks Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN
above applicant has objected to verifying by oath or affirmation or signature to the above owledgment because of religious beliefs. The of Indiana I swear/affirm that the information given in this application is true and correct. Signed I swear/affirm that the information given in this application is true and correct. Signed I swear/affirm that the information given in this application is true and correct. Signed I swear/affirm that the information given in this application is true and correct. Signed I swear/affirm that the information given in this application is true and correct. Signed I swear/affirm that the information given in this application is true and correct. Signed I swear/affirm that the information given in this application is true and correct. Signed I swear/affirm that the information given in this application is true and correct. Signed I swear/affirm that the information given in this application is true and correct. Signed I swear/affirm that the information given in this application is true and correct. Signed I swear/affirm that the information given in this application is true and correct. Signed I swear/affirm that the information given in this application is true and correct. Signed I swear/affirm that the information given in this application is true and correct. Signed I swear/affirm that the information given in this application is true and correct. Signed I swear/affirm that the information given in this application is true and correct. Signed I swear/affirm that the information given in this application is true and correct.	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrous). Signature of Applicant Date D7-10-0. The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date State of Indiana County of Hendricks New Address New Address I swear/affirm that the information giver in this application is true and correct and any of Clerk of the Hendricks Circuit Court Consent of the parents of this applicant, hereby give consent for this marriage. If only one parent signs state facts which make the consent of the other parent unnecessary
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chowledge that I have received information regarding dangerous communicable diseases that sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired nume deficiency syndrome). Lature of Applicant Date D	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrom). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date I swear/affirm that the information giver in this application is true and correct New Address New Address If y windfaver Circle Affic Sours Source 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 Subscribed and sworn to before me this day of ID # Subscribed and sworn to before me this day of
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above applicant has objected to verifying by oath or affirmation or signature to the above applicant has objected to verifying by oath or affirmation or signature to the above applicant because of religious beliefs. The part of Hendricks of Indiana of I swear/affirm that the information given in this application is true and correct. Signed of Lord of Hendricks of Court of Hendricks of Court of Hendricks of Court of Hendricks of Hendricks of Court of Hendricks of Court of Hendricks of Hendrick	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrofts). Signature of Applicant Date D
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Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

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

APPLICATION FOR MARRIAGE LICENSE **HENDRICKS COUNTY**

Page Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.	Female Applicant > 50 Nor Yes 7-9-03 If No, Medical Examination or Report Dated Name of Physician I Norman (1005)
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last Month Day Place of Birth (State or foreign country) Middle Month Day Year 25 82	Name First Middle Last Place of Birth (State or foreign country) Name First Middle Month Day Year 82 Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married - OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of Birth Verified By: Birth Certificate Other (Specify)	Date of Birth Verified By: Birth Certificate Other (Specify)
Dr. i. L.	Drest See
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 Are you related to the female applicant closer than second cousin? Are you now under the influence of an alcoholic beverage? Are you now under the influence of a narcotic drug? No Yes List the full names of any dependent children.	If answer is "yes", has the adjudication been removed? No Yes Are you related to the male applicant closer than second cousin? Are you now under the influence of an alcoholic beverage? Are you now under the influence of a narcotic drug? No Yes Yes No Yes 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)	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 7/b/b3	ACKNOWLEDGEMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Date 7/10/03
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	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana) I swear/affirm that the information given in this application is true and correct. Signed ONN CATER OF THE Subscribed and sworn to before me this day of Clerk of the Hendricks Circuit Court	State of Indiana) I swear/affirm that the information given in this application is true and correct. Signed New Address
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of 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
	Γ. A marriage license having been refused to the above named parties, the
County	Court, by written order issued prizes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the Cler 2003, authorizing the marriage of Richard Edmond I further certify that the following marriage certificate was filed in my office: I certify that on August 9, 2003 (date), at Lizt County, Indiana, Richard Edmond Barker of Marriage RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE k of the Circuit Court of Hendricks County, Indiana, datedJuly_ 10 ,
were married by me as authorized under a marriage license that was issu	County, Indiana (state) led by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Pastor (official designation) August 14, 2003 (date). Signed Clerk

STATE OF INDIANA

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Book 47
Page 455
7-11-03
Date of Application

IC 31-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court 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 Day Hadley Mo
MALE APPLICANT	FEMALE APPLICANT
Name Brean Scott Portugue Date of Birth Month Day Year 21	Name First Middle Last Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married Gr. 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:	Date of Birth Verified By: Birth Certificate General Other (Specify)
Drues Secure	Druis Seeine
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes I fanswer is "yes", has the adjudication been removed? No Yes I	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
2. Are you related to the female applicant closer than second cousin? No Yes	If answer is "yes", has the adjudication been removed? No Yes Are you related to the male applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage? No Tyes
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children.	List the full names of any dependent children.
6. (a) Full name of applicant's father Derman Carl Portwood	6. (a) Full name of applicant's father Juffrey Benton Boldy
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Social Mac Stafford	(b) Full maiden name of applicant's mother Latricia Com Mathe
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) - Michigan -
ACKNOWLEDGEMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the text sites for the virus that causes AIDS (acquired immune deficiency syndroms). Signature of Applicant Date 4/1/2003	ACKNOWLEDGEMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Date 7/11/63
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of Hendricks Signed New Address New Address Subscribed and sworn to before me this Clerk of the Hendricks Circuit Court	State of Indiana County of Hendricks Signed New Address New Address Subscribed and sworn to before me this Clerk of the Hendricks Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana) County of Hendricks) Father ID # Mother ID #	State of Indiana) County of Hendricks) Father ID #
Mother ID # Subscribed and sworn to before me this day of	Father ID # Mother ID # Subscribed and sworn to before me this day of
Clerk	Subscribed and sworn to before me this
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT	Γ. A marriage license having been refused to the above named parties, the
and filed in, author	Court, by written order issued prizes 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 Cler 2003 , authorizing the marriage of Brian Scott II further certify that the following marriage certificate was filed in my office: I certify that on August 2, 2003 (date), at Dany County, Indiana, Brian Scott Portwood of Hendric (state), and Katherine Elizabeth Baldwifn Her	ndricks County, Indiana (state)
were married by me as authorized under a marriage license that was issu	ed by the Clerk of the Circuit Court of Hendricks County, Indiana, dated
Filed and recorded in accordance with the laws of the State of Indiana on	ski pastor (official designation)

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Date of Application

Clerk

No 🗗

Female Applicant > 50

Yes 🗆

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

If No, Medical Examination or Report Dated Name of Physician Daund Wall IC 31-11-4-4 commits a Class D felony. MALE APPLICANT FEMALE APPLICANT Middle Middle Name Name Date of Birth Date of Birth Place of Birth (State or foreign country) Place of Birth (State or foreign country) Residence Address Residence Address Street or R.R. mill Never Married Never Married OR No. of Previous Marriage Previous Marital Status: OR No. of Previous Marriages Previous Marital Status: Death Divorce Annulment Date 2002 Death Divorce Annulment Date Last Marriage Ended By: Last Marriage Ended By: Other (Specify) ☐ Birth Certificate Other (Specify) Date of Birth Verified By: ☐ Birth Certificate Date of Birth Verified By: No Yes Are you now or have you ever been adjudged to be of unsound mind? No Yes Are you now or have you ever been adjudged to be of unsound mind? No Yes No Yes If answer is "yes", has the adjudication been removed? If answer is "yes", has the adjudication been removed? No Yes No Yes Are you related to the female applicant closer than second cousin? Are you related to the male applicant closer than second cousin? No Yes No Yes Are you now under the influence of an alcoholic beverage? Are you now under the influence of an alcoholic beverage? No Yes Are you now under the influence of a narcotic drug? No Yes Are you now under the influence of a narcotic drug? List the full names of any dependent children. List the full names of any dependent children. (a) Full name of applicant's father (a) Full name of applicant's father _ (If adopted, list adoptive parents only) (If adopted, list adoptive parents only) Residence of father (if deceased, so state) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother (b) Full maiden name of applicant's mother (If adopted, list adoptive parents only) (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) _ **ACKNOWLEDGEMENT ACKNOWLEDGEMENT** I acknowledge that I have received information regarding dangerous communicable diseases that I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). immune deficiency syndrome ✓ Signature of Applicant ∠ Signature of Applicant _ The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. acknowledgment because of religious beliefs. Clerk of Court Date Clerk of Court I swear/affirm that the information given State of Indiana I swear/affirm that the information given State of Indiana in this application is true and correct. County of Hendricks) \ County of Hendricks), in this application is true and correct. VSigned _ New Address 1685 CEDAR MILL New Address Subscribed and sworn to before me this _ __ day of _ 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, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _ state facts which make the consent of the other parent unnecessary. State of Indiana State of Indiana) County of Hendricks) County of Hendricks) Father _ Father _ Subscribed and sworn to before me this _ day of Subscribed and sworn to before me this _ COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _ Court, by written order issued _ _, authorizes and directs the issuance of a marriage license to the above named parties. and filed in _ RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 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 certify that on September 6, 2003 (date), at Speedway in Fric. Jerme Fruitt (name), Marion County, Indiana, Eric Jerme Fruitt Hendricks Indiana __ of ___ (state), and Sara Anne Sparks Indiana Hendricks _ of ___ County, _ were 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, (official designation) September 23, 2003 Filed and recorded in accordance with the laws of the State of Indiana on _

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Book 67
Page 457
Date of Application

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

Female Applicant > 50 No Yes 7803

If No, Medical Examination or Report Dated

Name of Physician 16 Walton

IC 31-11-4-4 commits a Class D felony.	
MALE APPLICANT	FEMALE APPLICANT
Name First P Middle Last	Name First Middle Last
Date of Birth Month Day Year (967	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State 8585 Captaw D. Avan Hendricks TV 46
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 60	Last Marriage Ended By: Death Divorce Annulment Date 118 02
Date of Birth Verified By: Birth Certificate Other (Specify)	Date of Birth Verified By: Birth Certificate Other (Specify)
Driver's licerse	Drier's Gerse
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 Are you related to the female applicant closer than second cousin? No Yes	If answer is "yes", has the adjudication been removed? No Yes 2. Are you related to the male applicant closer than second cousin? No Yes Yes
2. Are you related to the female 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 X Yes
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children. ARTS KIR MOND
Anthony Poehler	Mark hichmond
6. (a) Full name of applicant's father Carl Trachler	6. (a) Full name of applicant's father Doe Hullmon
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only) Residence of father (if deceased, so state)
Residence of father (if deceased, so state) Birthplace of father (State or foreign country)	Residence of father (if deceased, so state) Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Sur ley 1. 1400000	(b) Full maiden name of applicant's mother Mousine Bennett
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)
Birthplace of mother (State or foreign country)	Bittiplace of mother (state of foreign country)
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired firmmune deficiency syndrome). Signature of Applicant Date 7-11-03	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Date 7-11-03
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	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of Hendricks Signed New Address Subscribed and sworn to before me this Clerk of the Hendricks Circuit Court	State of Indiana County of Hendricks Signed New Address Subscribed and sworn to before me this Clerk of the Hendricks Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	GONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana) County of Hendricks)	State of Indiana) County of Hendricks)
Father ID # Mother ID #	Father ID # Mother ID #
Mother ID # Subscribed and sworn to before me this day of Clerk	Subscribed and sworn to before me this day of Clerk
	T. A marriage license having been refused to the above named parties, the
	Court, by written order issuedorizes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cle 2003, authorizing the marriage ofCarl J. Poeh	rk of the Circuit Court of Hendricks County, Indiana, dated July 11 ler 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 In County, Indiana, Carl J. Poehler II of Hen	dricks County Indiana
(state), and Terri L. Martin of Hendric	ks County, Indiana (state)
were married by me as authorized under a marriage license that was iss	ued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated
July 11, 2003. Signed by: Jason D. Bray Filed and recorded in accordance with the laws of the State of Indiana on	July 31, 2003 (date). (official designation)

Signed _____ Hendricks Circuit Court

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Book
Page
7-11-03
Date of Application

IC 31-11-11. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.	Female Applicant > 50 No Yes 7-10-03 If No, Medical Examination or Report Dated Name of Physician Daniel Daniel, Mio
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last Oshua Scott Spineur Date of Birth Month Day Year	Name First Middle Sast Ohanon Date of Birth Month Day Year 10 32 80
Place of Birth (State or foreign country) Molana	Place of Birth (State or foreign country) Andrew
Residence Address Street or R.R. City County State 6637 Dunsdin Dr. Haenfield Hend Sh 46168	Residence Address Street or R.R. City County State 4637 Oursdan Dr Place field Hood Shu 4616
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date Date of Birth Verified By: Birth Certificate Other (Specify)
Date of Birth Verified By: Birth Certificate Other (Specify)	Date of Blittle verlice by:
Drues's Gaines L Are you pay 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
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes I fanswer is "yes", has the adjudication been removed? No Yes 2. Are you related to the female applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes 4. Are you now under the influence of a narcotic drug? No Yes 5. List the full names of any dependent children.	If answer is "yes", has the adjudication been removed? No Yes Are you related to the male applicant closer than second cousin? Are you now under the influence of an alcoholic beverage? Are you now under the influence of a narcotic drug? No Yes No Yes No Yes List the full names of any dependent children.
6. (a) Full name of applicant's father Onald Juffsey Aplacer (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)	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 The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court	ACKNOWLEDGEMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Date 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 Date
State of Indiana County of Hendricks Signed New Address Subscribed and sworn to before me this Clerk of the Hendricks Circuit Court	State of Indiana County of Hendricks Signed New Address Subscribed and sworn to before me this Clerk of the Hendricks Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana) County of Hendricks) Father ID # Mother ID #	State of Indiana) — — — — — — — — — — — — — — — — — —
Subscribed and sworn to before me this day of Clerk	Subscribed and sworn to before me this day of Clerk
County	RT. A marriage license having been refused to the above named parties, the Court, by written order issued
and filed in, auth	norizes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENT I certify that there was filed in my office a marriage license issued by the Clear 2003, authorizing the marriage of Joshua Scott I further certify that the following marriage certificate was filed in my office: certify that on July 26, 2003 (date), at Ind. County, Indiana, Joshua Scott Spencer of Hendric (state), and Randa Lynn Bohanon of Hendric	SE AND MARRIAGE CERTIFICATE erk of the Circuit Court of Hendricks County, Indiana, datedJuly 11,SpencerandRanda Lynn Bohanon I,Shawn J. Eldridge(name), ianapolisinMariondricksCounty,Indiana
(state), and Randa Lynn Bohanon of Hendric were married by me as authorized under a marriage license that was iss July 11, 2003. Signed by: Shawn J. Eldridg	ks County, Indiana (state) sued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Minister (official designation) August 1, 2003 (date).
Filed and recorded in accordance with the laws of the State of Indiana on	Signed Slaran Dugar Clerk

Signed _____ Hendricks Circuit Court

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Date of Application

IC 31-11-11. Furnishing false information upon applying for 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 🗆 If No, Medical Examination or Report Dated
Name of Physician David Hadle

IC 31-11-4-4 commits a Class D felony.	
MALE APPLICANT	FEMALE APPLICANT
Name Eirst Middle Last	Name First Middle Last
Date of Birth Month Day Year	Date of Birth Month Day Year
10 9 82	2 13 84
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
1841 Marshe Coust Indele Marion Sh 41210	4460 Commonast & D. Placentile Hend the
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of Birth Verified By: Birth Certificate Other (Specify)	Date of Birth Verified By: Birth Certificate Other (Specify)
Druin Seeme	Druis Deur
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?	If answer is "yes", has the adjudication been removed?
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?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children.
The same of the sa	
6. (a) Full name of applicant's father Jury Bee Crawford	6. (a) Full name of applicant's father Donald Asept Mortes
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother The Type of Grand Survey	(b) Full maiden name of applicant's mother Surie ann Jun
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)
Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)
Bruiplace of model (State of foligin country)	Distiplice of mount (office of foreign country)
ACKNOWLEDGEMENT	ACKNOWLEDGEMENT
I acknowledge that I have received information regarding-dangerous communicable diseases that	I acknowledge that I have received information regarding dangerous communicable diseases that
are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).	immune deficiency syndrome. athum Mallthouse 7-11-05
Signature of Applicant Date	Signature of Applicant
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Ladinary American State of Ladinary Company of the Compan	State of Indiana) I swear/affirm that the information given
State of Indiana State of Indiana Swear/affirm that the information given this application is true and correct.	County of Hendricks) 1/2 1 1/4 in this application is true and correct.
Y Signed Journal of Signed	Signed All DIMPH MINULE
Y New Address	New Address 1841 Marsha Dr. Mapson. 462H
Subscribed and sworn to before me this day of	Subscribed and sworn to before me this day of
Slarer Nugaro Clerk of the Hendricks Circuit Court	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,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	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 Clerk	Subscribed and sworn to before me this day of Clerk
Clerk	Cierk
	RT. A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, auth	norizes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cle	erk of the Circuit Court of Hendricks County, Indiana, dated July 11.
, authorizing the marriage of Daniel Logan	Crawford and Kathryn Lynn McNulty I, Gary C Black (name) ilesville in Hendricks On County, Indiana
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 St	in Hendricks
County, Indiana, Daniel Logan Crawford of Mari	County, Indiana
(state), and Kathryn Lynn McNulty of Hendile	County, Indiana (state)
were married by me as authorized under a marriage license that was iss	sued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated
Filed and recorded in accordance with the laws of the State of Indiana on	August 26, 2003 (date) (official designation)
ricu and recorded in accordance with the laws of the State of Indiana on	
	Signed Sharax Dugax (Clark
	SignedCier
BOYCE FORMS • SYSTEMS 1-800-382-8702 1477	Hendricks Circuit Court

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Book 67
Page 460
7-11-87
Date of Application

IC 31-11-1. Furnishing false information upon applying for license. No Female Applicant > 50 A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under Name of Physician _ Dr. IC 31-11-4-4 commits a Class D felony. MALE APPLICANT FEMALE APPLICANT First Middle Name · First Date of Birth Date of Birth Place of Birth (State or foreign country) Place of Birth (State or foreign country) IN dence Address Street or R.R. Residence Address Street or R.R 131 Previous Marital Status: Never Married OR No. of Previous Marriages OR No. of Previous Marriages, Previous Marital Status: Never Married Death Divorce Annulment Date Last Marriage Ended By: Last Marriage Ended By: Death Divorce Annulment Date _ Date of Birth Verified By: ☐ Birth Certificate Other (Specify) Date of Birth Verified By: ☐ Birth Certificate Other (Specify) rivers)(ivers Are you now or have you ever been adjudged to be of unsound mind? No Yes Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes", has the adjudication been removed? No Yes If answer is "yes", has the adjudication been removed? No Yes Are you related to the female applicant closer than second cousin? No Yes Are you related to the male applicant closer than second cousin? No Tyes Are you now under the influence of an alcoholic beverage? No Yes Are you now under the influence of an alcoholic beverage? No Yes Are you now under the influence of a narcotic drug No [] Yes 🗌 Are you now under the influence of a narcotic drug? No Yes Q Britany Randolph. Christ Daltyh Stanifer List the full names of any dependent children. Justice Stanter Da amanda Daltyn Jose Van Buskirk 6. (a) Full name of applicant's father 6. (a) Full name of applicant's father ____ (If adopted, list adoptive parents only) (If adopted, list adoptive parents only) Residence of father (if deceased, so state) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother (b) Full maiden name of applicant's mother Anuenna (If adopted, list adoptive parents only) (If adopted, list adoptive parents only) Ingane Residence of mother (if deceased, so state) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) _ Birthplace of mother (State or foreign country) _ **ACKNOWLEDGEMENT ACKNOWLEDGEMENT** I acknowledge that I have received information regarding dangerous communicable diseases that I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome) Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. acknowledgment because of religious beliefs. Clerk of Court Date Clerk of Court State of Indiana I swear/affirm that the information given State of Indiana I swear/affirm that the information given in this application is true and correct. in this application is true and correct. County of Hendricks,) New Address & New Address & School Subscribed and sworn to before me this. Subscribed and sworn to before me this. day of _ 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, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _ state facts which make the consent of the other parent unnecessary __ County of Hendricks) County of Hendricks) Father _ Father Subscribed and sworn to before me this _ Subscribed and sworn to before me this _ COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County _ _ Court, by written order issued , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I 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
County, Indiana, __Michael J. Randolph __ (date), at ___ Danville Hendricks _ in _ __ of __ Morgan _ County, Indiana Lisa Lynn Stanifer of _ Hendricks County, <u>Indiana</u> were 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 Filed and recorded in accordance with the laws of the State of Indiana on _ July 23, 2003 (date).

Signed

Hendricks Circuit Court

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Page 460
7-11-03
Date of Application

Clerk

231-11-11-1. Furnishing false information upon applying person who knowingly furnishes false information to	a clerk of the	Female Applicant > 50 No Yes 7-2-03 If No, Medical Examination or Report Dated
rcuit court when the person applies for a marriage	ncense under	Name of Physician Dr. Stall
	The said	FEMALE APPLICANT
1/0/2		Nome First Middle Last
# 496	ph	Lisa Lynn Stanifer
7	10	Date of Birth Month Day Year
0 0.37	6	Place of Birth (State or foreign country)
		IN
SE EE	State C/CA	Residence Address Street or R.R. City County State
	W 400	Previous Marital Status: Never Married OR No. of Previous Marriages
M. M.	222	Previous Marital Status: Never Married OR No. of Previous Marriages OR No. of Previous Marriages
TE N S	90!	Last Marriage Ended By: Death Divorce Annulment Date 1946
1 2 (Z		Date of Birth Verified By:
2 × 1	Yes	Drivers hicense
9	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
7 6 8 EM	Yes 🗆	If answer is "yes", has the adjudication been removed? No Yes Yes No Yes Yes
	Yes 🗆	3. Are you now under the influence of an alcoholic beverage?
EN LEW TO BE SEE	Yes 🗆	4. Are you now under the influence of a narcotic drug?
	∄ P	5. List the full names of any dependent children. amanda the Darrell Sustice Stanifes Daltyn Stanifes
=), (A)	128015	Jose Van Buskirk
0001	Gel	6. (a) Full name of applicant's father And dall Office Stange
The second second	The state of	(If adopted, list adoptive parents only) Residence of father (if deceased, so state)
(1 mag) 6 6 3	Name of the	Birthplace of father (State or foreign country)
(500)	d_	(b) Full maiden name of applicant's mother Anwerma. Thanky Will
· 6. 2		(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)
6 7 0%	/	Birthplace of mother (State or foreign country)
	100	ACKNOWLEDGEMENT
JRD	diseases that	I acknowledge that I have received information regarding dangerous communicable diseases that
COI	S (acquired	the day of the last gives for the views that courses AIDS (acquired
FERIOR CC 46122-0599	1-11-03	immune deficiency syndrome. Signature of Applicant Date 7-11-0
ICKS CIRCUIT & SUPERIOR C P.O. BOX 599 ANVILLE, INDIANA 46122-059		
CUIT & SUF RO. BOX 599 E, INDIANA	to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
BO BO BO DIA	Allerta	Clerk of Court Date
COUNTY IN		State of Indiana) I swear/affirm that the information given
	mation given and correct.	The state of the s
PO. BOX 599 DANVILLE, INDIANA		Signed New Address
DA	THE RESERVE AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO IN COLUMN TO THE PERSON NAMED IN COLUM	Subscribed and sworn to before me this day of
HENDRICKS CIRCUIT & SUPERIOR COURTS P.O. BOX 599 DANVILLE, INDIANA 46122-0599	Circuit Court	Clerk of the Hendricks Circuit Court
		CONSENT OF PARENTS, PARENT, OR GUARDIAN
	parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana	1	State of Indiana)
County of Hendricks		County of Hendricks)
Father ID # ID		Father 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 OR	RDER OF COUR	T. A marriage license having been refused to the above named parties, the
County	autho	Court, by written order issued orizes and directs the issuance of a marriage license to the above named parties.
Cladia my office a marriage license	issued by the Cle	RE AND MARRIAGE CERTIFICATE rk of the Circuit Court of Hendricks County, Indiana, dated July 11,
2003 authorizing the marriage of M.	ichael J. R	and and Statister
further certify that the following marriage certificate was f	filed in my office:	I, Janet S. Smith (name), wille in Hendricks
certify that on(Certify that of(Certify that of	of Morga	n County, Indiana
County Indiana Michael J. Randolph	The second secon	
County, Indiana, Michael J. Randolph Lisa Lynn Stanifer of	Hendric	County, Indiana (state)
County, Indiana, Michael J. Randolph (state), and Lisa Lynn Stanifer of _	once that was ice	ued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Hend Co Deputy Clerk (official designation)

Signed _____ Hendricks Circuit Court

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Clerk

IC 31-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the Female Applicant > 50 No 😉 Yes 🗆 circuit court when the person applies for a marriage license under If No, Medical Examination or Report Dated IC 31-11-4-4 commits a Class D felony. Name of Physician _ David MALE APPLICANT FEMALE APPLICANT Name Middle Date of Birth Date of Birth Place of Birth (State or foreign country) Place of Birth (State or foreign country) Residence Address Street or R.R. Residence Address Previous Marital Status: Never Married OR No. of Previous Marriages Previous Marital Status: OR No. of Previous Marriages Last Marriage Ended By: Death Divorce Annulment Date Death Divorce Annulment Date Last Marriage Ended By: Date of Birth Verified By: ☐ Birth Certificate Other (Specify) Date of Birth Verified By: ☐ Birth Certificate Other (Specify) Are you now or have you ever been adjudged to be of unsound mind? No Yes Are you now or have you ever been adjudged to be of unsound mind? No Yes \(\square\) If answer is "yes", has the adjudication been removed? No Yes If answer is "yes", has the adjudication been removed? Are you related to the female applicant closer than second cousin? No Yes No Yes Are you related to the male applicant closer than second cousin? Are you now under the influence of an alcoholic beverage? No Yes No TYes Are you now under the influence of an alcoholic beverage? Are you now under the influence of a narcotic drug? No -Yes No Yes Are you now under the influence of a narcotic drug? No 🗗 Yes 🗆 List the full names of any dependent children. List the full names of any dependent children. 6. (a) Full name of applicant's father 6. (a) Full name of applicant's father ____ (If adopted, list adoptive parents only) (If adopted, list adoptive parents only) Residence of father (if deceased, so state) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Alunda (b) Full maiden name of applicant's mother Anna (If adopted, list adoptive parents only) (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) ACKNOWLEDGEMENT I acknowledge that I have received information regarding dangerous communicable diseases that ACKNOWLEDGEMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome) immune deficiency syndrome). Signature of Applicant __ 7-14-03 Signature of Applicant Signature Populariant The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. acknowledgment because of religious beliefs. Clerk of Court Date _ Clerk of Court State of Indiana I swear/affirm that the information given State of Indiana County of Hendricks I swear/affirm that the information given in this application is true and correct. County of Hendricks) Signed in this application is true and correct. k Signed Subscribed and sworn to before me this _____ day of ______ day of ______ Clerk of the Hendricks Circuit Court ___ 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, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____ state facts which make the consent of the other parent unnecessary _ State of Indiana State of Indiana) County of Hendricks) County of Hendricks) Father _ Father ___ Mother . Mother _ Subscribed and sworn to before me this _ Subscribed and sworn to before me this _ COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the __ Court, by written order issued _ and filed in _ _, authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I 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, and Kimbralee Rose Petrey I further certify that the following marriage certificate was filed in my office: I, _____John Thompson certify that on July 26, 2003 County, Indiana, Kristopher Dale Keith of Hendricks _in <u>Hendricks</u> (state), and Kimbralee Rose Petrey of ____ __County, __Indiana Hendricks were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated __ County, ___ 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

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

IC 31-11-1. Furnishing false information upon applying for license.

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

| MALE APPLICANT | FEMALE APPLICAN

Te 37 17 7 Committee a Class & Telony.	
Name First Middle Last	FEMALE APPLICANT
Name Klyyn Games Monahan	Name First, Middle Last Kersey
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Indiana
Residence Address Street or R.R. City County State 1212 Aherwood M. Dannelle Canducks IN	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	
	Last Marriage Ended By: Death Divorce Annulment Date
Date of Birth Verified By: Birth Certificate Other (Specify)	Date of Birth Verified By: Birth Certificate Other (Specify)
	- Tournisy lice
1. Are you now or have you ever been adjudged to be of unsound mind? No No Yes	
If answer is "yes", has the adjudication been removed?	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes I f answer is "yes", has the adjudication been removed?
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?	3. Are you now under the influence of an alcoholic beverage?
 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. 	4. Are you now under the influence of a narcotic drug? No Yes List the full names of any dependent children.
	List the full names of any dependent children.
6. (a) Full name of applicant's father Berry Joseph Monaham	Remarie Manufie a Harris
(If adopted, list adoptive parents only)	6. (a) Full name of applicant's father Smul Maurice Susue (If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country), Indiana
(b) Full maiden name of applicant's mother Sharpy Ray Durs	(b) Full maiden name of applicant's mother Samara Jean Dishe
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)
ACKNOWLEDGEMENT	ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that
immune deficiency syndrome).	are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome)
Signature of Applicant from Date 7-16-03	Signature of Applicant
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 Handridge
New Address 104 WOODBEARY DR DANVIlle	Signed Clicia D. Kersey
Subscribed and sworn to before me this day of	New Address day of
Clerk of the Hendricks Circuit Court	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,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	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 # Mother ID #	Father ID #
Subscribed and sworn to before me this day of	Mother ID # Subscribed and sworn to before me this day of
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT	T. A marriage license having been refused to the above named parties, the
County	Court by written order issued
and filed in, autho	rizes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENSI	AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clert	of the Circuit Court of Hendricks County Indiana dated Tuller 16
authorizing the marriage of Revin James M	lonanan and Alicia Dawn Kercou
I fulfiller certify that the following marriage certificate was filed in my office. I	POGET I STroup
certify that onJuly 19, 2003 (date), at Dan County, Indiana, Kevin James Monahan of Hend	ricks in Hendricks
state), and itricite bear Kersey of Hendri	CKS County Indiana (
well marriage license that was appropriated under a marriage license that was used	ad by the Clark of the Circuit Court of II 1:1 C . I
Signed by: Kogel L. Stroup	Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	July 25, 2003 (date).
	01 0

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

Signed Hendricks Circuit Court Dugan

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

APPLICATION FOR MARRIAGE LICENSE **HENDRICKS COUNTY**

463 7-14-03 Date of Application

IC 31-11-1. Furnishing false information upon applying for 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 ☐ If No, Medical Examination or Report Dated No □ Yes □

IC 31-11-4-4 commits a Class D felony.	Name of Physician Michael Higgata
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name First Middle Last
Date of Birth Month Day Yest	Date of Birth Month Han Sang
Place of Birth (State or foreign country)	4 37 80
Indiana)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City, County/ State	Residence Address Street or R.R. City County State
The state of the s	1388 S. Jefferson St. B. Burg Kent in Ha
	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)	Date of Birth Verified By:
- Drugs France	Druin Lain
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 \text{Yes}
If answer is "yes", has the adjudication been removed? No Yes Are you related to the female applicant closer than second cousin?	If answer is "yes", has the adjudication been removed? No Yes Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?	 2. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐ 3. Are 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?
5. List the full names of any dependent children, Delaying Barger	5. List the full names of any dependent children. Joellyn Teckenbish
6. (a) Full name of applicant's father Darres Paraes	
(If adopted, list adoptive parents only)	6. (a) Full name of applicant's father (If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Benda Har Phill	Birthplace of father (State or foreign country)
(If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother alique Sleppe
Residence of mother (if deceased, so state)	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGEMENT	
I acknowledge that I have received information regarding dangerous communicable diseases that	ACKNOWLEDGEMENT I acknowledge that I have received information regarding dangerous communicable diseases that
are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome: Signature of Applicant Champon Berger Date 7-14-03	immune deficiency syndrome). Signature of Applicant Andre Office Date 714-03
Date 7	Date 174 03
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs. Clerk of Court Date	acknowledgment because of religious beliefs.
	Clerk of Court Date
State of Indiana) I swear/affirm that the information given county of Hendricks) in this application is true and correct	State of Indiana) I swear/affirm that the information given
Signed Shannon Barger	County of Hendricks and correct. Signed Candoe o Manay in this application is true and correct.
New Address	New Address Ome
Subscribed and sworn to before me this	Subscribed and sworn to before me this _//_ day of
Clerk of the Hendricks Circuit Court	Sharan Nugan Clerk of the Bendricks 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 # ID #	Father ID #
Subscribed and sworn to before me this day of	Mother ID # 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
and filed in, author	Court by westen and a second
RETURN OF MARRIAGE LICENSE	AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk 2003, authorizing the marriage of Shannon Ray B	
County, Indiana, Shannon Ray Barger of Hendrick (state), and Candace Jean Lang of Hendrick	County,Indiana
were married by me as authorized under a marriage license that was issue	County, Indiana (state)
2 June of Sugardo D. Ot vall	PASTOR
Filed and recorded in accordance with the laws of the State of Indiana on	July 25, 2003 (date).
	Sharan Dugase
3OYCE FORMS • SYSTEMS 1-800-382-8702 1477	Signed Clerk

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Book 4/64
Page 4/64
Date of Application

IC 31-11-1. Furnishing false information upon applying for license.

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

Female Applicant > 50 No Yes I If No, Medical Examination or Report Dated Name of Physician Make Applicant > 50 No Person Appl

IC 31-11-4-4 commits a Class D felony.	Traine of Physician - percenture of powers
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last Cover	Name First Middle Last Wenrick
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Indiana Milana	Midana
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of Birth Verified By: Birth Certificate Other (Specify)	Date of Birth Verified By:
Drivis on Example	Drus's Liene
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes", has the adjudication been removed? No Yes 2. Are you related to the female applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes 4. Are you now under the influence of a narcotic drug? No Yes 5. List the full names of any dependent children.	1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐ If answer is "yes", has the adjudication been removed? No ☐ Yes ☐ 2. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐ 3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐ 4. Are you now under the 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)	6. (a) Full name of applicant's father Randall Wennick (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)
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	Signature of Applicant Sender Wenner Date 7-15-63 The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana) I swear/affirm that the information given in this application is true and correct. Signed SAME New Address SAME	State of Indiana) County of Hendricks) Signed Kendra S Wennell New Address Same
Subscribed and sworn to before me this Clerk of the Hendricks Circuit Court	Subscribed and sworn to before me this day of Clerk of the Mendricks Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby 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) Father ID #	County of Hendricks) Father ID #
Mother ID # Subscribed and sworn to before me this day of	Mother ID # Subscribed and sworn to before me this day of
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT	T. A marriage license having been refused to the above named parties, the
and filed in, author	Court, by written order issued corizes 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 Cler	SE AND MARRIAGE CERTIFICATE rk of the Circuit Court of Hendricks County, Indiana, datedJuly 15, CoverandKendra Sue Wenrick
I further certify that the following marriage certificate was filed in my office: I	I, D. Keith Kincaid (name).
certify that on <u>July 26, 2003</u> (date), at <u>Ren</u>	cks County Indiana
(state), and Kendra Sue Wenrick of Hendrick	County, <u>Indiana</u> (state)
were married by me as authorized under a marriage license that was issu July 15, 2003. Signed by: D. Keith Kincaid	ued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	
	Signed Sharan Dugan

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Book 67
Page 465
7-15-03

IC 31-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4.4 comprises Class D falson.

Female Applicant > 50 No Yes 17-5-03

If No, Medical Examination or Report Dated

Name of Physician Health June Avon

IC 31-11-4-4 commits a Class D felony.	
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name First Middle Last
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Allinois)	Indiana State of Total Country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married - OR No. of Previous Marriages.
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:	Date of Birth Verified By: Birth Certificate General Other (Specify)
Drives is General	Druisis Lange
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 Yes No Yes	If answer is "yes", has the adjudication been removed? No Yes 2. Are you 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?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children.
and the state of t	10, - 10, 20, - 11 - 0
(If adopted, list adoptive parents only)	6. (a) Full name of applicant's father Chris William Fisher (If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother (If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother (If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGEMENT acknowledge that I have received information regarding dangerous communicable diseases that re sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	ACKNOWLEDGEMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
mmune deficiency syndrome) Signature of Applicant Date 9-15-03	Signature of Applicant Date 2/15/103
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
cknowledgment because of religious beliefs. Clerk of Court Date	acknowledgment because of religious beliefs. Clerk of Court Date
I swear/affirm that the information given in this application is true and correct.	State of Indiana County of Hendricks Signed State of Indiana County of Hendricks Signed Signed Signed State of Indiana I swear/affirm that the information given in this application is true and correct.
V Signed P.O. Box 269 CLAYTON IN 4618	New Address & D. BOX 209, Clayton, In 4011
ubscribed and sworn to before me this / 5 day of Aules 3003	Subscribed and sworn to before me this 15 day of July 2003
Clerk of the Hendricks Circuit Court	Sharan Dugane Clerk of the Dendricks Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
Ve, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
ate facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
tate of Indiana)	State of Indiana)
County of Hendricks)	County of Hendricks)
ather ID # fother ID #	Father ID # Mother ID #
ubscribed and sworn to before me this day of	Subscribed and sworn to before me this day of
	T. A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, auth-	orizes and directs the issuance of a marriage license to the above named parties.
certify that there was filed in my office a marriage license issued by the Cle	SE AND MARRIAGE CERTIFICATE ork of the Circuit Court of Hendricks County, Indiana, dated July 15,
2003 , authorizing the marriage of <u>Joshua Dale N</u> further certify that the following marriage certificate was filed in my office:	I, David Jefferson (name),
ertify that on August 16, 2003 (date), at Plai	infield in Hendricks
County, Indiana, Joshua Dale Nohren of Hend	dricks County, Indiana
state), and Christi Lee Fisher of Hendricks	County, <u>Indiana</u> (state) used by the Clerk of the Circuit Court of Hendricks County, Indiana, dated
ruly 15, 2003. Signed by:	
Filed and recorded in accordance with the laws of the State of Indiana on	August 26, 2003 (date).
	Slavan Dugan

Signed Hendricks Circuit Court

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

APPLICATION FOR MARRIAGE LICENSE **HENDRICKS COUNTY**

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a province license and leaves and license and licens

Yes 🖯

IC 31-11-4-4 commits a Class D felony.	Name of Physician
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name First Middle Last
Date of Birth Month Day Year	- Comely Louise Delaley
le // Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City Chapty Stote	Bentucke
desidence Address Street or R.R. City Sounty State	Residence Address Street or R.R. City County State
The heart that the following	418 Jamarack Dr. Nanville Hind Sh 46,
revious Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
ast Marriage Ended By: Death Divorce Annulment Date 3001	Last Marriage Ended By: Death Divorce Annulment Date 1997
ate of Birth Verified By:	Date of Birth Verified By: Birth Certificate Other (Specify)
Druis's Laine	- Druis Leine
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 Are you related to the female applicant closer than second cousin? No Yes	If answer is "yes", has the adjudication been removed?
Are you related to the female applicant closer than second cousin? No Yes Are you now under the influence of an alcoholic beverage? No Yes	2. Are you related to the male applicant closer than second cousin? No Yes
Are you now under the influence of a narcotic drug?	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No Yes
List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug? No Yes 5. List the full names of any dependent children.
CANADA TARING THE PARTY OF THE	any dependent emidien.
W. S.	
(a) Full name of applicant's father Harry allen Shirley	6. (a) Full name of applicant's father alven Leo Natcher
(If adopted, list adoptive parents only) Residence of father (if deceased, so state)	(If adopted, list adoptive parents only)
Birthplace of father (State or foreign country)	Residence of father (if deceased, so state) Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Slittie Charten for	Birthplace of father (State or foreign country) By Birthplace of father (State or foreign country)
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)/ Qlerand
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
	9
e above applicant has objected to verifying by oath of affirmation or signature to the above nowledgment because of religious beliefs. Rk of Court	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Date	Clerk of Court Date
I swear/affirm that the information given funty of Hendricks)	State of Indiana) County of Hendricks) L swear/affirm that the information given in this application is true and correct
Signed Willo Challe The State and correct.	County of Hendricks) in this application is true and correct.
Y New Address Same	New Address Jame
escribed and sworn to before me this	Subscribed and sworn to before me this _/ day of
Clerk of the Hendricks Circuit Court	Clerk of the Headricks Circuit Court
NSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS PARENTS OF CHARDIAN
, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, e facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
e of Indiana)	
nty of Hendricks)	State of Indiana) County of Hendricks)
er ID #	Father ID #
her ID #	Mother ID #
scribed and sworn to before me this day of	Subscribed and sworn to before me this day of
Clerk	Clerk
MPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT County	Γ. A marriage license having been refused to the above named parties, the
filed in, author	orizes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENSE ertify that there was filed in my office a marriage license issued by the Clerk 2003 authorizing the marriage of Willie Andy S	k of the Circuit Court of Hendricks County Indiana dated J111 v 15
2003 authorizing the marriage of <u>Willie Andy S</u> arther certify that the following marriage certificate was filed in my office: I,	oniriey and Emily Louise Delaby
if that on September 6, 2003 (date), at Avon	, Rev. William J. Bayles (name),
inty, Indiana, Wille Andy Shirley of Hendri	Cks County Indiana
te), and Emily Louise Delaby of Hendricks	County Indiana (****)
re married by me as authorized under a marriage license that was issue	ed by the Clork of the Civil Co. (State)
ed and recorded in accordance with the laws of the State of Indiana on	esMinister (official designation)
	(out).
	Sharan Dugan
TE CODMC - CVETTIME 1 999 799 277	SignedClerk
CE FORMS • SYSTEMS 1-800-382-8702 1477	Hendricks Circuit Court

STATE OF INDIANA

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Book Date of Application

IC 31-11-11. Furnishing false information upon applying for 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 \square Yes \square If No, Medical Examination or Report Dated . Name of Physician

IC 31-11-4-4 commits a Class D felony.	The recognition of the property of the propert
MALE APPLICANT	FEMALE APPLICANT
Name Eirst Middle Last	Name First Middle Last
Date of Birth Month Day Year	Date of Birth Month Day Year
4 13 33	12 7 33
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Indiana	Indiana
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
7.0. Dor 183 Claylor Gendricks In 74/18	4796 Ohio St Clayton Hend In 46/18
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 8000	Last Marriage Ended By: Death Divorce Annulment Date 1986
Date of Birth Verified By: Birth Certificate Other (Specify)	Date of Birth Verified By: Birth Certificate
0.0.	n
Drives is Decense	- Kruses Oxanse
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?	If answer is "yes", has the adjudication been removed? No Yes No Yes
2. Are you related to the female applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes	2. Are you 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 4. Are you now under the influence of a narcotic drug? No 4. Yes 1
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.
5. East the full hames of any dependent emitten.	2. List the turn markes of any dependent currents.
- (V/2) 11 0 0'00	
6. (a) Full name of applicant's father Warsld 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)	Residence of father (if deceased, so state)
(b) Full maiden name of applicant's mother Marie Phillips	Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother **Eully Sayfor Vark**
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGEMENT	ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that	I acknowledge that I have received information regarding dangerous communicable diseases that
are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant Dellon Date 7/16/03	(Signature of Applicant There P. Mo Hen Date 7-16-6
y signature of Applicant	V Signature of Applicant
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	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)
County of Hendricks Signed Signed On this application is true and correct.	Signed Tyless T. Modlen
New Address	New Address
Subscribed and sworn to before me this day of Clerk of the Hendricks Circuit Court	Subscribed and sworn to before me this day of
Clerk of the Hendricks Circuit Court	Alan and August Cienzol metrematics 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,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	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 Clerk	Subscribed and sworn to before me this day of Clerk
THE RESERVE OF THE PARTY OF THE	City
	T. A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, author	orizes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cler	rk of the Circuit Court of Hendricks County, Indiana, dated July 16,
2003 , authorizing the marriage of Robert O. Di. I further certify that the following marriage certificate was filed in my office:	llon 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 Dany	ville in Hendricks
County, Indiana, Robert O. Dillon of Hence	dricks County, Indiana
(state), and Phyliss P. Modlin of Hendric	
were married by me as authorized under a marriage license that was issu	ued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated
Filed and recorded in accordance with the laws of the State of Indiana on	Hend Co Deputy Clerk (official designation)
rifed and recorded in accordance with the laws of the State of Indiana on	
	Signed Sharan Dugan Clerk
	Signed Clerk
BOYCE FORMS • SYSTEMS 1-800-382-8702 1477	Hendricks Circuit Court

APPLICATION FOR MARRIAGE LICENSE State Board of ander Authority HENDRICKS COUNTY

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

Clerk

IC 31-11-1. Furnishing false information upon applying for license. No 19 Yes 🗆 Female Applicant > 50 A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under DV. Rela Name of Physician _ IC 31-11-4-4 commits a Class D felony. FEMALE APPLICANT MALE APPLICANT Name Name Date of Birth Date of Birth Place of Birth (State or foreign country) Place of Birth (State or foreign country 46/68 County City Never Married Previous Marital Status: Never Married OR No. of Previous Marriages_ Previous Marital Status: Death Divorce Annulment Date 12-2001 Death Divorce Annulment Date 5-3-00 Last Marriage Ended By: Last Marriage Ended By: Other (Specify) Date of Birth Verified By: ☐ Birth Certificate Other (Specify) ☐ Birth Certificate Date of Birth Verified By: Are you now or have you ever been adjudged to be of unsound mind? No 🗹 Yes 🗌 Are you now or have you ever been adjudged to be of unsound mind? No Ves If answer is "yes", has the adjudication been removed? No / Yes If answer is "yes", has the adjudication been removed? No D Are you related to the male applicant closer than second cousin? Are you related to the female applicant closer than second cousin? No Yes No Yes Are you now under the influence of an alcoholic beverage? No ☑ / Yes □ Are you now under the influence of an alcoholic beverage? No Yes Non I Yes 🗆 Are you now under the influence of a narcotic drug? Are you now under the influence of a narcotic drug? List the full names of any dependent children. Kai Re List the full names of any dependent children. (a) Full name of applicant's father _ Virgil Lloyd Actor (a) Full name of applicant's father _ (If adopted, list adoptive parents only) (If adopted, list adoptive parents only) Indiana Residence of father (if deceased, so state) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother famela Sue (b) Full maiden name of applicant's mother Marsha Journ (If adopted, list adoptive parents only) (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) ACKNOWLEDGEMENT **ACKNOWLEDGEMENT** I acknowledge that I have received information regarding dangerous communicable diseases that I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a first of the test sites for the virus that causes AIDS (acquired are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). immune deficiency syndrome).

@ Signature of Applicant William W. Sanfore Date 7-16-03 Signature of Applicant . The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. acknowledgment because of religious beliefs. Clerk of Court Clerk of Court swear/affirm that the information given I swear/affirm that the information given State of Indiana State of Indiana County of Hendricks in this application is true and correct. County of Hendricks in this application is true and correct. Signed New Address 110 (31605 Subscribed and sworn to before me this _ Clerk of the Hendricks Circuit Court 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, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _ state facts which make the consent of the other parent unnecessary _ State of Indiana State of Indiana) County of Hendricks) County of Hendricks) Father ___ Father _ Mother Mother Subscribed and sworn to before me this _ COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the __ Court, by written order issued _ __ County _ _, authorizes and directs the issuance of a marriage license to the above named parties. and filed in RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated __July 16,___ 2003 , authorizing the marriage of <u>William Wesley Sanford</u> and <u>Stacy Jayne Ray</u> I further certify that the following marriage certificate was filed in my office: I, _____ Danny Smith certify that on _____July 26, 2003 _____(date), at ____Indianapolis Hendricks County, _ County, Indiana, William Wesley Sanford of _ Putnam _of ___Hendricks County, _ Indiana (state), and Stacy Jayne Ray were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Minister _____ (official designation) Danny Smith July 16, 2003 Signed by: __ August 1, 2003 Filed and recorded in accordance with the laws of the State of Indiana on _ (date).

STATE OF INDIANA

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Book 46 9
Page 46 9
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for 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 Pyes 1

If No, Medical Examination or Report Dated

Name of Physician Narun Define miles

IC 31-11-4-4 commits a Class D felony.	The state of the s
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name First Middle Last
Date of Birth Month Day Year	Date of Birth Month Day Year
2 3 80	4 29 80
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
1502 N. Furman averbyles Marion Mylaz	1648 Butterens Ot avon Hendeln 4423
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	Last Marriage Ended By: Death Divorce Annulment Date
Date of Birth Verified By: Birth Certificate Other (Specify)	Date of Birth Verified By: Birth Certificate Green (Specify)
Druis's Same	Druis Laise
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?	If answer is "yes", has the adjudication been removed?
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?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? No Yes Yes List the full names of any dependent children.
5. List the full names of any dependent children. Differey Bene filter.	5. List the full names of any dependent children.
1 11: A St. 14	6 (a) Full name of applicant's father Bruce Moore
6. (a) Full name of applicant's father Seffly Du Namelton	o. (a) the latter of apparatus and
(If adopted, list adoptive parents only) Residence of father (if deceased so state)	(If adopted, list adoptive parents only) Residence of father (if deceased, so state)
Residence of failer (if deceased, so state)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Sandra Suc Flassey	(b) Full maiden name of applicant's mother Ala Dianne Blass
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGEMENT	ACKNOWLEDGEMENT
ACKNOWLEDGEMENT I acknowledge that I have received information regarding dangerous communicable diseases that	I acknowledge that I have received information regarding dangerous communicable diseases that
are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).	immune deficiency syndrome)
Signature of Applicant Applicant Applicant Date 11/6/163	Signature of Applicant Date Date
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs. Clerk of Court Date	acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
State of Indiana County of Hendricks Signed Signed	County of Hendricks)
Signed Hendricks Signed Home the superstanding of the and correct. New Address 1502 N FUEMAN ANE TWOOLS IN 4	Vazi4 New Address 1502 N. Furman Ave Josph, IN 40214
Subscribed and sworn to before me this day of	Subscribed and sworn to before me this day of
Clerk of the Bendricks Circuit Court	Clerk of the Hendricks Circuit Court
	Sharan Nugan
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,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
state facts which make the consent of the other parent unnecessary	- State facts which make the consent of the other parent university
State of Indiana)	State of Indiana)
County of Hendricks)	County of Hendricks)
Father ID # Mother 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
	T. A marriage license having been refused to the above named parties, the
	Court, by written order issued
and filed in, auth	orizes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cle	erk of the Circuit Court of Hendricks County, Indiana, dated July 16,
2003 authorizing the marriage ofJeffery Le	e Hamilton Jr. and Emily Kay Moore
I further certify that the following marriage certificate was filed in my office: certify that on August 9, 2003 (date), at Indi	I, Justin White (name), anapolis in Jarion
County, Indiana, Jeffery Lee Hamilton Jr, of Mar	ion County, Indiana
(state), and Emily Kay Moore of Hendrick	S County, Indiana (state)
were married by me as authorized under a marriage license that was iss	ued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated
July 16, 2003 Signed by: Justin White	(official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	<u>Ve+08ER</u> 30, 2003 (date).
	Ol and Dugan

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Clerk

IC 31-11-1. Furnishing false information upon applying for license. Female Applicant > 50 No 🖸 Yes 🗆 A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under Name of Physician _ IC 31-11-4-4 commits a Class D felony. MALE APPLICANT FEMALE APPLICANT Name Name harles Date of Birth Date of Birth Place of Birth (State or foreign country Place of Birth (State or foreign country) Residence Address 1076 Halefa Previous Marital Status: Never Married OR No. of Previous Marriages. OR No. of Previous Marriage Death Divorce Annulment Date 1991 Last Marriage Ended By: Last Marriage Ended By: Death Divorce Annulment Date _ Date of Birth Verified By: ☐ Birth Certificate Date of Birth Verified By: ☐ Birth Certificate Are you now or have you ever been adjudged to be of unsound mind? No Yes 🗌 Are you now or have you ever been adjudged to be of unsound mind? No 🗵 Yes 🗌 If answer is "yes", has the adjudication been removed? No 🗆 Yes 🗌 No 🗆 If answer is "yes", has the adjudication been removed? Yes 🗌 Yes 🗆 Are you related to the female applicant closer than second cousin? No D No D Are you related to the male applicant closer than second cousin? Yes 🗌 Are you now under the influence of an alcoholic beverage? No D Yes 🗌 Are you now under the influence of an alcoholic beverage? No 🖾 Yes 🗌 Are you now under the influence of a narcotic drug? 如 Yes 🗌 Are you now under the influence of a narcotic drug? No 🖾 Yes 🗌 List the full names of any dependent children. List the full names of any dependent children. (a) Full name of applicant's father Mall (a) Full name of applicant's father (If adopted, list adoptive parents only) (If adopted, list adoptive parents only) Indiana Residence of father (if deceased, so state) _ Residence of father (if deceased, so state) Birthplace of father (State or foreign country) Shaka Sumericklasses

(b) Full maiden name of applicant's mother Cliff Marie Dumericklasses Birthplace of father (State or foreign country) Full maiden name of applicant's mother Shella (If adopted, list adoptive parents only) (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) malana Indiana ACKNOWLEDGEMENT **ACKNOWLEDGEMENT** I acknowledge that I have received information regarding dangerous communicable diseases that I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome) immune deficiency syndrome). Signature of Applicant Signature of Applicant . The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. acknowledgment because of religious beliefs. Clerk of Court _ Date Clerk of Court State of Indiana I swear/affirm that the information given State of Indiana I swear/affirm that the information given in this application is true and correct. County of Hendricks) County of Hendricks) in this application is true and correct. Luig a Ja + Signed _ Signed New Address New Address . Subscribed and sworn to before me this _ Subscribed and sworn to before me this _ Sharan _ 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, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _ state facts which make the consent of the other parent unnecessary _ State of Indiana State of Indiana County of Hendricks) County of Hendricks) Father Father _ ID # Mother Subscribed and sworn to before me this Subscribed and sworn to before me this _ COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _ County _ _ Court, by written order issued _ and filed in , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I 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 <u>Charles Hughes Gold</u> and I further certify that the following marriage certificate was filed in my office: I, <u>Frederick D.</u> and _ Lisa Ann Fox certify that on ____July 19, 2003 _(date), at Indianapolis _in . County, Indiana, Charles Hughes Gold _ of __ Hendricks _ County, (state), and Lisa Ann Fox _of <u>Hendricks</u> _County, _ Indiana were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, 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

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Book 47
Page 47/
Date of Application

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

MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name First Middle Last Clirabeth Ann Jackson
Date of Birth Month Day Year	Date of Birth Month Day Year
/ 27 82	9 13 19
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State 46.2	Residence Address Street or R.R. City County State
	8 1388 Jassel Ct avon Kend In 46/25
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 2001
Date of Birth Verified By:	Date of Birth Verified By: Birth Certificate Other (Specify)
Driver Stainer	Druis's Gaine
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?	If answer is "yes", has the adjudication been removed?
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?
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 No Yes List the full names of any dependent children
5. List the full names of any dependent children.	5. List the full names of any dependent children. Dellanna ficks
- (A. 11 1 A. 1)	6 (a) Full name of applicant's father James Romans
6. (a) Full name of applicant's father Andreph Bushop	o. (a) Tall halle of applicant of the control of th
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents orfly) Residence of father (if deceased, so state)
Residence of father (if deceased, so state)	Residence of father (II deceased, so state)
Birthplace of father (State or foreign country)	Birmpiace of father (State of foreign country)
(b) Full maiden name of applicant's mother Sheresa Bel	(b) Full maiden name of applicant's mother from Sure fore
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only) Paridones of mother (if deceased so state) In diana
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)
Birthplace of mother (State or foreign country)	Birthplace of mother (state of foreign country)
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Date 7-16-03	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Date 7/10/03
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	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana) County of Hendricks) Signed New Address New Address Subscribed and sworn to before me this Clerk of the Hendricks Circuit Court	State of Indiana) I swear/affirm that the information given County of Hendricks) Clubble William in this application is true and correct. Signed New Address Subscribed and sworn to before me this day of Clerk of the Mondricks Circuit County.
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs state facts which make the consent of the other parent unnecessary
state facts which make the consent of the other parent unnecessary	State of Indiana)
State of Indiana) County of Hendricks)	County of Hendricks)
County of Hendricks) Father ID #	Father ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me this day of Clerk	Subscribed and sworn to before me this day of
Clerk	
County	T. A marriage license having been refused to the above named parties, the Court, by written order issued
and filed in, authorized	orizes and directs the issuance of a marriage license to the above named parties
RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the Cle 2003, authorizing the marriage of Ross Alexande	SE AND MARRIAGE CERTIFICATE rk of the Circuit Court of Hendricks County, Indiana, date 1 uly 16, er Bishop and Elizabeth Ann Jackson
I further certify that the following marriage certificate was filed in my office: certify that on August 30, 2003 (date), at Ind. County, Indiana, Ross Alexander Bishop of Mario (state), and Elizabeth Ann Jackson of Hendrick	on Community Indiana
County, Indiana, KOSS ATEXABLE BISHOP of Mario	County, Indiana (state
(state), and Elizabeth Ann backson of Mendilek	ued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated
were married by me as authorized under a marriage license that was iss	Pastor (official designation
July 16, 2003 Signed by: E. Craig White Filed and recorded in accordance with the laws of the State of Indiana on	September 4, 2003 (date).

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Page . 7-16-03

Date of Application

IC 31-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.	Female Applicant > 50 No \(\text{No } \text{Yes} \) If No, Medical Examination or Report Dated Name of Physician \(\text{No.} \text{Seth Gastlinger} \)
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last Auron Jeffry Healty Date of Birth Month Day Year	Name Shamell Sener Corrivau Date of Birth Month Day Year 4 5 84
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State 1353 E. Co Rd. 300 S. Planfuld Nearth Hold Previous Marital Status: Never Married OR No. of Previous Marriages	Residence Address Street or R.R City County State 207 N Will & Slauffeld Sendicks IN Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of Birth Verified By: Birth Certificate Other (Specify)	Date of Birth Verified By: Birth Certificate Other (Specify)
Dr. in R.	Drumin Laine
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes", has the adjudication been removed? No Yes Are you related to the female applicant closer than second cousin? No Yes Are you now under the influence of an alcoholic beverage? No Yes Are you now under the influence of a narcotic drug? No Yes List the full names of any dependent children.	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes", has the adjudication been removed? No Yes 2. Are you related to the male applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes 4. Are you now under the 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)	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) (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 dist of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above	ACKNOWLEDGEMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs. Clerk of Court Date	acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of Hendricks Signed New Address Subscribed and sworn to before me this Clerk of the Hendricks Circuit Court	State of Indiana) County of Hendricks I swear/affirm that the information given in this application is true and correct. Signed New Address July 3003 Subscribed and sworn to before me this day of Clerk/of the Vendricks Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana) County of Hendricks) Father ID # Mother ID # Subscribed and sworn to before me this day of	State of Indiana) County of Hendricks) Father ID # Mother ID # Subscribed and sworn to before me this day of Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR	T. A marriage license having been refused to the above named parties, the
County	Court, by written order issuedorizes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the Cle 2003, authorizing the marriage ofAaron_Jeffry I further certify that the following marriage certificate was filed in my office: certify that on August 9, 2003 (date), at Pl. County, Indiana, Aaron_Jeffry Healy of Hend (state), and Shannelle Renee' Corriveau Hend were married by me as authorized under a marriage license that was iss July 16, 2003 Signed by: Hubert Greer	SE AND MARRIAGE CERTIFICATE ork of the Circuit Court of Hendricks County, Indiana, dated July 16. Healy and Shannelle Renee' Corriveau I, Hubert Greer (name), ainfield in Hendricks ricks County, Indiana (state) dricks County, Indiana (state) used by the Clerk of the Circuit Court of Hendricks County, Indiana, dated ———————————————————————————————————
Filed and recorded in accordance with the laws of the State of Indiana on	Signed Signed Clerk
BOYCE FORMS • SYSTEMS 1-800-382-8702 1477	Signed Clerk Hendricks Circuit Court

STATE OF INDIANA

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Book 473
Page 473
Date of Application

IC 31-11-11. Furnishing false information upon applying for license. No Female Applicant > 50 A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under Name of Physician __ IC 31-11-4-4 commits a Class D felony. FEMALE APPLICANT MALE APPLICANT Middle Place of Birth (State of foreign country) Place of Birth (State or foreign country) County Residence Address Mooresville OR No. of Previous Marriages OR No. of Previous Marriage Previous Marital Status: Never Married Death Divorce Annulment Date Death Divorce Annulment Date MA Last Marriage Ended By: Last Marriage Ended By: Other (Specify) Other (Specify) Birth Certificate ☐ Birth Certificate Date of Birth Verified By Date of Birth Verified By: 1. Are you now or have you ever been adjudged to be of unsound mind? No Are you now or have you ever been adjudged to be of unsound mind? No Yes 🗌 No D, Yes D Yes 🗆 If answer is "yes", has the adjudication been removed? If answer is "yes", has the adjudication been removed? No Yes | Yes | Yes 🗆 Are you related to the male applicant closer than second cousin? Are you related to the female applicant closer than second cousin? Xes 🗆 Are you now under the influence of an alcoholic beverage? Are you now under the influence of an alcoholic beverage? No Yes 🗆 Yes 🗆 Are you now under the influence of a narcotic drug? Are you now under the influence of a narcotic drug? List the full names of any dependent children. . List the full names of any dependent children. 6. (a) Full name of applicant's father William Soseph Robinson 6. (a) Full name of applicant's father Kevin Eugene (If adopted, list adoptive parents only) (If adopted, list adoptive parents only) Indiana Residence of father (if deceased, so state) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) Indiana Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother to the rine Annu I order milk (b) Full maiden name of applicant's mother Unn Ann Scaton (If adopted, list adoptive parents only) (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Residence of mother (if deceased, so state) Indiana Birthplace of mother (State or foreign country) _ Birthplace of mother (State or foreign country) **ACKNOWLEDGEMENT ACKNOWLEDGEMENT** I acknowledge that I have received information regarding dangerous communicable diseases that I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome.
Signature of Applicant immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. acknowledgment because of religious beliefs. Clerk of Court 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 County of Hendricks in this application is true and correct. in this application is true and correct. Klershin ERdón New Address 640 Thorabura Pk wy Brown bu Clerk of the Hendricks Circuit Court 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, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary _ State of Indiana County of Hendricks) County of Hendricks) Father _ Father _ Mother Mother _ Subscribed and sworn to before me this _ Subscribed and sworn to before me this _ COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _ Court, by written order issued ____ County _ _, authorizes and directs the issuance of a marriage license to the above named parties. and filed in RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 16, and Kierstin Elizabeth Robinson ____, authorizing the marriage of Terry Ray Smith I further certify that the following marriage certificate was filed in my office: I, ____ Craig M. Wininger _(date), at ____Terre Haute certify that on August 2, 2003 ___ in __ _County, _Indiana _of __Hendricks County, Indiana, Terry Ray Smith Vigo _County, __Indiana (state), and Kierstin Elizabeth Robinson were 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 August 8, 2003 Filed and recorded in accordance with the laws of the State of Indiana on __

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

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Book 474
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Date of Application

ircuit court when the person applies for a marriage license under C 31-11-4-4 commits a Class D felony.	Name of Physician 1411 5 Green St. Brownsburg
MALE APPLICANT	FEMALE APPLICANT
Same Middle Last Herman	Name First Lynn Herron
Christopher Allen Herman Date of Birth Month Day Year 12 28 1981	Date of Birth Month Day, Year 4 1981
Place of Birth (State or foreign country)	Place of Birth (State or foreign country) Indiana
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
36 Anewood Or. Apt. A PIFA HERANCKS IN YOUR	
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married 🖸 OR No. of Previous Marriages
ast Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of Birth Verified By: Birth Certificate Other (Specify)	Date of Birth Verified By: Birth Certificate Other (Specify)
drivers license	anvers license
. Are you now or have you ever been adjudged to be of unsound mind? No Yes I If answer is "yes", has the adjudication been removed? No Yes I	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes I If answer is "yes", has the adjudication been removed?
If answer is "yes", has the adjudication been removed? No Yes Are you related to the female applicant closer than second cousin? No Yes Yes	2. Are you related to the male applicant closer than second cousin? No X Yes
Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
No Yes \(\square\)	4. Are you now under the influence of a narcotic drug? No Yes No Yes
List the full names of any dependent children.	5. List the full names of any dependent children.
(a) Full name of applicant's father Steve Herman	6. (a) Full name of applicant's father Alan Herron
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) IOUA	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother.	Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother 12 mmy RuffS
(b) Full maiden name of applicant's mother (If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
re sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired munue deficiency syndrome). Date 7-17-03 The above applicant has objected to verifying by oath or affirmation or signature to the above cknowledgment because of religious beliefs.	are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Date 7/17/03 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	Clerk of Court Date
State of Indiana) I swear/affirm that the information given in this application is true and correct. Signed Armon I swear/affirm that the information given in this application is true and correct.	State of Indiana County of Hendricks Signed New Address I swear/affirm that the information given in this application is true and correct. Some
New Address Same Subscribed and sworn to before me this/7_ day of	Subscribed and sworn to before me this
Clerk of the Hendricks Circuit Court	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, trate 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)
ather ID # fother ID #	Father ID # Mother ID #
ubscribed and sworn to before me this day of Clerk	Subscribed and sworn to before me this day of
County	T. A marriage license having been refused to the above named parties, the Court, by written order issued
	orizes and directs the issuance of a marriage license to the above named parties.
and filed in, author	
certify that there was filed in my office a marriage license issued by the Cler	SE AND MARRIAGE CERTIFICATE rk of the Circuit Court of Hendricks County, Indiana, dated July 17,
RETURN OF MARRIAGE LICENS certify that there was filed in my office a marriage license issued by the Cler 2003 , authorizing the marriage of Christopher A	rk of the Circuit Court of Hendricks County, Indiana, dated _July 17,
RETURN OF MARRIAGE LICENS certify that there was filed in my office a marriage license issued by the Cler 2003 , authorizing the marriage of Christopher A further certify that the following marriage certificate was filed in my office: I	rk of the Circuit Court of Hendricks County, Indiana, dated July 17, Allen Herman and Kristina Lynn Herron I, Harlan Kincade (name),
RETURN OF MARRIAGE LICENS certify that there was filed in my office a marriage license issued by the Cler 2003, authorizing the marriage ofChristopher_A further certify that the following marriage certificate was filed in my office: I lertify that onJuly 19, 2003 (date), atCoat County, Indiana, Christopher_Allen_Herman of Hen	rk of the Circuit Court of Hendricks County, Indiana, datedJuly 17,
RETURN OF MARRIAGE LICENS certify that there was filed in my office a marriage license issued by the Cler 2003, authorizing the marriage ofChristopher_A further certify that the following marriage certificate was filed in my office: I certify that on	rk of the Circuit Court of Hendricks County, Indiana, datedJuly 17,
RETURN OF MARRIAGE LICENS certify that there was filed in my office a marriage license issued by the Cler 2003, authorizing the marriage of Christopher_A further certify that the following marriage certificate was filed in my office: I ertify that on July 19, 2003 (date), at County, Indiana, Christopher_Allen Herman of Hendricks were married by me as authorized under a marriage license that was issued by the Clerks and	rk of the Circuit Court of Hendricks County, Indiana, dated July 17, Allen Herman and Kristina Lynn Herron I, Harlan Kincade (name), Lesville in Hendricks Indricks County, Indiana

Signed _____ Hendricks Circuit Court

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

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Page 475
7-17-03
Date of Application

IC 31-11-11. Furnishing false information upon applying for license. Female Applicant > 50 No 🖾 Yes 🗆 A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under Or James Name of Physician _ IC 31-11-4-4 commits a Class D felony. MALE APPLICANT FEMALE APPLICANT Date of Birth Place of Birth (State or foreign country Place of Birth (State or foreign country Residence Address OR No. of Previous Marriag Last Marriage Ended By: Death Divorce Annulment Date Last Marriage Ended By: Death Divorce Annulment Date Other (Specify) Other (Specify) Date of Birth Verified By: ☐ Birth Certificate Date of Birth Verified By: ☐ Birth Certificate Divei Are you now or have you ever been adjudged to be of unsound mind? No Are you now or have you ever been adjudged to be of unsound mind? No Yes 🗆 Yes 🗌 Yes 🗆 If answer is "yes", has the adjudication been removed? No 🗆 No 🗀 Yes 🗆 If answer is "yes", has the adjudication been removed? Yes 🗆 No 🖸 Are you related to the female applicant closer than second cousin? 2. Are you related to the male applicant closer than second cousin? No D Yes 🗆 Are you now under the influence of an alcoholic beverage? Yes 🗆 No D Are you now under the influence of an alcoholic beverage? No D Yes 🗆 Are you now under the influence of a narcotic drug? No Y Yes Yes 🗌 Are you now under the influence of a narcotic drug? No D List the full names of any dependent children. List the full names of any dependent children. (a) Full name of applicant's father \\ \(\lambda \) (a) (a) Full name of applicant's father (If adopted, list adoptive parents only) (If adopted, list adoptive parents only) Indiana Residence of father (if deceased, so state) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) Michigan

(b) Full maiden name of applicant's mother Mancies Plauriem Telmie Indiana Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Jula Jeresa Bukowski (If adopted, list adoptive parents only) (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) **ACKNOWLEDGEMENT** ACKNOWLEDGEMENT I acknowledge that I have received information regarding dangerous communicable diseases that I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome immune deficiency syndre Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. acknowledgment because of religious beliefs. Clerk of Court Clerk of Court State of Indiana I swear/affirm that the information given State of Indiana I swear/affirm that the information given County of Hendrick in this application is true and correct. in this application is true and correct. County of Hendricks New Address Subscribed and sworn to before me this Subscribed and sworn to before me this _ day of _ . Clerk of the Hendricks Circuit Court Clerk of the Hendricks Circuit Court Nugar 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, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _ state facts which make the consent of the other parent unnecessary _ State of Indiana County of Hendricks) County of Hendricks) Father _ Mother _ Mother . ID #_ Subscribed and sworn to before me this Clerk COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued . and filed in _, authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I 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

were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated

Pastor

Hendricks Circuit Court

Clerk

July 17, 2003 . Signed by: __ Jonathan Lilly

Filed and recorded in accordance with the laws of the State of Indiana on August 14, 2003

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Book 67
Page 476

7-17-03
Date of Application

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

Female Applicant > 50 No V Yes 17-10-03

If No, Medical Examination or Report Dated

Name of Physician David W. Imott

IC 31-11-4-4 commits a Class D felony.	
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name Megan Deana Sidt
Date of Birth Month Day Year	Date of Birth Month Day Year
_ 6 24 80	7 13 80
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
13800 Cherry Hill D. alyander Salve AR	4263 Forest Drive Brownsburg Hendricks Ind
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:	Date of Birth Verified By:
1000	
Ollinois drivers liverse	Drivers license (Ondiaia)
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 Are you related to the female applicant closer than second cousin? No Yes	If answer is "yes", has the adjudication been removed? No Yes Y
3. Are you now under the influence of an alcoholic beverage?	2. Are you related to the male applicant closer than second cousin? No ✓ Yes ☐ 3. Are you now under the influence of an alcoholic beverage? No ✓ Yes ☐
4. Are you now under the influence of a narcotic drug? No Ves	4. Are you now under the influence of a narcotic drug?
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 Yettor allen Monroe	6. (a) Full name of applicant's father Robert Warren Vill.
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) Excland
(b) Full maiden name of applicant's mother Roberta Jean Rice	(b) Full maiden name of applicant's mother Pamela Marie Yolker
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)	(If adopted, list adoptive parents only)
Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)
Dampace of mount (office of total)	Britiplace of model (state of foreign country)
ACKNOWLEDGEMENT	ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that	I acknowledge that I have received information regarding dangerous communicable diseases that
are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant Date 7-17-05	immune deficiency syndrome). Signature of Applicant Megan D. Vidt Date 7-17-03
Date 1 1	7 Signature of Applicant Date Date
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs. Clerk of Court Date	acknowledgment because of religious beliefs. Clerk of Court Date
Date 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) Signed Mean D. Vat in this application is true and correct.
New Address SAME BS Above	New Address 13800 Cherry Hill Dr. alexander, AR 7200
Subscribed and sworn to before me this day of	Subscribed and sworn to before me this day of
Clerk of the Hendricks Circuit Court	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,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	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 # Mother ID #	Father ID #
Subscribed and sworn to before me this day of	Mother ID # Subscribed and sworn to before me this day of
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY OPDER OF COURS	T. A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, author	orizes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
2003 authorizing the marriage of Jason Robert	k of the Circuit Court of Hendricks County, Indiana, dated
I further certify that the following marriage certificate was filed in my office: I	I, Ron W. McCormick (name).
certify that onJuly 19, 2003 (date), atIndi	anapolis in Marion
County, Indiana, Jason Robert Monroe of Sali	ne County, Arkansas
(state), and Megan Diana Vidt of Hendric	ks County, Indiana (state)
were married by me as authorized under a marriage license that was issu	ned by the Clerk of the Circuit Court of Hendricks County, Indiana, dated
Filed and recorded in accordance with the laws of the State of Indiana on	Ck,
and recorded in accordance with the laws of the State of Indiana on	July 23, 2003 (date).
	Sharon Nugan
	Signed Clerk

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Date of Application

IC 31-11-11-1. Furnishing false information upon applying for 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 2 Yes 1 If No, Medical Examination or Report Dated 7-10-03 Name of Physician 2. BUTKI

IC 31-11-4-4 commits a Class D felony.	Traine of Thysician 5. Dorrer
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name P
David T. McGhee	Martha G Miller
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	9 22 1963
Indiana 41ella	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
8360 Meadow Dr. Brownshirg Hend IN	1151 Windhaven Cir. Apt. G. Brownshurg Henry Jak
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Loss Marchael Establish Day Class Class	
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date 4/94
Date of Birth Verified By:	Date of Birth Verified By: Birth Certificate Other (Specify)
	22 Outer (Special)
Driver's License	Driver's License
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes	
If answer is "yes", has the adjudication been removed?	1. Are you now or have you ever been adjudged to be of unsound mind? No ✓ Yes ☐ If 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? 4. Are you now under the influence of a narcotic drug? No ✓ Yes ☐ Yes ☐	3. Are you now under the influence of an alcoholic beverage?
 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. 	4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. Alison Dawn Arthur
	Jacob Michael Arthur
Liquing Addition	
6. (a) Full name of applicant's father wayne McGhee	6. (a) Full name of applicant's father Donald H. Milley
(If adopted, list adoptive parents only) Residence of father (if deceased, so state)	(If adopted, list adoptive parents only) Residence of father (if deceased, so state)
Birthplace of father (State or foreign country) AVIZONO	Residence of father (if deceased, so state) Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Hazel Tolley	(b) Full maiden name of applicant's mother DOVIS G. Greer
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) Kentucky
ACKNOWLEDGEMENT	ACCIONAL PROPERTY.
I acknowledge that I have received information regarding dangerous communicable diseases that	ACKNOWLEDGEMENT
are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome). (Signature of Applicant Date 7-17-03	immune deficiency syndroned for the
Signature of Applicant Date 7-17-03	Signature of Applicant Date Date
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	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 Mutthe Mile in this application is true and correct.
New Address 1151 Klindhaven Cir. Apt. G. Brunston	Signed II Wall II W
Subscribed and sworn to before me this	New Address Same as above Subscribed and sworn to before the this 17 day of July 2003
Clerk of the Hendricks Circuit Court	Clerk of the Hendricks Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN
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)	
County of Hendricks)	State of Indiana)
Father ID # Mother ID #	County of Hendricks) Father ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me this day of Clerk	Subscribed and sworn to before me this day of
	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT	. A marriage license having been refused to the above named parties, the
COUNTY	Count has muitten and a land
and filed in, author	rizes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENSE	AND MARRIAGE CERTIFICATE
certify that there was filed in my office a marriage license issued by the Clark	of the Circuit Court of H. 1:1 C
, authorizing the marriage of David Thomas M	and Martha G. Miller
further certify that the following marriage certificate was filed in my office: I, certify that on August 16, 2003 (date), at Brown	shura (name),
county, Indiana. David 1. McGnee of Hendric	KS Thdiana
state), and Marcha G. Miller of Hendricks	County Indiana
were married by me as authorized under a marriage license that was issue	d by the Clerk of the Circuit Court of Hendricks County, Indiana, dated
Rev. Arnold L. Calho	un Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	August 26, 2003 (date).
	Sharan Dugan
OYCE FORMS • SYSTEMS 1-800-382-8702 1477	Hendricks Circuit Court Clerk

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Book 478
Page 7-17-03
Date of Application

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

Female Applicant > 50 No 1 Yes 1 115-03

If No, Medical Examination or Report Dated

Name of Physician 1 Rumschlag

IC 31-11-4-4 commits a Class D felony.	FEMALE APPLICANT
MALE APPLICANT Name First Middle Last	Name , First Middle Last
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country) The dean a
Paris iddress Street or R.R. City County State	Residence Address Street or R.R. City County State
125 S. East St Plainfield Hend IN 46168 Previous Marital Status: Never Married OR No. of Previous Marriages	115 11/01/1 1
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date 1995
Date of Birth Verified By: Birth Certificate Other (Specify)	Date of Birth Verified By:
drivers weense	drivers ucense
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes I If answer is "yes", has the adjudication been removed? No Yes I Yes I Are you related to the female applicant closer than second cousin? No Yes I Are you now under the influence of an alcoholic beverage? No Yes I Are you now under the influence of a narcotic drug? No Yes I Start the full names of any dependent children.	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes ☐ If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
Marc Nathaniel Raplee 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 Marc Nathaniel Raplee Jack Raplee Accessed Accessed Tradiana Tradiana (b) Full maiden name of applicant's mother	6. (a) Full name of applicant's father Kenneth William Shull (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 Patricia Carry Hall
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Indiana	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Thatana
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant School Scho
acknowledgment because of religious beliefs. Clerk of Court Date	acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of Hendricks Signed New Address Subscribed and sworn to before me this I swear/affirm that the information given this application is true and correct. A VE Clayton IN day of July 2003 Clerk of the Hendricks Circuit Court	State of Indiana I swear/affirm that the information given in this application is true and correct. Signed New Address Subscribed and sworn to before me this
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana) County of Hendricks) Father ID #	State of Indiana) County of Hendricks) Father ID # Mother ID #
Mother ID # Subscribed and sworn to before me this day of Clerk	Subscribed and sworn to before me this day of Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR	T. A marriage license having been refused to the above named parties, the
and filed in, auth	Court, by written order issued norizes 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 Cle	SE AND MARRIAGE CERTIFICATE erk of the Circuit Court of Hendricks County, Indiana, dated July 17, an Raplee and Katherine E. Shull-Simmerman
I further certify that the following marriage certificate was filed in my office:	I, Muliay Clugston (name), encastle in Putnam
County, Indiana, James Dean Raplee of Hend: (state), and Katherine Elizabeth Shuller Simmerman	ricks County, Indiana (state)
were married by me as authorized under a marriage license that was iss July 17, 2003. Signed by: Murray Clugston Filed and recorded in accordance with the laws of the State of Indiana on	sued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Senior Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	(date).

Signed Hendricks Circuit Court

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

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Date of Application

circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.	If No, Medical Examination or Report Dated
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last Number	Name First Middle Last
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country) Andura	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State 570 Grookside Have Planfield Henducks MN Previous Marital Status: Never Married OR No. of Previous Marriages	Residence Address Street or R.R. City County State 1721 Awthor O. Plainfuld Henducks M Previous Marital Status: Never Married OR No. of Previous Marriages.
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of Birth Verified By: Birth Certificate Other (Specify)	Date of Birth Verified By: Birth Certificate Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes", has the adjudication been removed? 2. Are you related to the female applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes 4. Are you now under the influence of a narcotic drug? No Yes 5. List the full names of any dependent children.	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes", has the adjudication been removed? No Yes Are you related to the male applicant closer than second cousin? No Are you now under the influence of an alcoholic beverage? No Are you now under the influence of a narcotic drug? No Yes State the full names of any dependent children.
6. (a) Full name of applicant's father Marlin Sem Aurule (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)	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 7-17-03	ACKNOWLEDGEMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of Hendricks Signed New Address 1721 Hawthorn Subscribed and sworn to before me this day of Clerk of the Hendricks Circuit Court	State of Indiana) I swear/affirm that the information given in this application is true and correct. Signed New Address 1721 Hawthorn Dr. 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	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana) County of Hendricks) Father ID #	State of Indiana) County of Hendricks) Father ID #
Mother ID # Subscribed and sworn to before me this day of Clerk	Mother ID # Subscribed and sworn to before me this day of Clerk
COMPLETE IE MARDIAGE LICENSE ISSUED BY ORDER OF COLUM	Γ. A marriage license having been refused to the above named parties, the
County	Court, by written order issued Court, by written order issued corizes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the Cler 2003, authorizing the marriage of	E AND MARRIAGE CERTIFICATE rk of the Circuit Court of Hendricks County, Indiana, dated July 1
I further certify that the following marriage certificate was filed in my office:	I /S/ Julia A. ROCK (name)
County Indiana. Dustin Leon Horner of Hendric	elwood in Hendricks ks County, Indiana (state)
Outro, morana,	

Signed _____ Hendricks Circuit Court

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Book 47
Page 480
Date of Application

IC 31-11-1. Furnishing false information upon applying for license.

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

Female Applie If No, Medica Name of Physics 11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes 1

If No, Medical Examination or Report Dated 3-21-03

Name of Physician 1. Steel 1

IC 31-11-4-4 commits a Class D leiony.	
MALE APPLICANT	Name First Middle Last
Name Zochary Middle Stone	Jenniter K. Shephera
Date of Birth Month Day Year	Date of Birth Month Day Year 1980
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
10404 Carrington Way Indess. Hend IN	10404 Corrington Way Inaps. Hera. In
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of Birth Verified By: Birth Certificate Other (Specify)	Date of Birth Verified By:
Date of Blut vehicle by.	1 1 12 1 20 000
Driver's License	Drivers License
1. Are you now or have you ever been adjudged to be of unsound mind? No Ves	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes No Yes Yes No Yes
If answer is "yes", has the adjudication been removed? No Yes Yes Yes	2. Are you related to the male applicant closer than second cousin? No \(\subseteq\) 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?
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.	J. List the full haines of any dependent constant
6 (a) Full name of applicant's father Brian Clayton Kistler	6. (a) Full name of applicant's father Paul Shepherol
6. (a) Full name of applicant's father DIOUT COUTTON NISTRAY (If adopted, list adoptive parents only)	(If adopted list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state) Rightholage of father (State or foreign country) Thought
Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother ROOM BEHN STONE	(b) Full maiden name of applicant's mother (b) Full maiden name of applicant's mother
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Addana	Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Thaiana
Birthplace of mother (State or foreign country)	Birmpiace of mother (state of foreign country)
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome) Signature of Applicant The 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 in this application is true and correct. (Signed New Address Same as a day of July 2003 Subscribed and sworn to before me this 18 day of July 2003	State of Indiana County of Hendricks Signed New Address Subscribed and sworn to before the this Clerk of the Hendricks Circuit Court
Subscribed and sworn to before me this 10 day of Clerk of the Hendricks Circuit Court	Clerk of the Hendricks Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby 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 # Mother ID #	Father ID # Mother ID #
Subscribed and sworn to before me this day of	Subscribed and sworn to before me this day ofClerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT	RT. A marriage license having been refused to the above named parties, the Court, by written order issued
and filed in, auth	norizes and directs the issuance of a marriage license to the above named parties.
	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cle	erk of the Circuit Court of Hendricks County, Indiana, dated July 18. Stone and Jennifer Katherine Shephere
I further certify that the following marriage certificate was filed in my office:	nfield in Hendricks (name),
County Indiana 7 achary Try Stone of Hendr	CICKS County, Indiana
(state) and Tennifer Kathrine Shepheofd Hen	dricks County, Indiana (state)
were married by me as authorized under a marriage license that was is	sued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	August 28, 2003 (date).
	Signed Glaran Dugan Clerk
	Signed Staron Nugar Clerk

Clerk

STATE OF INDIANA

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

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Page 7-17-03

Date of Application

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

Female Applicant > 50 No 2 Yes 7-16-03

If No, Medical Examination or Report Dated

Name of Physician 809/ Township Une Eq Ste 206

IC 31-11-4-4 commits a Class D felony.	Think of Finjoining 200 of the Finjoining St. 200
MALE APPLICANT	FEMALE APPLICANT
Name First De Hebbard	Name First Middle Last
Date of Birth Month Day Year	Date of Birth Month Day Year
_ Horil 4 1975	12 31 69
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
273 Bent Stream Ln. B. Burg Hend. In	City County State
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of Birth Verified By: Birth Certificate Sother (Specify)	Date of Birth Verified 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 2. Are you related to the female applicant closer than second cousin?	If answer is "yes", has the adjudication been removed?
 Are you related to the female applicant closer than second cousin? Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐ 	2. Are you related to the male applicant closer than second cousin? No 1 Yes
 Are you now under the influence of an alcoholic beverage? Are you now under the influence of a narcotic drug? No ☐ Yes ☐ Yes ☐ 	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a parcetic drug? No Yes
5. List the full names of any dependent children.	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	Devin Bowen Murphy
Fact 1 Hubbard	Taylor Ann Hubbard
6. (a) Full name of applicant's father LOVI J. HUDDAYA	6. (a) Full name of applicant's father Kry Lee Bowen
(If adopted, list adoptive parents only) Residence of father (if deceased so state)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Birthplace of father (State or foreign country) Kentrock	Residence of father (if deceased, so state) October 19 10 10 10 10 10 10 10 10 10 10 10 10 10
(b) Full maiden name of applicant's mother William Small wood	Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Maxibone Tiere, Nevil
(If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother MONJONE TIERE NEW
Residence of mother (if deceased, so state)	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Olclased
Birthplace of mother (State or foreign country) Kentucky	Birthplace of mother (State or foreign country)
ACKNOWLEDGEMENT	ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that	ACKNOWLEDGEMENT I acknowledge that I have received information regarding dangerous communicable diseases that
are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant Hulle Date 7-17-03	immune deficiency syndrome
Signature of Applicant	Signature of Applicant San 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.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	acknowledgment because of religious beliefs. Clerk of Court Date
Typ wear arrived the information given	State of Indiana) I swear/affirm that the information given County of Hendrick®) in this application is true and correct
Signed / Wy / Children	County of Hendricks Signed Spende C Brue in this application is true and correct.
New Address / Sunl	New AddressSame_
Subscribed and sworn to before me this	Subscribed and sworn to before me this/ 8 day of
Clerk of the Hendricks Circuit Court	Sharay 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,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs.
state facts which make the consent of the other parent unnecessary	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 # Mother ID #	Father ID #
Mother ID # Subscribed and sworn to before me this day of	Mother ID #
Subscribed and sworn to before me this day of Clerk	Subscribed and sworn to before me this day of Clerk
COMPLETE IE MARRIAGE LICENSE ISSUED BY ORDER OF COURT	T. A marriage license having been refused to the above named parties, the
County	Court by written order issued
and filed in, author	orizes 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	SE AND MARRIAGE CERTIFICATE rk of the Circuit Court of Hendricks County, Indiana, dated July 17,
, authorizing the marriage of Marty Joe Hub	DDard and Brenda Elaine Rowen
ruther certify that the following marriage certificate was filed in my office: I	Roy E. Nevil
certify that on July 26, 2003 (date) at Ft.	. Benjamin Harrison: Marion
county, indiana. Platty Joe huppard of Hendri	1000
state), and <u>brenda braine Bowen</u> of Hendricks	S County Indiana
uly 17, 2003. Signed by: Roy E. Nevil	used by the Clerk of the Circuit Court of Hendricks County, Indiana, dated
Filed and recorded in accordance with the laws of the State of Indiana on	Pastor (official designation)
	August 20, 2005 (date).
	A STATE OF THE PARTY OF THE PAR

Signed _

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Page 482
1-18-03
Date of Application

IC 31-11-11. Furnishing false information upon applying for 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 \(\frac{1}{2} \) Yes \(\frac{1}{2} \) If No, Medical Examination or Report Dated \(\frac{1}{2} \) Name of Physician \(\frac{1}{2} \) Yes \(\frac{1}{2} \) Yes \(\frac{1}{2} \)

31-11-4-4 commits a Class D felony.	ANN ICANE
MALE APPLICANT	Name First Middle Last
ne First Middle Last Operator Operator	Jean Souise Delaski
e of Birth Month Day Year	Date of Birth Month Day Year
10 24 75	0 /-
te of Birth (State or foreign country)	Place of Birth (State or foreign country)
Idence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
OD Stallord Ad Plainfield Vind Shiftelles	5635 N. Rural Andple Masion In 4/22
	Previous Marital Status: Never Married OR No. of Previous Marriages
vious Marital Status: Never Married OR No. of Previous Marriages	
st Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
te of Birth Verified By:	Date of Birth Verified By: Birth Certificate General Other (Specify)
Drivin Raine	Drives a Decense
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?	If answer is "yes", has the adjudication been removed?
Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closes than become 2
Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No — Yes —
Are you now under the influence of a fluence	5. List the full names of any dependent children.
List the full names of any dependent children.	The state of the s
	(a) Full name of applicant's father David Delaste
(a) Full name of applicant's father Momas Wylie Konaldson	6. (a) Full name of applicant's father
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only) Residence of father (if deceased, so state) Mussisseppi
Residence of father (if deceased, so state)	Birthplace of father (State or foreign country) Wescampin
Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother (b) Full maiden name of applicant's mother	(b) Full maiden name of applicant's mother
(b) Full maiden name of applicant's mother (If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)
Birthplace of mother (State or foreign country)	Birthplace of moniei (State of foleign county)
cknowledge that I have received information regarding dangerous communicable diseases that e sexually transmitted, and a list of the test site for the virus that causes AIDS (acquired amune deficiency syndrome). Date	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome) Note: The property of the virus of the virus that causes AIDS (acquired immune deficiency syndrome) Date: The property of the virus of the virus that causes AIDS (acquired immune deficiency syndrome) Date: The property of the virus of the virus that causes AIDS (acquired immune deficiency syndrome) Date: The property of the virus of the virus that causes AIDS (acquired immune deficiency syndrome)
he above applicant has objected to verifying by oath or affirmation or signature to the above cknowledgment because of religious beliefs. 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
tate of Indiana) // I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
tate of morana	County of Hendricks) in this application is true and correct.
1 Signed // Env	New Address 800 Stafford Rel Plainfield FN 46
New Address SAME Ubscribed and sworn to before me this 18 day of 9cly, 2003	day of July 2003
ubscribed and sworn to before me this Clerk of the Hendricks Circuit Court	Subscribed and sworn to before the time Clerk of the Hendricks Circuit Court
Sharan Nugar	CONSENT OF PARENTS, PARENT, OR GUARDIAN
CONSENT OF PARENTS, PARENT, OR GUARDIAN Ve, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
tate facts which make the consent of the other parent unnecessary	
tate of Indiana)	State of Indiana)
ounty of Hendricks)	County of Hendricks) Father ID #
ather ID # fother ID #	Mother ID #
ubscribed 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 COU	RT. A marriage license having been refused to the above named parties, the Court, by written order issued
and filed in, aut	thorizes and directs the issuance of a marriage license to the above named parties.
certify that there was filed in my office a marriage license issued by the C	NSE AND MARRIAGE CERTIFICATE lerk of the Circuit Court of Hendricks County, Indiana, dated July 18, las Donaldson and Jean Louise Delaski Rev. Jeanine Kersey Russell (name),
authorizing the marriage of Clary Body	Rev. Jeanine Kersey Russell (name),
I further certify that the following marriage certificate was filed in my office certify that on July 19, 2003 (date), at Plant Population (date), at Henry	ainfield in Hendricks
County, Indiana, Craig Douglas Bonardson of Marion (state), and Jean Louise Delaski of Marion	County,
were married by me as authorized under a marriage license that was in July 18, 2003. Signed by: Rev. Jeanine Kersey R. Filed and recorded in accordance with the laws of the State of Indiana on	Reverend (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on _	Sharan Dugan
	Signed Clerk

Clerk

STATE OF INDIANA

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Page 483

7-18-03

Date of Application

IC 31-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4.4 commits a Class D felony.

Female Applicant > 50 No Yes 3-13-03

If No, Medical Examination or Report Dated

Name of Physician Roacs Colligate

MALE APPLICANT	FEMALE APPLICANT
lame First Middle Last	Name First Middle Last
Oute of Rith Month Day Year	Date of Birth Moffith Day Year
Date of Birth Month Day Year 5 4 36	9 17 60
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Indiana	Modana
esidence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
35 E. Main St Sot 12 Margular New Min Holles	2335 E. Mais St Sot 12 Placefuld Hundert
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
ast Marriage Ended By: Death [Divorce Annulment Date 1982	Last Marriage Ended By: Death Divorce Annulment Date 2002
Date of Birth Verified By: Birth Certificate Other (Specify)	Date of Birth Verified By: Birth Certificate Gother (Specify)
Indiana I D Card	Druis Seine
. 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?	If answer is "yes", has the adjudication been removed?
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?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug?	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.
THE REPORT OF THE PARTY OF THE	
(a) Full name of applicant's father Everett R. Marine	6. (a) Full name of applicant's father John Payles
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Saura C. Namelton	(b) Full maiden name of applicant's mother Alamon Amoth
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	ACKNOWLEDGEMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndroms). Signature of Applicant Sharley A 3xelleurs Date 7-18-63 The above applicant has objected to verifying by oath or affirmation or signature to the above
ACKNOWLEDGEMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date Date	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndroms). Signature of Applicant Shurley A 3xillians Date 7-18-63
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Signed _

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Book 484
Page 1-18-03
Date of Application

Clerk

IC 31-11-11. Furnishing false information upon applying for license. No 🗗 Yes 🗆 Female Applicant > 50 A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under David Nadle Name of Physician . IC 31-11-4-4 commits a Class D felony. FEMALE APPLICANT MALE APPLICANT Name Middle Last Name MICHAEL WhitARev Date of Birth Date of Birth Month Place of Birth (State or foreign country) Place of Rirth (State or foreign country) TNDIANA Residence Address Street or R.R. County Residence Address Street or R.R. 5589 W. County Rd 480 S. OATESVILLE WENDERCKS IN Never Married OR No. of Previous Marriages Previous Marital Status: Never Married Previous Marital Status: OR No. of Previous Marriages_ Death Divorce Annulment Date Death Divorce Annulment Date Last Marriage Ended By: Other (Specify) ☐ Birth Certificate Other (Specify) Date of Birth Verified By: Date of Birth Verified By: ☐ Birth Certificate DRIVERS Are you now or have you ever been adjudged to be of unsound mind? No Tes T Are you now or have you ever been adjudged to be of unsound mind? No 📈 Yes 🗆 No Yes If answer is "yes", has the adjudication been removed? No 🗆 Yes 🗌 If answer is "yes", has the adjudication been removed? No -Yes No Yes Are you related to the male applicant closer than second cousin? Are you related to the female applicant closer than second cousin? No ☐ Yes ☐ Are you now under the influence of an alcoholic beverage? No Yes Are you now under the influence of an alcoholic beverage? No Yes No Yes 4. Are you now under the influence of a narcotic drug? Are you now under the influence of a narcotic drug? List the full names of any dependent children. List the full names of any dependent children. (a) Full name of applicant's father ALPH (a) Full name of applicant's father ___ (If adopted, list adoptive parents only) (If adopted, list adoptive parents only) Residence of father (if deceased, so state) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Abuse Synn (b) Full maiden name of applicant's mother . (If adopted, list adoptive parents only) (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) _ Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) ACKNOWLEDGEMENT ACKNOWLEDGEMENT I acknowledge that I have received information regarding dangerous communicable diseases that I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome) immune deficiency syndrome). Signature of Applicant _ Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. acknowledgment because of religious beliefs. Date _ Clerk of Court . Clerk of Court I swear/affirm that the information given State of Indiana I swear/affirm that the information given State of Indiana County of Hendricks) in this application is true and correct. County of Hendricks in this application is true and correct. X Signed New Address _ × New Address _ _ day of _ pub Subscribed and sworn to before me this _ Subscribed and sworn to before me this _ Clerk of the Hendricks Circuit Court _ 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, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _ state facts which make the consent of the other parent unnecessary _ State of Indiana County of Hendricks) County of Hendricks) Father __ Mother Mother _ Subscribed and sworn to before me this _ Subscribed and sworn to before me this _ COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ____ Court, by written order issued _ ____ County __ _, authorizes and directs the issuance of a marriage license to the above named parties. and filed in __ RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated ____ ____, authorizing the marriage of _ I further certify that the following marriage certificate was filed in my office: I, _ (date), at _____ certify that on _____ _ County, _ County, Indiana, _ County, _ (state), and ____ were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated _____ (official designation) _. Signed by: _ Filed and recorded in accordance with the laws of the State of Indiana on _ (date).

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Book <u>485</u>
Page <u>485</u>
7-18-03
Date of Application

IC 31-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage 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 Ohilip Date of Birth Date of Birth Name Addle Shawwer Ag Pear 29 28	Name Elsie Arita Middle Last Date of Birth Month Day Year 14 19
Place of Birth (State or foreign country)	Place of Birth (State or foreign country) Indiana
Residence Address Street or R.R. City County State 432 Accions Maried City County State Previous Marital Status: Never Married OR No. of Previous Marriages	Residence Address Street or R.R. City County State 5073 Bay H. Shaple Marion State Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 2002	Last Marriage Ended By: Death Divorce Annulment Date
Date of Birth Verified By: Birth Certificate Other (Specify)	Date of Birth Verified By: Birth Certificate Wither (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 ☐ Yes ☐ Are you related to the female applicant closer than second cousin? No ☐ Yes ☐ 3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐ 4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐ 5. List the full names of any dependent children.	1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐ If answer is "yes", has the adjudication been removed? No ☐ Yes ☐ Yes ☐ Are you related to the male applicant closer than second cousin? No ☐ Yes ☐ 3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐ 4. Are you now under the 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)	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) Advance
ACKNOWLEDGEMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome) Signature of Applicant Date 7-18-03	ACKNOWLEDGEMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Liste Onita Rechtart 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	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of Hendricks Signed New Address Subscribed and sworn to before me this Clerk of the Hendricks Circuit Court	State of Indiana) County of Hendricks I swear/affirm that the information given in this application is true and correct. Signed I swear/affirm that the information given in this application is true and correct. New Address I swear/affirm that the information given in this application is true and correct. New Address I swear/affirm that the information given in this application is true and correct. New Address I swear/affirm that the information given in this application is true and correct. New Address I swear/affirm that the information given in this application is true and correct. New Address I swear/affirm that the information given in this application is true and correct. New Address I swear/affirm that the information given in this application is true and correct. New Address I swear/affirm that the information given in this application is true and correct. New Address I swear/affirm that the information given in this application is true and correct. Out of the I swear in this application is true and correct. Clerk of the Hendricks Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana) County of Hendricks) Father ID #	State of Indiana) County of Hendricks) Father ID #
Mother ID # Subscribed and sworn to before me this day of Clerk	Father ID # Mother ID # Subscribed and sworn to before me this day of Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR	T. A marriage license having been refused to the above named parties, the
and filed in, author	orizes 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 Cleratorian control of the control of the certify that the following marriage certificate was filed in my office: certify that onAugust 14, 2003 (date), at Parriagonal of Philip Dale Shawyer of Hendr	icks County, Indiana
(state), and Elsie Anita Richhart of Marion were married by me as authorized under a marriage license that was issued	ued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Pastor (official designation)

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Female Applicant > 50

No 🖭

Yes 🗆

Book 486
7-18-03
Date of Application

Clerk

IC 31-11-11. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the

If No, Medical Examination or Report Dated Konald Stegmolles MK circuit court when the person applies for a marriage license under Name of Physician _ IC 31-11-4-4 commits a Class D felony. FEMALE APPLICANT MALE APPLICANT Middle Middle Name First Date of Birth Date of Birth Place of Birth (State or foreign country) Place of Birth (State or foreign country) Residence Address Street or R.R. Residence Address OR No. of Previous Marriages Never Married 3 Previous Marital Status: Previous Marital Status: OR No. of Previous Marriages Death Divorce Annulment Date Death Divorce Annulment Date Last Marriage Ended By: Last Marriage Ended By: Other (Specify) ☐ Birth Certificate Date of Birth Verified By: Other (Specify) ☐ Birth Certificate Date of Birth Verified By: No Yes Are you now or have you ever been adjudged to be of unsound mind? Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes 🗆 No 🗆 If answer is "yes", has the adjudication been removed? No 🗆 Yes 🗆 If answer is "yes", has the adjudication been removed? No E Yes 🗆 Are you related to the male applicant closer than second cousin? No Yes Are you related to the female applicant closer than second cousin? No Yes No Yes Are you now under the influence of an alcoholic beverage? Are you now under the influence of an alcoholic beverage? No Yes Are you now under the influence of a narcotic drug? Are you now under the influence of a narcotic drug? No Yes List the full names of any dependent children. List the full names of any dependent children. (a) Full name of applicant's father (a) Full name of applicant's father ______ (If adopted, list adoptive parents only) (If adopted, list adoptive parents only) _ Residence of father (if deceased, so state) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Tamela (b) Full maiden name of applicant's mother famila Unn Stie (If adopted, list adoptive parents only) _ (If adopted, list adoptive parents only) Indiana Residence of mother (if deceased, so state) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) ACKNOWLEDGEMENT ACKNOWLEDGEMENT I acknowledge that I have received information regarding dangerous communicable diseases that I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired signature of Applicant Augus Campbell immune deficiency syndroine) Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. acknowledgment because of religious beliefs. Date Clerk of Court . Clerk of Court Date _ I swear/affirm that the information given State of Indiana I swear/affirm that the information given State of Indiana in this application is true and correct. 0.0in this application is true and correct. County of Hendricks) County of Hendricks Signed _ Subscribed and sworn to before me this _ Clerk of the Bendricks 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, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _ state facts which make the consent of the other parent unnecessary County of Hendricks) County of Hendricks) Father _ Father _ Mother _ Mother _ Subscribed and sworn to before me this Subscribed and sworn to before me this _ day of COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued _ _ County , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I 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, I further certify that the following marriage certificate was filed in my office: I, ____Corey Gillespie (name). in <u>Hendricks</u> certify that on August 16, 2003 (date), at Danville County, Indiana, Jeffrey Allen Watson of ____ Indiana Hendricks _ County, _ County, __Indiana (state), and Liza Nikole Campbell of _ Hendricks (state) were 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

Signed .

Clerk

STATE OF INDIANA

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

	FEMALE APPLICANT
MALE APPLICANT me First Middle Last	Name First Middle , Last .
Christophy Richard Honts	Kelli Dann Henritt
the of Birth Month Day Year	Date of Birth Month Day Year
7 31 75	9 7 76
ace of Birth (State or foreign country)	Place of Birth (State or foreign country)
Henneylvania	Residence Address Street or R.R. City County State
esidence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
893 Cedarstone on avon Nend Sin 741-8	
evious Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
ast Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
ate of Birth Verified By: Birth Certificate	Date of Birth Verified By:
D	0
Drues's Dansel	- Nures Dense
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?	If answer is "yes", has the adjudication been removed? No Yes Are you related to the male applicant closer than second cousin? No Yes
Are you related to the female applicant closer than second cousin? No Yes Are you now under the influence of an alcoholic beverage?	2. Are you related to the male applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes 5
Are you now under the influence of an alcoholic beverage? Are you now under the influence of a narcotic drug? No Yes Yes	4. Are you now under the influence of a narcotic drug?
List the full names of any dependent children.	List the full names of any dependent children.
List the full maines of any dependent emiden.	
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(a) Full name of applicant's father Kichard Nonta	6. (a) Full name of applicant's father Denneth Duane N
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother And Anie State S
(b) Full maiden name of applicant's mother Roll Mary Butthers (If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
e sexually transmitted, and a flist of the test sites for the virus that causes AIDS (acquired namune deficiency syndrome). Date 7 18 02	are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquire immune deficiency syndrome). Signature of Applicant Date 7-18-0
he above applicant has objected to verifying by oath or affirmation or signature to the above eknowledgment because of religious beliefs. 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
cknowledgment because of religious beliefs. Date	acknowledgment because of religious beliefs. Clerk of Court Date
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ate of Indiana Date I swear/affirm that the information given in this application is true and correct. New Address New Address Aday of Aula, 2003	acknowledgment because of religious beliefs. Clerk of Court State of Indiana County of Hendricks Signed New Address Subscribed and sworn to before me this Aday of Ada
Active of Court	acknowledgment because of religious beliefs. Clerk of Court
And the of Indiana and I swear/affirm that the information given in this application is true and correct. Signed and sworn to before me this application is true and correct. ONSENT OF PARENTS, PARENT, OR GUARDIAN The parents of this applicant, hereby give consent for this marriage. If only one parent signs,	State of Indiana County of Hendricks New Address Subscribed and sworn to before me this CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent sign
ate of Indiana ounty of Hendricks abscribet and sworn to before me this ONSENT OF PARENTS, PARENT, OR GUARDIAN Te, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	acknowledgment because of religious beliefs. Clerk of Court State of Indiana County of Hendricks Signed New Address Subscribed and sworn to before me this Clerk of the Bendricks Circuit Co CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signed and sworn to be a subscribed and sworn to subscribe
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Another the decrease of religious beliefs. The serk of Court Date Date Is swear/affirm that the information given in this application is true and correct. Signed Subscribed and sworn to before me this Double Clerk of the Hendricks Circuit Court Court ONSENT OF PARENTS, PARENT, OR GUARDIAN The parents of this applicant, hereby give consent for this marriage. If only one parent signs, atte facts which make the consent of the other parent unnecessary that of Indiana ounty of Hendricks is consented as a second consent of the other parent unnecessary that the facts which make the consent of the other parent unnecessary that of Indiana ounty of Hendricks is consented as a second consent of the other parent unnecessary that the facts which make the consent of the other parent unnecessary that the facts which make the consent of the other parent unnecessary that the facts which make the consent of the other parent unnecessary that the facts which make the consent of the other parent unnecessary that the facts which make the consent of the other parent unnecessary that the facts which make the consent of the other parent unnecessary that the facts which make the consent of the other parent unnecessary that the facts which make the consent of the other parent unnecessary that the facts which make the consent of the other parent unnecessary that the facts which make the consent of the other parent unnecessary that the facts which make the consent of the other parent unnecessary that the facts which make the consent of the other parent unnecessary the facts which make the consent of the other parent unnecessary the facts which make the consent of the other parent unnecessary the facts which make the consent of the other parent unnecessary the facts which make the consent of the other parent unnecessary the facts which make the consent of the other parent unnecessary the facts which make the consent of the other parent unnecessary the facts which the facts which is the facts which the facts which the facts which the fact	acknowledgment because of religious beliefs. Clerk of Court State of Indiana County of Hendricks Signed New Address Subscribed and sworn to before me this Clerk of the Bendricks Circuit County CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent sign state facts which make the consent of the other parent unnecessary State of Indiana County of Hendricks Clerk of the Bendricks Circuit County of Hendricks State of Indiana County of Hendricks
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Anowledgment because of religious beliefs. Lerk of Court	State of Indiana County of Hendricks Subscribed and sworn to before me this State of Indiana Consent of Parents of this applicant, hereby give consent for this marriage. If only one parent sig state facts which make the consent of the other parent unnecessary State of Indiana County of Hendricks Subscribed and sworn to before me this State of Indiana County of Hendricks T. A marriage license having been refused to the above named parties, the county of the other parent unnecessary T. A marriage license having been refused to the above named parties, the county of the other parent unnecessary State of Indiana County of Hendricks County of Hendricks T. A marriage license having been refused to the above named parties, the county of the other parent unnecessary State of Indiana County of Hendricks County of Hendricks County by written order issued Orizes and directs the issuance of a marriage license to the above named parties SE AND MARRIAGE CERTIFICATE The of the Circuit Court of Hendricks County, Indiana, dated July 18, Richard Hontz and Kelli Dawn Hewitt
Ante of Indiana I swear/affirm that the information given in this application is true and correct. Signed New Address I swear/affirm that the information given in this application is true and correct. ONSENT OF PARENTS, PARENT, OR GUARDIAN The parents of this applicant, hereby give consent for this marriage. If only one parent signs, atteracts which make the consent of the other parent unnecessary The parents of Indiana The parents of Indiana The parents of this applicant, hereby give consent for this marriage. If only one parent signs, atteracts which make the consent of the other parent unnecessary The parents of Indiana The parents	State of Indiana County of Hendricks Subscribed and sworn to before me this State of Indiana Consent of Parents of this applicant, hereby give consent for this marriage. If only one parent sig state facts which make the consent of the other parent unnecessary State of Indiana County of Hendricks Subscribed and sworn to before me this State of Indiana County of Hendricks T. A marriage license having been refused to the above named parties, the county of the other parent unnecessary T. A marriage license having been refused to the above named parties, the county of the other parent unnecessary State of Indiana County of Hendricks T. A marriage license having been refused to the above named parties, the county of the other parent unnecessary T. A marriage license having been refused to the above named parties, the county of the other parent unnecessary T. A marriage license having been refused to the above named parties, the county of the other parent unnecessary T. A marriage license having been refused to the above named parties, the county of the other parent unnecessary T. A marriage license having been refused to the above named parties, the county of the other parent unnecessary T. A marriage license having been refused to the above named parties, the county of the other parent unnecessary T. A marriage license having been refused to the above named parties, the county of the other parent unnecessary T. A marriage license having been refused to the above named parties, the county of the parties of the parent unnecessary T. A marriage license having been refused to the above named parties, the county of the parties of the parent unnecessary T. A marriage license having been refused to the above named parties, the parties of the parties of the parent unnecessary T. A marriage license having been refused to the above named parties of the parent unnecessary T. A marriage license having been refused to the above named parties of the parent unnecessary T. A marriage license having been refused
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Answeldgment because of religious beliefs. Lerk of Court	State of Indiana County of Hendricks Subscribed and sworn to before me this State of Indiana Consent of Parents of this applicant, hereby give consent for this marriage. If only one parent significant facts which make the consent of the other parent unnecessary State of Indiana County of Hendricks Subscribed and sworn to before me this State of Indiana County of Hendricks T. A marriage license having been refused to the above named parties, the county of the other parent unnecessary T. A marriage license having been refused to the above named parties, the county of the other parent unnecessary State of Indiana County of Hendricks T. A marriage license having been refused to the above named parties, the county of the other parent unnecessary T. A marriage license having been refused to the above named parties, the county of the other parent unnecessary T. A marriage license having been refused to the above named parties, the county of the other parent unnecessary T. A marriage license having been refused to the above named parties, the county of the other parent unnecessary T. A marriage license having been refused to the above named parties, the county of the other parent unnecessary T. A marriage license having been refused to the above named parties, the county of the other parent unnecessary T. A marriage license having been refused to the above named parties, the county of the other parent unnecessary T. A marriage license having been refused to the above named parties, the county of the other parent unnecessary T. A marriage license having been refused to the above named parties, the county of the other parent unnecessary T. A marriage license having been refused to the above named parties, the county of the other parent unnecessary T. A marriage license having been refused to the above named parties, the county of the other parent unnecessary T. A marriage license having been refused to the above named parties, the county of the other parent unnecessary T. A marriage license having bee

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

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Clerk

IC 31-11-11. Furnishing false information upon applying for license. Yes 🖾 No 🗆 Female Applicant > 50 A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under Name of Physician IC 31-11-4-4 commits a Class D felony. FEMALE APPLICANT MALE APPLICANT Middle Name Place of Birth (State or foreign country) Place of Birth (State or foreign country) Residence Address Street or R.R. Residence Address Sugarleus OR No. of Previous Marriages 2 OR No. of Previous Marriages Never Married Previous Marital Status: Never Married Previous Marital Status: Death Divorce Annulment Date 2001 Death Divorce Annulment Date 3003 Last Marriage Ended By: Last Marriage Ended By: ☐ Birth Certificate Other (Specify) Date of Birth Verified By: ☐ Birth Certificate Other (Specify) Date of Birth Verified By: Are you now or have you ever been adjudged to be of unsound mind? No -Yes -Are you now or have you ever been adjudged to be of unsound mind? No Yes No 🗆 Yes 🗀 No Yes If answer is "yes", has the adjudication been removed? If answer is "yes", has the adjudication been removed? Are you related to the male applicant closer than second cousin? No Yes No Yes Are you related to the female applicant closer than second cousin? No Yes Are you now under the influence of an alcoholic beverage? No Yes Are you now under the influence of an alcoholic beverage? No Yes No Tyes Are you now under the influence of a narcotic drug? Are you now under the influence of a narcotic drug? List the full names of any dependent children. List the full names of any dependent children. (a) Full name of applicant's father Walter Caused Matter (a) Full name of applicant's father _ (If adopted, list adoptive parents only) (If adopted, list adoptive parents only) Residence of father (if deceased, so state) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Full maiden name of applicant's mother (If adopted, list adoptive parents only) . (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) ACKNOWLEDGEMENT **ACKNOWLEDGEMENT** I acknowledge that I have received information regarding dangerous communicable diseases that I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndroma Signature of Applicant Golwer Mattin immune deficiency syndrome) Signature of Applicant Elieabeth a Freelow Date 7-21-03 The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. acknowledgment because of religious beliefs. Clerk of Court Clerk of Court State of Indiana State of Indiana I swear/affirm that the information given 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. Subscribed and sworn to before me this 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, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____ state facts which make the consent of the other parent unnecessary _ State of Indiana) County of Hendricks) County of Hendricks) Father _ Mother _ Mother . COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _ Court, by written order issued _ County _, authorizes and directs the issuance of a marriage license to the above named parties. and filed in RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 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 (date), at ____Brownsburg certify that on July 21, 2003 County, Indiana, Edward Francis Mattingly of _ Hendricks _County, (state), and Elizabeth Ann Huston of Hendricks County, Indiana were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 21, 2003 Signed by: Robert J. Hankee Associate Pastor (official designation) August 1, 2003 Filed and recorded in accordance with the laws of the State of Indiana on ___ _ (date).

Signed

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

IC 31-11-11. Furnishing false information upon applying for license.

A person who knowingly furnishes false information to a clerk of the

circuit court when the person applies for a marriage license under

The above applicant has objected to verifying by oath or affirmation or signature to the above

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Female Applicant > 50

No 🖾

If No, Medical Examination or Report Dated

Yes 🗆

Date of Application

7-1503

Name of Physician 8801 N Mendian 87 IC 31-11-4-4 commits a Class D felony. MALE APPLICANT FEMALE APPLICANT Date of Birth Date of Birth Month Place of Birth (State or foreign country) Place of Birth (State or foreign country) Indis Street or R.R. Never Married Previous Marital Status: OR No. of Previous Marriages Death Divorce Annulment Date Last Marriage Ended By: Last Marriage Ended By: Death Divorce Annulment Date Other (Specify) Date of Birth Verified By: ☐ Birth Certificate Date of Birth Verified By: ☐ Birth Certificate Other (Specify) Are you now or have you ever been adjudged to be of unsound mind? No Are you now or have you ever been adjudged to be of unsound mind? No If answer is "yes", has the adjudication been removed? No 🗆 Yes 🗌 If answer is "yes", has the adjudication been removed? Yes 🗆 No 🔲 No X Are you related to the female applicant closer than second cousin? Yes 🗌 Are you related to the male applicant closer than second cousin? Yes 🗌 Are you now under the influence of an alcoholic beverage? Are you now under the influence of an alcoholic beverage? Yes 🗆 Yes 🗆 Are you now under the influence of a narcotic drug? Yes 🗌 Are you now under the influence of a narcotic drug? Yes 🗌 List the full names of any dependent children. List the full names of any dependent children. _ (a) Full name of applicant's father DOHICK (If adopted, list adoptive parents only) (If adopted, list adoptive parents only) Residence of father (if deceased, so state) Residence of father (if deceased, so state) Birthplace of father (State or foreign count Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother (b) Full maiden name of applicant's mother Mary Ann (If adopted, list adoptive parents only) (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) ACKNOWLEDGEMENT ACKNOWLEDGEMENT I acknowledge that I have received information regarding dangerous communicable diseases that I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired

I swear/affirm that the information given County of Hendricks in this application is true and correct. County of Hendrick in this application is true and correct. Signed New Address 12700 N Subscribed and sworn to before this ______ day of _______ Clerk of the Hendricks Circ day of July coan _ 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, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _ state facts which make the consent of the other parent unnecessary __ State of Indiana County of Hendricks) County of Hendricks) Father _ Father ___ ID #_ Mother _ _ ID #_ Subscribed and sworn to before me this _ Subscribed and sworn to before me this _ COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the

Date _

I swear/affirm that the information given

immune deficiency syndromes. Signature of Applicant

Clerk of Court

State of Indiana

acknowledgment because of religious beliefs.

. County _ __ Court, by written order issued _ , authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I further certify that the following marriage certificate was filed in my office: I, ___ Anthony Volz (name), certify that on August 30, 2003 d (date), at Indianapolis Marion County, Indiana, Kenneth Harry Hearald of _ DuPage _ County, Illinois (state), and April Ann Dotlich _of ___Hendricks Indiana County, ___ were 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 Filed and recorded in accordance with the laws of the State of Indiana on ____ September 23, 2003 _ (date).

> Signed Hendricks Circuit Court

Clerk

The above applicant has objected to verifying by oath or affirmation or signature to the above

immune deficiency syndreme)

Clerk of Court

State of Indiana

acknowledgment because of religious beliefs.

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Page 490

Page 7-21-03

IC 31-11-11. Furnishing false information upon applying for license. Female Applicant > 50 No 🗗 A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report, Dated circuit court when the person applies for a marriage license under Name of Physician Byrow IC 31-11-4-4 commits a Class D felony. FEMALE APPLICANT MALE APPLICANT Middle Name Date of Birth Date of Birth Place of Birth (State or foreign country) Place of Birth (State or foreign country) Street or R.R. Residence Address Street or R.R. Residence Address OR No. of Previous Marriage Never Married 3 OR No. of Previous Marria Death Divorce Annulment Date Last Marriage Ended By: Death Divorce Annulment Date Last Marriage Ended By: ☐ Birth Certificate Date of Birth Verified By: Other (Specify) ☐ Birth Certificate Other (Specify) Date of Birth Verified By: No Yes Are you now or have you ever been adjudged to be of unsound mind? Are you now or have you ever been adjudged to be of unsound mind? No Yes No Yes If answer is "yes", has the adjudication been removed? If answer is "yes", has the adjudication been removed? No 🕒 Yes 🗆 No Yes 2. Are you related to the male applicant closer than second cousin? Are you related to the female applicant closer than second cousin? No Yes Are you now under the influence of an alcoholic beverage? No Yes Are you now under the influence of an alcoholic beverage? No Yes No Yes Are you now under the influence of a narcotic drug? Are you now under the influence of a narcotic drug's List the full names of any dependent children. vyman List the full names of any dependent children. (a) Full name of applicant's father William (a) Full name of applicant's father (If adopted, list adoptive parents only) (If adopted, list adoptive parents only) Residence of father (if deceased, so state) Residence of father (if deceased, so state) Indiana Birthplace of father (State or foreign country) Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother _ (b) Full maiden name of applicant's mother (If adopted, list adoptive parents only) (If adopted, list adoptive parents only) . Residence of mother (if deceased, so state) _ Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) _ Birthplace of mother (State or foreign country) ACKNOWLEDGEMENT **ACKNOWLEDGEMENT** I acknowledge that I have received information regarding dangerous communicable diseases that I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). immune deficiency syndrome 7/21/03 Signature of Applicant Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. 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) County of Hendricks in this application is true and correct. in this application is true and correct. New Address SAME New Address 7588/E Subscribed and worn to before me his -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, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _ state facts which make the consent of the other parent unnecessary _ State of Indiana State of Indiana County of Hendricks) County of Hendricks) Father ____ Father ____ Mother Mother _ Subscribed and sworn to before me this _ COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued _ County _ authorizes and directs the issuance of a marriage license to the above named parties. and filed in RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 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 __in ___Marshall certify that on ____July 26, 2003 (date), at __Plymouth County, Indiana, Telly Frederick Rogers of Hendricks _County, __Indiana (state), and Brittany Ann Rash of Marshall _County, ____Indiana were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 21, 2003. Signed by: Rhonda M. Ferguson, Deputy Clerk, Marshall Cofficial designation) August 1, 2003 (date). Filed and recorded in accordance with the laws of the State of Indiana on ____

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Book 491
1-21-03
Date of Application

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

MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name First Middle Last
Date of Birth Month Day Year	Date of Birth Month Day Year
ate of Birth Month Day Year	7 17 82
lace of Birth (State or foreign country)	Place of Birth (State or foreign country)
Ohio	Ohia
esidence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
1838 5. CoRd O Clarton Hend Son 46118	Previous Marital Status: Never Married OR No. of Previous Marriages
revious Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
ast Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
eate of Birth Verified By: Birth Certificate Other (Specify)	Date of Birth Verified By:
Ohio Druis Line	Ohio Druis's Seine
. 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?	If answer is "yes", has the adjudication been removed?
Are you related to the female applicant closer than second cousin? No Yes	2. Are you related to the male applicant closer than second cousin? No Yes
Are you now under the influence of an alcoholic beverage? No Yes Are you now under the influence of a narcotic drug? No Yes	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐ Yes ☐
Are you now under the influence of a narcotic drug? No Yes List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug? No Tyes L 5. List the full names of any dependent children.
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(a) Full name of applicant's father Richard H. Smith	6. (a) Full name of applicant's father Rodney a Fetrom
	6. (a) Full name of applicant's father (If adopted, list adoptive parents only)
(If adopted, list adoptive parents only) Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Catherine Elizabeth Kur	(b) Full maiden name of applicant's mother Cathy D. Fock
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
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Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Page 492

Date of Application

IC 31-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage 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 Middle Last	Name First Middle Last
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
1850 E. 900 N. Brownshuss Hend In Hella.	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of Birth Verified By: Birth Certificate Other (Specify)	Date of Birth Verified By: Birth Certificate Other (Specify)
Or - L	be of the FD
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?	If answer is "yes", has the adjudication been removed? No Yes
2. Are you related to the female applicant closer than second cousin? No Yes Are you now under the influence of an alcoholic bourses?	2. Are you related to the male applicant closer than second cousin? No ☐—Yes
3. Are you now under the influence of an alcoholic beverage? No Yes No Yes No Yes	 3. Are you now under the influence of an alcoholic beverage? No Yes 4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children.	 Are you now under the influence of a narcotic drug? List the full names of any dependent children.
	1
5. (a) Full name of applicant's father Suivid See Scotling.	(6 (c) Full and (1) (1)
(If adopted, list adoptive parents only)	6. (a) Full name of applicant's father Almay Chris But
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Sida leng Warre of	Birthplace of father (State or foreign country)
(If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother (If adopted, list adoptive parents only)
Residence of mother (indeceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
mmune deficiency syndrome) Signature of Applicant Date 7/2/03	are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acqui immune deficiency syndrome). Signature of Applicant Date
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Consent of Parents of this applicant, hereby give consent for this marriage. If only one parent signs, tate facts which make the consent of the other parent unnecessary Complete If Marriage License Issued By Order Of Court. Date Date	I acknowledge that I have received information regarding dangerous communicable diseases are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acqui immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date State of Indiana County of Hendricks New Address Subscribed and sworn to before me this CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signature to the above named parties, the court by written order issued. A marriage license having been refused to the above named parties, the court by written order issued.
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acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired mmune deficiency syndrome) isignature of Applicant	I acknowledge that I have received information regarding dangerous communicable diseases t are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquinimum deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date State of Indiana County of Hendricks Signed New Address Subscribed and sworn to before me this Clerk of the Hendricks Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent sign state facts which make the consent of the other parent unnecessary State of Indiana County of Hendricks Father ID # Mother Subscribed and sworn to before me this day of Clerk A marriage license having been refused to the above named parties, the Court, by written order issued izes and directs the issuance of a marriage license to the above named partie AND MARRIAGE CERTIFICATE of the Circuit Court of Hendricks County, Indiana, dated in County, County County County County County County County County County
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Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

APPLICATION FOR MARRIAGE LICENSE **HENDRICKS COUNTY**

Book Page Date of Application

person who knowingly furnishes false information to a clerk of the reuit court when the person applies for a marriage license under 31-11-4-4 commits a Class D felony.	Female Applicant > 50 No 1 Yes 7-1503 If No, Medical Examination or Report Dated Name of Physician 2. Hadley - Health Rep
MALE APPLICANT	FEMALE APPLICANT
te of Birth First Aaron Middle Herald Year Year	Name First Middle Last **Negan Clegalith Skivascan** Date of Birth Month Day Year 17 83
sidence Address Street or R.R. City County State	Place of Birth (State or foreign country) Residence Address Street or R.R. City County State
sidence Address Street or R.R. City County State OA N CR 450 E AVON HEND IN HEND evious Marrial Status: Never Married OR No. of Previous Marriages.	5 Woodland Place Danville Kind In 4612 Previous Marital Status: Never Married OR No. of Previous Marriages
st Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
ate of Birth Verified By: Birth Certificate Other (Specify)	Date of Birth Verified By:
drivers license	Druisis Gaise
Are you now or have you ever been adjudged to be of unsound mind? No Yes I If answer is "yes", has the adjudication been removed? No Yes Are you related to the female applicant closer than second cousin? No Yes Are you now under the influence of an alcoholic beverage? No Yes Are you now under the influence of a narcotic drug? No Yes List the full names of any dependent children.	1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐ If answer is "yes", has the adjudication been removed? No ☐ Yes ☐ Yes ☐ Are you related to the male applicant closer than second cousin? No ☐ Yes ☐ Yes ☐ Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐ Yes ☐ List the full names of any dependent children. ☐ Yes ☐ Y
(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)	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 acknowledge that I have received information regarding dangerous communicable diseases that re sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired namune deficiency syndrome) ignature of Applicant Date 7/21/03	ACKNOWLEDGEMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Maganage Date 7.01.05
The above applicant has objected to verifying by oath or affirmation or signature to the above eknowledgment because of religious beliefs. Clerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
I swear/affirm that the information given in this application is true and correct. Signed Hould Place Denville Subscribed and sworn to before me this day of Clerk of the Hendricks Circuit Court	State of Indiana County of Hendricks Signed New Address Subscribed and sworn to before me this Clerk of the Hendricks Circuit County State of Indiana I swear/affirm that the information give in this application is true and correct in the correct in this application is true and correct in the c
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, tate facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent sign state facts which make the consent of the other parent unnecessary
State of Indiana) County of Hendricks) Father ID #	State of Indiana) County of Hendricks) Father ID # Mother ID #
Mother ID # Subscribed and sworn to before me this day of Clerk	Subscribed and sworn to before me this day of Cle
County	T. A marriage license having been refused to the above named parties, the Court, by written order issued corizes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the Cle 2003, authorizing the marriage ofJustin_Aaron I further certify that the following marriage certificate was filed in my office:	SE AND MARRIAGE CERTIFICATE ork of the Circuit Court of Hendricks County, Indiana, dated July 21, Herald and Megan Elizabeth Skwarcan I. Rev. Ronald E. McDugle (name
I further certary that the following marriage certained was meet in my office.	ville in Hendricks

___ (date).

August 14, 2003

____ (official designation)

July 21, 2003. Signed by: Rev. Ronald E. McDugle
Filed and recorded in accordance with the laws of the State of Indiana on

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Book Date of Application

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

No D Yes 🗆 Female Applicant > 50 If No, Medical Examination or Report Dated
Name of Physician Dr. Burton Name of Physician .

IC 31-11-4-4 commits a Class D felony.	Control of the same of the sam
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last Line	Name First Middle Last
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Indiana 40108	Indiana 41016
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married OR No. of Previous Marriages.	Previous Marital Status: Never Married OR No. of Previous Marriages.
	Section 18 10 1 Property of the section of the sect
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of Birth Verified By:	Date of Birth Verified By:
Driver's lineuce	TVILLER'S LILPINGE
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?	If answer is "yes", has the adjudication been removed?
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? 4. Are you now under the influence of a narcotic drug? No ✓ Yes ☐ Yes ☐ 	3. Are you now under the influence of an alcoholic beverage? 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 VEHEVY K- LIC
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country) That and	Birthplace of father (State or foreign country) That and the Solution (b) Full maiden name of applicant's mother (NEV) Lynn Nelson
(b) Full maiden name of applicant's mother (If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGEMENT	ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that	I acknowledge that I have received information regarding dangerous communicable diseases that
are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome). Signature of Applicant Date 7-21-03	resignature of Applicant Java M. Lee Date 721-
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) I in this application is true and correct.
Signed Dawn Sittherfor New Address 850 Harding St. PInfld. IN 40/68	New Address 650 Harding St. PINFIX IN 4101
Subscribed and sworn to before me this 21 day of 1111 2003	New Address 850 HOLDING ST. PINTIO TN 401 Subscribed and sworn to before me this 2 day of 5014 2003
Clerk of the Hendricks Circuit Court	Clerk of the Hendricks Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	Slaver Dugan
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OGUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	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 # Mother ID #	Father ID # Mother ID #
Subscribed and sworn to before me this day of Clerk	Subscribed and sworn to before me this day of Clerk
	T. A marriage license having been refused to the above named parties, the Court, by written order issued
and filed in, author	orizes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cler	rk of the Circuit Court of Hendricks County, Indiana, dated July 21,
I further certify that the following marriage certificate was filed in my office:	Rev. John C. Parsley (name)
cortify that on Allquist 30. 2003 (data) at 100	nianapolis in hendricks
County, Indiana, Darin E. Sutherlin of Hendrick (state), and Tara N. Lee 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 21, 2003 Signed by /s/ Rev. John C. Pau	ued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated rsley, Baptist Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	September 12, 2003 (date).
	Signed Slaver Dugan Clerk
BOYCE FORMS • SYSTEMS 1-800-382-8702 1477	Hendricks Circuit Court

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Page 7-22-03

Date of Application

IC 31-11-1. Furnishing false information upon applying for license.

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

MALE APPLICANT

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

Place of Birth State or foreign country) Residence Address Street or R.R. City Country State Countral Day Year 7 Residence Address Street or R.R. City Country State Countral Status: Never Married OR No. of Previous Marriages Countral Status: Death Divorce Annulment Date Date Countral Status: Death Divorce Annulment Date Date Countral Status: Death Divorce Annulment Date Date Countral Status: Death Divorce Annulment Date Date Date Countral Status: Death Divorce Date Date	1 05 F Caputal office won the said the
Place of Birth Month Day Year Place of Birth (State or foreign country) Place of Birth Day Year The Country State Previous Marital Status: Never Married OR No. of Previous Marriages	Place of Birth (State or foreign country) Residence Address Street or R.R. City County State 1 (347 Capital H. Apta. Awan Kindshi Hist
Place of Birth (State or foreign country) Residence Address Street or R.R. City Grunty State O Duncan St. Millium Caser May Grevious Marital Status: Never Married OR No. of Previous Marriages	Place of Birth (State or foreign country) Residence Address Street or R.R. City County State 1 6347 Capital M. Apta. Avan Sundellin Hust
Residence Address Street or R.R. City Grunty State O Duncan St. Millium Cosex New Grange Previous Marital Status: Never Married OR No. of Previous Marriages	Residence Address Street or R.R. City County State 1 6347 Capital the Apta. avon Aundelin Hust
Residence Address Street or R.R. City Grunty State O Duncan St. Millium Cosex New Grange Previous Marital Status: Never Married OR No. of Previous Marriages	Residence Address Street or R.R. City County State 1 6347 Capital H. Apta. avon Hindelin History
Residence Address Street or R.R. City County State O Duncan St. Millium Cosex New Gravious Marital Status: Never Married OR No. of Previous Marriages	1 6347 Capitalt apta. avon Hindels Her
Previous Marital Status: Never Married OR No. of Previous Marriages	1 6347 Capitalt apta. avon Hendels Her
	as & reagained agent with the said is
ast Marriage Ended By: Death Divorce Annulment Date	Previous Marital Status: Never Married OR No. of Previous Marriages
	Last Marriage Ended By: Death Divorce Annulment Date
Date of Birth Verified By: Birth Certificate Other (Specify)	Date of Birth Verified By: Birth Certificate
and of Birm vermed by.	
armed Forces I D Card	Drues o Secure
. Are you now or have you ever been adjudged to be of unsound mind? No Yes \(\square\$	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed?	If 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 Tyes
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 ☐
Are you now under the influence of a narcotic drug?	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.
K + Do all +	H.6 (a) Full name of applicant's father Mark Eugene Harden
6. (a) Full name of applicant's father Descrite Navy Visites	
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only) Residence of father (if deceased, so state)
Residence of father (if deceased, so state)	Residence of fames (if december, so said)
Birthplace of father (State or foreign country)	Distribute of the control of the con
(b) Full maiden name of applicant's mother Slave Fuges	(b) I'm maden mane of appreciate a model.
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
	ACKNOWLEDGEMENT
are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired mmune deficiency syndrome). Signature of Applicant Date 7/22/03	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 7-22-03
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 in this application is true and correct. Signed Revolution State of Indiana New Address 6347 Capital Ct. Apt A Alon, In 46123 Subscribed and sworn to before me this 22 day of April 1003	State of Indiana County of Hendricks Signed New Address Subscribed and sworn to before the this 22 day of I swear/affirm that the information given in this application is true and correct. Address Subscribed and sworn to before the this 22 day of Address Address Address Subscribed and sworn to before the this 22 day of Address Address
Subscribed and sworn to before me this day of Clerk of the mendricks Circuit Court	Subscribed and sworn to before this 2 and day of 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 of Indiana)	State of Indiana)
County of Hendricks)	County of Hendricks)
Father ID #	Father ID # ID #
Mother ID #	Subscribed and sworn to before me this day of
Subscribed and sworn to before me this day of	Subscribed and sworn to before me this day of Clerk
	RT. A marriage license having been refused to the above named parties, the Court, by written order issued
and filed in, aut	thorizes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICEN	NSE AND MARRIAGE CERTIFICATE lerk of the Circuit Court of Hendricks County, Indiana, dated July 2
I certify that there was filed in my office a marriage license issued by the C	vid ventre and Tara LVNN Havden
2003 authorizing the marriage of Kenneth Da	. /a/ David Arbusas
	e: I, /s/ David Ambroso (name)
	e: I, <u>/s/ David Ambroso</u> (name), w Harmony in <u>Posey</u>
	e: I,
	: I,/s/_ David Ambroso
	EX. I,/S/_David_Ambroso

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

IC 31-11-1. Furnishing false information upon applying for license.

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

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

Book Date of Application

No 🗗

Yes 🗆

A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.	If No, Medical Examination or Report Dated Name of Physician Name of Physician
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name First Middle Last
Date of Birth Month Day Year	Date of Birth Month Day Year
Pate of Birth Month Day Year 9 83	9 21 82
lace of Birth (State or foreign country)	Place of Birth (State or foreign country)
ellenois	Residence Address Street or R.R. City County State
esidence Address Street or R.R. City County State	Residence Address Street or R.R. City County State 3305 Prairie Vine Cr. Act B Danville King Shee
revious 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
ast Marriage Ended By: Death Divorce Annulment Date	
Date of Birth Verified By: Birth Certificate Other (Specify)	Date of Birth Verified By: Birth Certificate Green (Specify)
Druis Bringe	Druis Desine
. 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?
If answer is "yes", has the adjudication been removed? No Yes Are you related to the female applicant closer than second cousin? No Yes Yes	
, , , , , , , , , , , , , , , , , , ,	2. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐ 3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
8. Are 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.
Alone the Men !	6. (a) Full name of applicant's father Robert E. Chastlen
(a) Full name of applicant's father Alorge William Clendense	6. (a) Full name of applicant's father (If adopted, list adoptive parents only)
(If adopted, list adoptive parents only) Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country), Indiana,
(b) Full maiden name of applicant's mother Delsa Han Bours	(b) Full maiden name of applicant's mother Councie L. Granson
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
re sexually transmitted, and a list of the test after for the virus that causes AIDS (acquired mmune deficiency syndrome). Signature of Applicant Date 7-12-03 The above applicant has objected to verifying by oath or affirmation or signature to the above	immune deficiency syndrome) to Chastelle Date 7-22-0 The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs. Clerk of Court Date	acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana T swear/affirm that the information given in this application is true and correct. Signed New Address 3305 Praintly View Civ Apt B Denville	State of Indiana I swear/affirm that the information given County of Hendricks Aberta Chaston in this application is true and correct. Signed New Address Some
Subscribed and sworn to before me this 2 day of 4114, 2003	Subscribed and sworn to before me this 22 day of Aules, 2003
Clerk of the Gendricks Circuit Court	Slaver Dugan Clerk of the Hendricks Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OF GUARDIAN We, the parents of this applicant, hereby 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 # Mother ID #	Father 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	Γ. A marriage license having been refused to the above named parties, the Court, by written order issued
and filed in, author	prizes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the Cler	E AND MARRIAGE CERTIFICATE the of the Circuit Court of Hendricks County, Indiana, datedJuly 22, the Clendenny and Roberta Anne Chasteen
authorizing the marriage of Richard Scott	Rev Shirley I Clark
September 13, 2003 (data) at New	Rev. Shirley L. Clark (name), Winchester in Hendricks
County Indiana Richard Scott Clendenny of Hend	ricks County Indiana
County, Indiana, Richard Scott Clendenny of Hendick (state), and Roberta Anne Chasteen of Hendrick	County, Indiana (state)
were married by me as authorized under a marriage license that was issued	ned 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).
ried and recorded in accordance with the raws of the state of indiana on	(date).

Signed Hendricks Circuit Court

Clerk

STATE OF INDIANA

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Book <u>67</u>
Page <u>497</u>
<u>1-22-03</u>
Date of Application

IC 31-11-1. Furnishing false information upon applying for license. Yes 🕒 Female Applicant > 50 No 🗆 A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under Name of Physician . IC 31-11-4-4 commits a Class D felony. FEMALE APPLICANT MALE APPLICANT Last Name Middle Date of Birth Month Date of Birth Place of Birth (State or foreign country) Place of Birth (State or foreign country) Residence Address Street or R.R Residence Address / Street or R.R. Never Married OR No. of Previous Marriages____ Previous Marital Status: Death Divorce Annulment Date 1987 Death Divorce Annulment Date 1991 Last Marriage Ended By: Last Marriage Ended By: Date of Birth Verified By: ☐ Birth Certificate Other (Specify) ☐ Birth Certificate Other (Specify) Date of Birth Verified By: rue s No Tyes Are you now or have you ever been adjudged to be of unsound mind? No Yes Are you now or have you ever been adjudged to be of unsound mind? No Yes No 🗆 Yes 🗆 If answer is "yes", has the adjudication been removed? If answer is "yes", has the adjudication been removed? No Tyes Are you related to the male applicant closer than second cousin? Are you related to the female applicant closer than second cousin? No 🗗 Yes 🗆 No TYes Are you now under the influence of an alcoholic beverage? No Yes Are you now under the influence of an alcoholic beverage? No T Yes Are you now under the influence of a narcotic drug? No Yes Are you now under the influence of a narcotic drug? List the full names of any dependent children. . List the full names of any dependent children. (a) Full name of applicant's father _ (a) Full name of applicant's father (If adopted, list adoptive parents only) (If adopted, list adoptive parents only) Residence of father (if deceased, so state) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Duna (b) Full maiden name of applicant's mother _ (If adopted, list adoptive parents only) (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) **ACKNOWLEDGEMENT ACKNOWLEDGEMENT** I acknowledge that I have received information regarding dangerous communicable diseases that I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome. immune deficiency syndrome). Dain De Signature of Applicant __ X Signature of Applicant _ The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. acknowledgment because of religious beliefs. Clerk of Court Clerk of Court I swear/affirm that the information given State of Indiana State of Indiana I swear/affirm that the information given County of Hendricks) in this application is true and correct. in this application is true and correct. County of Hendricks) Same Y New Address _ and sworn to borre me this. _ Clerk of the Hendricks Circuit Court 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, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary _ State of Indiana County of Hendricks) County of Hendricks) ID #_ Father _ Father ____ Mother _ Subscribed and sworn to before me this ___ Subscribed and sworn to before me this _ COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _ Court, by written order issued _ County _ _, authorizes and directs the issuance of a marriage license to the above named parties. and filed in RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 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 certify that on August 2, 2003 (date), at Danville ____in ___ Hendricks _County, _ Indiana County, Indiana, Kenneth Sterling Heiss Sof. ___ Hendricks (state), and Donna Jean Drew of Hendricks __County, __Indiana were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated ____, ___Minister July 22, 2003 Signed by: Steven L. Newman Filed and recorded in accordance with the laws of the State of Indiana on ____August 8, 2003 (date).

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

IC 31-11-1. Furnishing false information upon applying for 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 ☐

If No, Medical Examination or Report Dated ______

Name of Physician ______

are of Birth (State or foreign country) acc of Birth (State or foreign country)
ace of Birth Month Day Year
ace of Birth (State or foreign country) County State
esidence Address Street or R.R. City County State 0335 Carry John Marriad Never Marriad OR No. of Previous Marriages ast Marriage Ended By: Death Divorce Annulment Date The object of Birth Verified By: Death Divorce Annulment Date The object of Birth Verified By: Death Divorce Annulment Date The John Certificate The John Certificate The John Certificate OR No. of Previous Marriages Annulment Date The John Certificate The John Certificate OR No. of Previous Marriages Annulment Date The John Certificate The John Certificate Dorn Certificate The John Certificate The John Certificate OR No. of Previous Marriages Annulment Date The John Certificate OR No. of Previous Marriages Annulment Date The John Certificate OR No. of Previous Marriages Annulment Date The John Certificate OR No. of Previous Marriages Annulment Date The John Certificate OR No. of Previous Marriages Annulment Date The John Certificate OR No. of Previous Marriages Annulment Date The John Certificate OR No. of Previous Marriages Annulment Date The John Certificate The John Cert
esidence Address Street or R.R. City County State 0335 Carriage Death Divorce Annulment Date Are you now or have you ever been adjudged to be of unsound mind? Are you related to the male applicant closer than second cousin? Are you now under the influence of an alcoholic beverage? Are you now under the influence of an alcoholic beverage? Are you now under the influence of an arcotic drug? List the full names of any dependent children. (a) Full name of applicant's father (If adopted, list adoptive parents only) Residence of father (State or foreign country) Residence 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 syndromy and the above applicant has objected to verifying by oath or affirmation or signature to the above
ast Marriage Ended By: Death Divorce Annulment Date Date of Birth Verified By: Birth Certificate Bother (Specify) Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes", has the adjudication been removed? No Yes Are you related to the male applicant closer than second cousin? No Yes Are you now under the influence of an alcoholic beverage? No Yes Are you now under the influence of a narcotic drug? No Yes List the full names of any dependent children. (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) Residence of mother (if deceased, so state) Birthplace of mother (if deceased, so state) Control Co
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ast Marriage Ended By: Death Divorce Annulment Date Date of Birth Verified By: Birth Certificate Divorce Annulment Date
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Residence of father (if deceased, so state) Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother (Parise George College Colleg
Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Country Country (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 The above applicant has objected to verifying by oath or affirmation or signature to the above
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acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana)
County of Hendricks)/ Le co on Ol And in this application is true and correct.
County of Hendricks) Kennel Cyloric in this application is true and correct. Signed New Address Same as of the first application is true and correct.
New Address Subscribed and sworn to be me this 2 day of July 2003
Subscriber and sworm to berta 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
sale late Aller links are constituted and cons
State of Indiana) —
County of Hendricks) Father ID #
Mother ID #
Subscribed and sworn to before me this day of Clerk
A marriage license having been refused to the above named parties, the
A marriage license having been refused to the above named parties, the Court, by written order issued
es and directs the issuance of a marriage license to the above named parties.
AND MARRIAGE CERTIFICATE of the Circuit Court of Hendricks County, Indiana, dated July 23. olin and Renee Christina Pierce.
Vickie kivett (name),
infield in Hendricks
cks County, Indiana
by the Clerk of the Circuit Court of Hendricks County, Indiana, dated
by the Clerk of the Circuit Court of Hendricks County, Indiana, dated
Morgan Co. Clerk (official designation)
morgan Co. Clerk (official designation) ugust 14, 2003 (date). Signed Clerk

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Date of Application

IC 31-11-1. Furnishing false information upon applying for 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 🗆 If No, Medical Examination or Report Dated Name of Physician DAULD HADLEY

MALE APPLICANT	FEMALE APPLICANT
Name DUSTIN Lee MALICOAT	Name First Middle Last ELIZABETH MCQUIGG
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
<u> </u>	IN
Residence Address Street or R.R. City County State 6877 E. CORD 900 N. RORCHDALE Patrom IN	Residence Address Street or R.R. City County State 2211 CLOWN PLAZA BLVD PLANFIELD HENDRICKS IN
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of Birth Verified By: Birth Certificate Other (Specify)	Date of Birth Verified By: Birth Certificate Dother (Specify)
DRIVERS LICENSE	DELIVERS LICENSE
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes", has the adjudication been removed? No Yes 2. Are you related to the female applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes 5. List the full names of any dependent children.	1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐ If answer is "yes", has the adjudication been removed? No ☐ Yes ☐ 2. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐ 3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐ 4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐ 5. List the full names of any dependent children.
6. (a) Full name of applicant's father	6. (a) Full name of applicant's father DONALD WAYNE MCQUIGE (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 Cynthia Leigh Bauey (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)
ACKNOWLEDGEMENT	ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Date 1/23/03	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Fautou 5. 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	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of Hendricks Signed New Address New Address Clerk of the Hendricks Circuit Court CONSENT OF PARENTS, PARENTS OR GUARDIAN	State of Indiana County of Hendricks Signed New Address Subscribed and sworn to before me this CONSENT OF PARENTS, PARENT, OR GUARDIAN I swear/affirm that the information given in this application is true and correct. Subscribed Address Clerk of the Hendricks Circuit Court
We, the parents of 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) County of Hendricks) Father ID #	State of Indiana) County of Hendricks) Father ID #
Mother ID # Subscribed and sworn to before me this day of	Mother ID # ID # Subscribed and sworn to before me this day of
Clerk	Clerk
	T. A marriage license having been refused to the above named parties, the Court, by written order issued
and filed in, autho	rizes and directs the issuance of a marriage license to the above named parties.
I further certify that the following marriage certificate was filed in my office: I certify that on September 6, 2003 (date), at Base County, Indiana, Dustin Lee Malicoat of Putnar (state), and Rachael Elizabeth McQuigg Hendric were married by me as authorized under a marriage license that was issusuly 23, 2003. Signed by: John P. Roof	k of the Circuit Court of Hendricks County, Indiana, dated July 23, licoat and Rachael Elizabeth McQuigg , John P. Roof (name), inbridge in Putnam County, Indiana (state) ed by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Priest (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	Signed Signed Clerk Hendricks Circuit Court

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

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

Book _ Page . Date of Application

A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.	If No, Medical Examination or Report Dated 7-23-03 Name of Physician David Sally Miles
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name First Middle Last
Date of Birth Month Day Year	Date of Birth Month Day Year
2 30 78	8 9 8/
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
3140/A Sardenview Ser Danville Hend Shi Held	3140/A Dardenviewser Nanville Hend Stry 46
Previous Marital Status: Never Married OR No. of Previous Marriages Last Marriage Ended By: Death Divorce Annulment Date 2001	Previous Marital Status: Never Married OR No. of Previous Marriages Last Marriage Ended By: Death Divorce Annulment Date 2002
Last Marriage Ended By: Death Divorce Annulment Date Other (Specify)	Date of Birth Verified By: Birth Certificate Other (Specify)
D L	0 8.
Drues & Heinse	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 I fanswer is "yes", has the adjudication been removed? No Yes I	1. Are you now or have you ever been adjudged to be of unsound mind? No I see
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?	3. Are you now under the influence of an alcoholic beverage? No Yes No
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 S. List the full names of any dependent children.
5. List the full names of any dependent children.	5. List the fall falles of any dependent contacts
- D1. 10.00.	6 (a) Full name of applicant's father Harry Smith
6. (a) Full name of applicant's father Kollect Heil Lewis	6. (a) Full name of applicant's father (If adopted, list adoptive parents only)
(If adopted, list adoptive parents only) Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Landa Kay Camondo	(b) Full maiden name of applicant's mother Allsa Brights
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)
Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Defansas	Birthplace of mother (State or foreign country)
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date Date
State of Indiana County of Hendricks Signed New Address I swear/affirm that the information given in this application is true and correct. April 1 New Address 1 swear/affirm that the information given in this application is true and correct. April 1 New Address	State of Indiana County of Hendricks Signed New Address Same I swear/affirm that the information given in this application is true and correct.
Subscribed and sworn to before me this 34 day of 4005	Subscribed and sworm to before me this All day of HILLY, 2003
Slavan Dugan Clerk of the Hendricks Circuit Court	Substitute and sworn to betok the day 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 # Mother ID #	Father 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	T. A marriage license having been refused to the above named parties, the Court, by written order issued
and filed in, author	orizes 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 Cler	SE AND MARRIAGE CERTIFICATE rk of the Circuit Court of Hendricks County, Indiana, dated _July 24, LewisandLaurie 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 Danvi	lle in <u>Hendricks</u>
County, Indiana, Kelly Edward Lewis of Hendr	County, Indiana (state
were married by me as authorized under a marriage license that was issued	ued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated
July 24, 2003. Signed by:	
	SignedClerk
BOYCE FORMS • SYSTEMS 1-800-382-8702 1477	Hendricks Circuit Court

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Book <u>6.7</u>
Page <u>50/</u>
<u>1:24-03</u>
Date of Application

IC 31-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.	Female Applicant > 50 No Yes I If No, Medical Examination or Report Dated Name of Physician
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name Firet Middle Last
Jol Nwane Brewer	Stephanie Diane Stewart
Date of Birth Month Day Year	Date of Birth / Month / Day Year
Place of Birth (State or foreign country)	Place of Birth (State 6)
In diama	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
1082 Baytouru Dr. Apt 22 Champaign Champaign IN	1085 Baytoune Dr. apt. 22 Champaign Champaign In
Previous Marrial Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married No. of Previous Marriages OR No. of Previous Marriages
Last Maniera Faded Buy Boot D By D	
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of Birth Verified By: Birth Certificate Other (Specify)	Date of Birth Verified By: Birth Certificate Qther (Specify)
- Niver of Micenso	- Dune Ding (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 Yes Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes If proper is "less" has the editation have you
2. Are you related to the female applicant closer than second cousin? No Yes	If answer is "yes", has the adjudication been removed? No Yes 2. Are you related to the male applicant closer than second cousin? No Yes Yes
3. Are you now under the influence of an alcoholic beverage? No Yes	 Are you related to the male applicant closer than second cousin? Are you now under the influence of an alcoholic beverage? No
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of an arcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children.
	THE RESERVE OF THE PERSON OF T
6. (a) Full name of applicant's father Quart Marvin Brewer	Const Chart Chart there of
(If adopted, list adoptive parents only)	6. (a) Full name of applicant's father Source Stewart
Residence of father (if deceased, so state) — maiama	(If adopted, list adoptive parents only) Residence of father (if deceased so state)
Birthplace of father (State or foreign country), Sudiana	Residence of father (if deceased, so state) Birthplace of father (State or foreign country) Andiana
(b) Full maiden name of applicant's mother Darriet Dan Pluus	(b) Full maiden name of applicant's mother Dorothy Marce Haler
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
Signature of Applicant 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.	immune deficiency syndrome. Sterrate 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	Clerk of Court Date
Note of Tudings	
State of Indiana) I swear/affirm that the information given in this application is true and correct.	State of Indiana) I swear/affirm that the information given
Signed in this application is true and correct.	County of Hendricks Signed New Address In this application is true and correct.
New Address	New Address
Subscribed and sworn to before me this 24 day of July 2003	Subscribed and sworn to before me this 24 day of July 2003
Clerk of the Hendricks Circuit Court	Slaver Dugar Clerk of the Hendricks Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, ON GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
tate facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
County of Hendricks)	County of Hendricks)
7ather ID #	Father ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me this day of Clerk	Subscribed and sworn to before me this day of Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT	T. A marriage license having been refused to the above named parties, the
County	Court by written order issued
, autho	rizes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENSI	E AND MARRIAGE CERTIFICATE
certify that there was filed in my office a marriage license issued by the Cleri	k of the Circuit Court of Hendricks County, Indiana, dated July 24,
2003 authorizing the marriage of Joe Dwane Brew	ver and Ctanhania Diana Ctanant
further certify that the following marriage certificate was filed in my office: I.	, Robert J. Hankee (name)
ertify that on July 26, 2003 (date), at Brown	Robert J. Hankee (name), in Hendricks
ounty, indiana, doc Dware brewer	Odlan County Illinois
state), and <u>Stephanie Diane Stewart</u> of Champaid	In County Tilinois (atata)
the married by me as authorized under a marriage license that was issue	ed by the Clerk of the Circuit Court of Handricks County Indiana dated
iled and recorded in accordance with the laws of the State of Indiana	Associate Pastor (official designation) August 1, 2003 (date).
and recorded in accordance with the laws of the State of Indiana on	August 1, 2003 (date).

_ Clerk

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

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Page 502
7-24-03
Date of Application

IC 31-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court 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 No Selection

IC 31-11-4-4 commits a Class D felony.	Name of Physician Nobelet Mosele
MALE APPLICANT	FEMALE APPLICANT
Name DUSTIN RYAN ABUEY	Name First Middle Last NATAUE Lynn HAMM
Date of Birth Month Day Year 20 1982	Date of Birth Month Day Year 1982
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. APT City County State	Residence Address Street or R.R. AP1 City County State
10660 TAMPICO CIR DE CAMBY NEWDRICKS IN	10660 TAMPICO CIR 20 CAMBY HENDRICKS IN
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of Birth Verified By:	Date of Birth Verified By: Birth Certificate Other (Specify)
DRIVERS LICENSE	DRIVERS LICENSE
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes Are you related to the female applicant closer than second cousin? No Yes Yes	If answer is "yes", has the adjudication been removed? No Yes 2. Are you related to the male applicant closer than second cousin? No Yes Yes Yes
3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? Are you now under the influence of a narcotic drug?	3. Are you now under the influence of an alcoholic beverage?
	4. Are you now under the influence of a narcotic drug? No Yes 1
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of applicant's father Michael DEAN ABNEY	6. (a) Full name of applicant's father ANTONY DALE HAMM
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state) GA
Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Tevesa D. Merice	Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother SHARD UND PETILI
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and this of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Date 724-03 The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana) County of Hendricks) I swear/affirm that the information given in this application is true and correct.	State of Indiana) County of Hendricks) Swear/affirm that the information given in this application is true and correct.
New Address 10660 TAMPICO CIR APT 2C CAMBY IN	New Address 10060 TAMPICO CIR APT 20 CAMBY IN 46/1
Subscribed and sworm to before me the 24 day of July 2003 46113	Subscribed and sworn to before me this 24 day of 544 2003
erk of the Hendricks Circuit Court	Slaver Dugar 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 # Mother ID #	Father ID #
Subscribed and sworn to before me this day of Clerk	Subscribed and sworn to before me this day of Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT	 Γ. A marriage license having been refused to the above named parties, the Court, by written order issued
	orizes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cler	Abney and Natalie Lynn Hamm
I further certify that the following marriage certificate was filed in my office: I	I, Garry L. Brackett (name),
certify that on July 26, 2003 (date), at Ir	ndianapolis in Marion
County, Indiana, <u>Dustin Ryan Abney</u> of <u>Hendrick</u>	icks County, <u>Indiana</u> (state)
were married by me as authorized under a marriage license that was issu	ned by the Clerk of the Circuit Court of Hendricks County, Indiana, dated
July 24, 2003. Signed by:Garry L. Brackett Filed and recorded in accordance with the laws of the State of Indiana on	,
	400 CO NO. 10 TO THE SECOND SE
	Signed Slaver Dugan Clerk

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Book <u>67</u>
Page <u>503</u>

<u>7-24-03</u>

Date of Application

IC 31-11-1. Furnishing false information upon applying for license.

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

Female Applicant > 50 No > Yes I If No, Medical Examination or Report Dated Name of Physician Name of Physici

C 31-11-4-4 commits a class D felony.	
MALE APPLICANT Name First Middle Last	FEMALE APPLICANT Name First Middle Last
michael amer Schult	Name First Middle Last Beth Cllen Kidwell
Date of Birth Month Day Year 5	Date of Birth Month Day Year 7 17 80
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County / State
11/02 Donegal In Garrington The Il 6000	1406 Northridge Dr. Danille Kind Alle
Previous Marital States: Never Married	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:	Date of Birth Verified By: Birth Certificate Other (Specify)
Illinois Dr. Leaise	- Orusia Seanse
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 4 Yes
If answer is "yes", has the adjudication been removed? No Yes	If answer is "yes", has the adjudication been removed?
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 4. Are you now under the influence of a narcotic drug? No Yes	3. Are you now under the influence of an alcoholic beverage? No Yes
 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. 	4. Are you now under the influence of a narcotic drug? No Yes
J. List the full hames of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of applicant's father Ames Calvin Schult	6. (a) Full name of applicant's father Michael Ross Kiduel
(If adopted, list adoptive parents only	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother That Hosephere Le	Tree (b) Full maiden name of applicant's mother Westoria Hele Mongs
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Marchand
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). Signature of Applicant Date 3042003	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndroms) Signature of Applicant Date 7-24-2
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. 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) Author of this application is true and correct.	County of Hendricks Belle Kidwe (n'this application is true and correct. X Signed
New Address 1406 Northy See Dr., Danville Subscribed and sworn to before the this 4 day of July 2003	Subscribed and sworn to before the this 24 day of
Slave Dugan Clerk of the Hendricks Circuit Court	Subscribed and sworn to before see this day 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
tate of Indiana)	
County of Hendricks)	State of Indiana) County of Hendricks)
7ather ID #	Father ID #
Aother ID #	Mother ID #
ubscribed and sworn to before me this day ofClerk	Subscribed and sworn to before me this day of Clerk
COMPLETE IE MARRIAGE LICENSE ISSUED DV CORDED OF COMPLETE	
County	T. A marriage license having been refused to the above named parties, the Court, by written order issued
and filed in, author	prizes and directs the issuance of a marriage license to the above named parties.
	E AND MARRIAGE CERTIFICATE
certify that there was filed in my office a marriage license issued by the Cler 2003, authorizing the marriage of Michael James	Schultz and Beth Ellen Kidwell
further certify that the following marriage certificate was filed in my office: I	Robert L. Cannon (name),
County, Indiana, Michael James Schultz of Lake	ille in Hendricks
state), and Beth Ellen Kidwell of Hendric	County, Indiana (state)
uly 24, 2003 . Signed by: Robert L. Cannon	ned by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	

Signed Slaves Dugan
Hendricks Circuit Court

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Book <u>67</u>
Page <u>504</u>
7- 25- 03
Date of Application

_ Clerk

IC 31-11-11. Furnishing false information upon applying for license. No D Female Applicant > 50 A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under Name of Physician _ IC 31-11-4-4 commits a Class D felony. FEMALE APPLICANT MALE APPLICANT Middle Middle Name OLSON DECKER Date of Birth Date of Birth Place of Birth (State or foreign country) Place of Birth (State or foreign country) Residence Address City DRIVE Hendricks OR No. of Previous Marriages Previous Marital Status: Death Divorce Annulment Last Marriage Ended By: Death Divorce Annulment Date Last Marriage Ended By: Date of Birth Verified By: ☐ Birth Certificate Other (Specify) ☐ Birth Certificate Other (Specify) Date of Birth Verified By: DRIVERS Ucense DRIVERS License Are you now or have you ever been adjudged to be of unsound mind? No Yes Are you now or have you ever been adjudged to be of unsound mind? No Yes No 🗆 Yes 🗆 No 🗆 Yes 🗆 If answer is "yes", has the adjudication been removed? If answer is "yes", has the adjudication been removed? No Yes No Xes Are you related to the male applicant closer than second cousin? Are you related to the female applicant closer than second cousin? No Xes No Yes No Xes No Yes Are you now under the influence of an alcoholic beverage? Are you now under the influence of an alcoholic beverage? No Yes Are you now under the influence of a narcotic drug? Are you now under the influence of a narcotic drug? POLSON List the full names of any dependent children. List the full names of any dependent children. _ LACK 6. (a) Full name of applicant's father KICKY (a) Full name of applicant's father John (If adopted, list adoptive parents only) (If adopted, list adoptive parents only) _ Residence of father (if deceased, so state) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother DONNA (b) Full maiden name of applicant's mother _ CINDY (If adopted, list adoptive parents only) . (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) _ Residence of mother (if deceased, so state) _ Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) **ACKNOWLEDGEMENT ACKNOWLEDGEMENT** I acknowledge that I have received information regarding dangerous communicable diseases that I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome Signature of Applicant immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. acknowledgment because of religious beliefs. Clerk of Court Clerk of Court . I swear/affirm that the information given I swear/affirm that the information given State of Indiana State of Indiana County of Hendricks) in this application is true and correct. County of Hendricks in this application is true and correct. Signed Signed SAME New Address SAME and sworn to before me this. _ Clerk of the Hendricks Circuit Court 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, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary __ state facts which make the consent of the other parent unnecessary _ County of Hendricks) County of Hendricks) ID #_ Father _ Father _ ID# Mother . Subscribed and sworn to before me this _ Subscribed and sworn to before me this. COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ___ Court, by written order issued _ ____ County _____ , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I 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 certify that on August 2, 2003 (date), at Brownsburg in Hendricks
County, Indiana, Ryan Scott Decker of Hendricks County, Indiana County, Indiana, Ryan Scott Decker (state), and Sabrena Gene Polson of Hendricks ___ County, __ Indiana_ were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, 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

Signed _

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Book <u>67</u>
Page <u>505</u>
<u>7-28-03</u>
Date of Application

IC 31-11-4-4 commits a Class D felony. MALE APPLICANT	
Name First Middle Last	Name First Middle Last
Jackie Harold Farely TT	The state of the s
Date of Birth Month Day Year	Date of Birth Month Day Year
7 14 19	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County / State	Florida
desidence Address Street or R.R. City County State	Residence Address Street or R.R. City County/ State
revious Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Nover Married OR No. of Previous Marriages
ast Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of Birth Verified By:	Date of Birth Verified By: Birth Certificate
Indiana I D Cased	0.0.
	- Music Olcerce
. Are you now or have you ever been adjudged to be of unsound mind? No Yes I fanswer is "yes", has the adjudication been removed? No Yes I	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes Are you related to the female applicant closer than second cousin? No Yes	If answer is "yes", has the adjudication been removed?
Are you now under the influence of an alcoholic beverage?	2. Are you related to the male applicant closer than second cousin? No Yes
Are you now under the influence of a narcotic drug?	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a parcotic drug? No Type C
List the full names of any dependent children.	100 103
	List the full names of any dependent children.
(a) Full name of applicant's father Jackie Warold Parsley	4. 6. (a) Full name of applicant's father Suillermo Pineda
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country), Culta >
(b) Full maiden name of applicant's mother there symm Solder	(b) Full maiden name of applicant's mother Ausan Marie Was
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Decidence of weeks (if here the second secon
	Residence of mother (if deceased, so state)
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Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Book 67
Page 506
7-28-03
Date of Application

A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.	Female Applicant > 50 No Yes \(\square \) If No, Medical Examination or Report Dated \(\sum \) Name of Physician \(\sum \) Nary Clailute Doper, \(\sum \)
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name First Middle Lasty
Date of Birth Month Day Year	Date of Birth Month Day Year
9 19 75	10 23 74
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
9331 amberleigh Dr. Plainfield Hand She Holes	1221 ambulage Or Hamfuld Herd sto Her
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:	Date of Birth Verified By:
Drewy's Leinse	Orusis Gense
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 Are you related to the female applicant closer than second cousin? No Yes	If answer is "yes", has the adjudication been removed? No Yes Are you related to the male applicant closer than second cousin?
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. Waron John Condo	5. List the full names of any dependent children larry Johns Conde,
Bene to Ronde As	6. (a) Full name of applicant's father for David Klunt
6. (a) Full name of applicant's father (If adopted, list adoptive parents only)	6. (a) Full name of applicant's father (If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)lndiana
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother (If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother With Auth Typace (If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)lndlang
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGEMENT	ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndromos) (Signature of Applicant Signature Signature of Applicant Signature S	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrom). Signature of Applicant Andreas Date 7-28-05
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court
State of Indiana) Lewear/affirm that the information given	State of Indiana) // I swear/affirm that the information given
County of Hendricks) Bents Coule in this application is true and correct.	County of Hendricks Signed County of Hendricks Signed Solution is true and correct.
New Address SAME	Y Signed (Inflitto) Callette New Address Same
	Subscribed and sworn to before me this day of
Subscribed and sworn to before marins and day of the Idendricks Circuit Court	Shares Dugay Clerk of the Hendricks Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OF GUARDIAN
	CONSENT OF PARENTS, PARENT, OF GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OF GUARDIAN
state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OF GUARDIAN We, the parents of this applicant, hereby 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 facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OF GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of Hendricks) Father
state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OF GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of Hendricks) Father
state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OF GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of Hendricks) Father
state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OF GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of Hendricks) Father
state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OF GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of Hendricks) Father
state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OF GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of Hendricks) Father
state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OF GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of Hendricks) Father
State of Indiana) County of Hendricks) Father	CONSENT OF PARENTS, PARENT, OF GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of Hendricks) Father
state facts which make the consent of the other parent unnecessary State of Indiana County of Hendricks Father	CONSENT OF PARENTS, PARENT, OF GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of Hendricks) Father
State of Indiana) County of Hendricks) Father	CONSENT OF PARENTS, PARENT, OF GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of Hendricks) Father
State of Indiana) County of Hendricks) Father	CONSENT OF PARENTS, PARENT, OF GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana) County of Hendricks) Father

Signed Hendricks Circuit Court

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Book <u>67</u>
Page <u>507</u>
<u>7-28-03</u>
Date of Application

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

Female Applicant > 50 No P Yes Part No., Medical Examination or Report Dated 1-24-03
Name of Physician 10 nells Steampolius

Middle Last
Birth Month Day Spute
Birth Month Day Year 82
Birth (State or foreign country)
Andiana
e Address Street or R.R. City County State
Marital Status: Never Married OR No. of Previous Marriages
riage Ended By: Death Divorce Annulment Date
Sirth Verified By:
104 - 18
Viewes's yearso
you now or have you ever been adjudged to be of unsound mind? No Yes I were is "yes", has the adjudication been removed? No Yes I
swer is "yes", has the adjudication been removed? No Yes [You related to the male applicant closer than second cousin? No Yes [
you now under the influence of an alcoholic beverage?
you now under the influence of a narcotic drug?
the full names of any dependent children.
0.0.010
Full name of applicant's father Ashute
(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)
Full maiden name of applicant's mother Hynda Kay III
(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)
ACKNOWLEDGEMENT
edge that I have received information regarding dangerous communicable diseases that
ly transmitted, and a list of the test sites for the virus that causes AIDS (acquired
eficiency syndrome).
of Applicant Christinal Shutt Date 7-28-C
applicant has objected to verifying by oath or affirmation or signature to the above gment because of religious beliefs.
ourt Date
diana) I swear/affirm that the information given
Hendricks) Christinak Shirt application is true and correct. Signed
Signed Christinak Shut
New Address Same
and sworn to before me this As day of Clerk of the Hendricks Circuit Court
OF PARENTS, PARENT, OR GUARDIAN
rents of this applicant, hereby give consent for this marriage. If only one parent signs,
which make the consent of the other parent unnecessary
liana) Hendricks)
ID #
ID #
and sworn to before me this day of
Clerk
ge license having been refused to the above named parties, the
ort by written order issued
rects the issuance of a marriage license to the above named parties.
RRIAGE CERTIFICATE cuit Court of Hendricks County, Indiana, dated July 28,
and Christina Kay Shute
ger Ward
· Hondricks (mane),
County,Indiana
Country Indiana
Clerk of the Circuit Court of Hendricks County, Indiana, dated Pastor (official designation)

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

Signed Slaver Dugan
Hendricks Circuit Court

_ Clerk

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

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

IC 31-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.	Female Applicant > 50 No F Yes 7-22-07 If No, Medical Examination or Report Dated Name of Physician Stegging blines
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last Michael David Sctourneau & Year Date of Birth Month Day Year	Name First Middle Last Output Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County, State	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of Birth Verified By:	Date of Birth Verified By:
Drives's Lecinse	Drives Saine
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes I f answer is "yes", has the adjudication been removed? No Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes I fanswer is "yes", has the adjudication been removed? No Yes I
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?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug? No Yes List the full names of any dependent children.	 4. Are you now under the 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 Leburnea	(a) Full name of applicant's father Dary Wayne Dew por
(If adopted, list adoptive parents only) Residence of father (if deceased, so state)	(If adopted, list adoptive parents only)
Birthplace of father (State or foreign country)	Residence of father (if deceased, so state) Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Linda Lee Wayard	(b) Full maiden name of applicant's mother Cynthia ann Sidda
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Massachusette	Residence of mother (if deceased, so state)
Simplifice of model (state of foleign country)	Birthplace of mother (State or foreign country)
acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired mmune deficiency syndrome). Signature of Applicant Mellower Date 1/23/03	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Algula Muliphot Date 7/28/03
The above applicant has objected to verifying by oath or affirmation or signature to the above cknowledgment because of religious beliefs. Clerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
I swear/affirm that the information given in this application is true and correct. Signed Wall Lowred New Address Subscribed and swifting o before me this application is true and correct. Subscribed and swifting o before me this application is true and correct. Subscribed and swifting o before me this application is true and correct.	State of Indiana County of Hendricks Signed New Address A 51 Green de l'en plus 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,	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
tate facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
tate of Indiana) County of Hendricks)	State of Indiana) County of Hendricks)
ather ID #	Father ID #
Other ID # ubscribed and sworn to before me this day of	Mother ID # Subscribed and sworn to before me this day of
Clerk	Clerk
County	Γ. A marriage license having been refused to the above named parties, the Court, by written order issued
	prizes and directs the issuance of a marriage license to the above named parties.
certify that there was filed in my office a marriage license issued by the Cler 2003, authorizing the marriage of Michael David	E AND MARRIAGE CERTIFICATE k of the Circuit Court of Hendricks County, Indiana, datedJuly 28, Letourneau Jr.and Angela Nicole Newport
further certify that the following marriage certificate was filed in my office: I	, Matthew Mehaffey (name)
ounty, Indiana, Michael David Letourneau offr	lianapolis in Marion Lendricks County, Indiana
tale), and Angela Nicole Newport of Hendrick	County, Indiana (state)
ere married by me as authorized under a marriage license that was issu	ed by the Clerk of the Circuit Court of Hendricks County Indiana dated
11 y 28, 2003. Signed by: <u>Matthew Mehaffey</u>	,Minister (official designation)
iled and recorded in accordance with the laws of the State of Indiana on	August 14, 2003 (date).

Signed ______Hendricks Circuit Court

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Date of Application

IC 31-11-1. Furnishing false information upon applying for license. Female Applicant > 50 No 🖳 Yes 🗆 A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated

Name of Physician

Moreland circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony. MALE APPLICANT FEMALE APPLICANT Name First Middle Name Middle Date of Birth Date of Birth Place of Birth (State or foreign country) Place of Birth (State or foreign country) Residence Address Street or R.R. Residence Address 203 Dreston Woods W. Previous Marital Status: Never Married OR No. of Previous Marriages Previous Marital Status: Death Divorce Annulment Date Last Marriage Ended By: Last Marriage Ended By: Death Divorce Annulment Date ☐ Birth Certificate Other (Specify) Date of Birth Verified By: Date of Birth Verified By: ☐ Birth Certificate Other (Specify) Are you now or have you ever been adjudged to be of unsound mind? No Yes Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes", has the adjudication been removed? No Yes If answer is "yes", has the adjudication been removed? No Yes Are you related to the female applicant closer than second cousin? No Yes No 🗗 Yes 🗆 Are you related to the male applicant closer than second cousin? Are you now under the influence of an alcoholic beverage? No TYes Are you now under the influence of an alcoholic beverage? No TYes Are you now under the influence of a narcotic drug? No Yes Are you now under the influence of a narcotic drug? No - Yes -List the full names of any dependent children. List the full names of any dependent children. 6. (a) Full name of applicant's father Caluas A Vitus (a) Full name of applicant's father Onald (If adopted, list adoptive parents only) (If adopted, list adoptive parents only) Residence of father (if deceased, so state) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother (b) Full maiden name of applicant's mother (1) (If adopted, list adoptive parents only) (If adopted, list adoptive parents only) _ Residence of mother (if deceased, so state) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) ACKNOWLEDGEMENT ACKNOWLEDGEMENT I acknowledge that I have received information regarding dangerous communicable diseases that I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome immune deficiency syndrome) Signature of Applicant _ Signature of Applicant _ The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. 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 Hawn E. Wardi County of Hendricks in this application is true and correct. in this application is true and correct same New Address . New Address 203 Brixton Woods W. Dr. Pittsbaro IN 46167 Subscribed and sworn to before me this _____ day of sworn to before this 28 day of _ Clerk of the Hendricks Circuit Court Clerk of the Handricks 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, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____ state facts which make the consent of the other parent unnecessary _ State of Indiana County of Hendricks) County of Hendricks) Father _ Father _____ Mother _ Subscribed and sworn to before me this ___ Subscribed and sworn to before me this ___ COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _ County _ _ Court, by written order issued _ _, authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I 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 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 were 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).

Hendricks Circuit Court

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

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APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Book <u>67</u>
Page <u>510</u>
T-29-03
Date of Application

IC 31-11-11. Furnishing false information upon applying for license. No D Female Applicant > 50 Yes 🗆 A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under Name of Physician IC 31-11-4-4 commits a Class D felony. MALE APPLICANT FEMALE APPLICANT Middle Name BIDSIUS Date of Birth Date of Birth Place of Birth (State or foreign country) Place of Birth (State or foreign country) Indiana Residence Address Never Married X OR No. of Previous Marriages Never Married Previous Marital Status: OR No. of Previous Marriages. Death Divorce Annulment Date Last Marriage Ended By: Last Marriage Ended By: Death Divorce Annulment Date 200 Other (Specify) Date of Birth Verified By: ☐ Birth Certificate Date of Birth Verified By: ☐ Birth Certificate Other (Specify) drivers license Are you now or have you ever been adjudged to be of unsound mind? Are you now or have you ever been adjudged to be of unsound mind? No If answer is "yes", has the adjudication been removed? Yes 🗌 If answer is "yes", has the adjudication been removed? Yes 🗌 No X Are you related to the female applicant closer than second cousin? Yes 🗌 Are you related to the male applicant closer than second cousin? Yes 🗌 Are you now under the influence of an alcoholic beverage? No 🖾 Yes 🗌 Are you now under the influence of an alcoholic beverage? No 🔯 Yes 🗌 Are you now under the influence of a narcotic drug? No D Yes 🗌 Are you now under the influence of a narcotic drug? Yes 🗌 List the full names of any dependent children. List the full names of any dependent children.

JOVAAN HUSTIN EULISS (a) Full name of applicant's father US 6. (a) Full name of applicant's father (If adopted, list adoptive parents only) (If adopted, list adoptive parents only) Residence of father (if deceased, so state) Residence of father (if deceased, so state) Birthplace of father (State or foreign country Birthplace of father (State or foreign country (b) Full maiden name of applicant's mother (b) Full maiden name of applicant's mother (If adopted, list adoptive parents only) (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) **ACKNOWLEDGEMENT ACKNOWLEDGEMENT** I acknowledge that I have received information regarding dangerous communicable diseases that I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome) immune deficiency syndrome) Signature of Applicant Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. acknowledgment because of religious beliefs. Clerk of Court Clerk of Court State of Indiana ear/affirm that the information given State of Indiana I swear/affirm that the information given County of Hendricks h this application is true and correct. County of Hendrick in this application is true and correct. Signed/ Signed New Address New Address _ day of _ +4003 Clerk of the Hendricks Circuit Court Clerk of the Hendficks 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, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _ state facts which make the consent of the other parent unnecessary _ State of Indiana) County of Hendricks) County of Hendricks) Father _ Father ___ ID #_ Mother _ _ ID #__ Subscribed and sworn to before me this _ Subscribed and sworn to before me this _ Clerk COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _ County __ _ Court, by written order issued _ and filed in , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I further certify that the following marriage certificate was filed in my office: I, ____Sharon Dugan certify that on ____September 20, 2003 (date), at ____Danville Indiana County, Indiana, Michael Brandon Willard of Hendricks __County, __Indiana (state), and Kelli Rae Brosius of Hendricks Indiana ___ County, ____ were 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

Hendricks Circuit Court

Clerk

STATE OF INDIANA

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Book 67
Page 511

7-30-03
Date of Application

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

Female Applicant > 50 No F Yes 7-1-03

If No, Medical Examination or Report Dated 7-1-03

Name of Physician Budner Boths MO

IC 31-11-4-4 commits a Class D felony.	
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last Cowley	Name First Middle Last
Date of Birth Month Day Year	Date of Birth Month Day Year
Le 1 76	7 26 77
Place of Birth (State or foreign country)	Place of Birth (State or foreign country) Andlana
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
10198 Steman Os Camber Hind Shiftell3	10798 Stemen Dr Cante Hind Souther
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 2002	Last Marriage Ended By: Death Divorce Annulment Date
Date of Birth Verified By:	Date of Birth Verified By:
Druis & Levis	Druin Luin
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?	If answer is "yes", has the adjudication been removed?
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 □ 4. Are you now under the influence of a narcotic drug? No ∀ Yes □	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children. Kayler Couley	Are you now under the influence of a narcotic drug? No L Yes L List the full names of any dependent children.
6. (a) Full name of applicant's father James Columns Cowles	By US
6. (a) Full name of applicant's father Ames Chursh (in the list adoptive parents only)	6. (a) Full name of applicant's father (If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state) Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) Marsfand
(b) Full maiden name of applicant's mother Delva Kay Childge	(b) Full maiden name of applicant's mother Cheryl M. Howles
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Selesaska
	District of model (one of lotoign county)
The above applicant has objected to verifying by oath or affirmation or signature to the above	immune deficiency syndrome). Signature of Applicant Date 7.30.0 The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs. Clerk of Court Date	acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana) I swear/affirm that the information given in this application is true and correct.	State of Indiana) County of Hendricks) Signed Signed I swear/affirm that the information given in this application is true and correct in the same in the sa
New Address Same Subscribed and sworn to before me this 30 day of Aule, 3003	Subscribed and sworn to before me this 30 day of July, 3003
Clerk of the Hendricks Circuit Court	Clerk of the Hundricks Circuit Coun
	Staran 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	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby 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) Father ID #	County of Hendricks)
Mother ID #	Father ID # Mother ID #
Subscribed and sworn to before me this day of	Subscribed and sworn to before me this day of
Clerk	Cleri
County	T. A marriage license having been refused to the above named parties, theCourt, by written order issued
and filed in, author	prizes 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 Cler	RE AND MARRIAGE CERTIFICATE rk of the Circuit Court of Hendricks County, Indiana, dated July 30, Cowley and Courtney Howlett Borud
I further certify that the following marriage certificate was filed in my office: I	I. Philip Gulley (name)
certify that on September 13, 2003 (date), at Ca	in Hendricks
County, Indiana,John Michael Cowley ofHendri	icks County Indiana
(state), and Courtney Howlett Borud of Hendri	County, Indiana (state
July 30, 2003 Signed by Philip Gulley	ned by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Minister (official designation
Filed and recorded in accordance with the laws of the State of Indiana on	September 23, 2003 (date).

Hendricks Circuit Court

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

APPLICATION FOR MARRIAGE LICENSE **HENDRICKS COUNTY**

Book _ Date of Application

IC 31-11-11. Furnishing false information upon applying for 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 🗆 If No, Medical Examination or Report Dated .

IC 31-11-4-4 commits a Class D felony.	Name of Physician Abhala Johnson The
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name First Middle Last
Date of Birth Month Day Year	Date of Birth Month Day Year
8 27 79	4 2 80
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address / Street or R.R. City County State	Residence Address Street or R.R. City County State
70 N. Highstrut Danville Kind Soffeld	10 N. Hick St. Vanville Kind Shr 4612
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
	Last Wallage Ended By. Death Divolce Amuniment Date
Date of Birth Verified By: Birth Certificate Other (Specify)	Date of Birth Verified By: Birth Certificate Other (Specify)
Druis o Geense	Druis Laine
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 Are you related to the female applicant closer than second cousin? No Yes	If answer is "yes", has the adjudication been removed? No Yes
3. Are you now under the influence of an alcoholic beverage? No Yes	 Are you related to the male applicant closer than second cousin? Are you now under the influence of an alcoholic beverage? No Yes \(\sqrt{Yes} \)
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
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 Theilson Jug Hall	6. (a) Full name of applicant's father William Northcaitt
(If adopted, list adoptive parents only) Residence of father (if deceased so state)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Birthplace of father (State or foreign country)	Residence of father (if deceased, so state) Birthplace of father (State or foreign country), Miliana
(b) Full maiden name of applicant's mother Oliva Jan Hofman	(b) Full maiden name of applicant's mother Starlet Organ Fitter
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court
State of Indiana) I swear/affirm that the information given	
State of Indiana) I swear/affirm that the information given in this application is true and correct.	State of Indiana) I swear/affirm that the information given County of Hendricks) \(\sqrt{1} \) \(\sqrt{1} \
Signed Confidence Same	County of Hendricks County of Hendricks Signed County of Hendricks Signed County of Hendricks
New Address Subscribed and sworn to before me this 30 day of July 5003	New Address Subscribed and sworn to before me this D day of Flider 2003
Clerk of the Hendricks Circuit Court	Clerk of the Hendricks Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS PAPENTS PAPENTS
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby 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 #
Subscribed and sworn to before me this day of	Mother ID # Subscribed and sworn to before me this day of
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT	Γ. A marriage license having been refused to the above named parties, the
and filed in, autho	Court, by written order issued
	E AND MARRIAGE CERTIFICATE
certify that there was filed in my office a marriage license issued by the Cler	k of the Circuit Court of Hendricks County, Indiana, dated July 30.
, authorizing the marriage ofAndrew Jay H	all and Angela Robin Northcutt
further certify that the following marriage certificate was filed in my office: I	William Sampen (name)
certify that on August 23, 2003 (date), at Pla County, Indiana, Andrew Jay Hall of Hend	ricks Games Indiana
state), and Angela Robin Northcutt of Hendri	cks County Indiana (state)
were married by me as authorized under a marriage license that was issu	ned by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Minister (official designation)
and recorded in accordance with the laws of the State of Indiana on	August 28, 2003 (date).
	SignedClerk
3OYCE FORMS • SYSTEMS 1-800-382-8702 1477	Hendricks Circuit Court

Clerk

STATE OF INDIANA

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Book 67
Page 5/3
7-3803
Date of Application

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

IC 31-11-4-4 commits a Class D felony.	Name of Physician
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name First Middle Last
Date of Birth Month Day Year	Date of Birth Month Day Pear
Date of Birth Month Day Year 10 9 79	4 3 81
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
1971 acorn H. augn Wind Shelles	1971 acom et. avon Hend In Held
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of Birth Verified By: Birth Certificate Other (Specify)	Date of Birth Verified By: Birth Certificate Other (Specify)
Druis Leanse	Druesin Granie
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?	If answer is "yes", has the adjudication been removed?
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?	3. Are you now under the influence of an alcoholic beverage?
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.	List the full names of any dependent children.
	9 . 0 90 .
6. (a) Full name of applicant's father Aburt Plummer	6. (a) Full name of applicant's father Sconard C. Mayfee
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Donal & Mountie	(b) Full maiden name of applicant's mother Delisa R. Mestr
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)
Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
Bitulplace of moties (State of foleign country)	Distribute of mount (State of Noting County)
Signature of Applicant Date 7-30-03 The above applicant has objected to verifying by oath or affirmation or signature to the above	Signature of Applicant Last May Date 7-30-0 The above applicant has objected to verifying by oath or affirmation or signature to the above applications of religious beliefs.
acknowledgment because of religious beliefs. Clerk of Court Date	acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of Hendricks Signed I swear/affirm that the information given in this application is true and correct.	State of Indiana) I swear/affirm that the information gives County of Hendricks) in this application is true and correct New Address Subscribed and sworm to before me this Solday of Salary Subscribed and sworm to before me this
New Address Subscribed and sworn to before me this 30 day of July, 2003	Subscribed and sworn to before me this 30 day of July 2003
Clerk of the Hendricks Circuit Court	Subscribed and sworn to before the tins Clerk of the Hondricks Circuit Cour
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 # Mother ID #	Father ID # Mother ID #
Subscribed and sworn to before me this day of	Subscribed and sworn to before me this day of
Clerk	Cler
County	T. A marriage license having been refused to the above named parties, the Court, by written order issued
and filed in, author	orizes 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 Cler	RE AND MARRIAGE CERTIFICATE rk of the Circuit Court of Hendricks County, Indiana, datedJuly 30, 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 Pla	infield in Hendricks
County, Indiana, Christopher S. Plummer of Hend	ricks County, Indiana
(state), and Brooke Nicole Mayfield of Hendric	ks County, Indiana (state
were married by me as authorized under a marriage license that was issu	ued by the Clerk of the Circuit Court of Hendricks County, Indiana, date
Tuly 30 2003 Signed by Christopher Daum	,

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

APPLICATION FOR MARRIAGE LICENSE **HENDRICKS COUNTY**

8-4-03 Date of Application

IC 31-11-11. Furnishing false information upon applying for 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 ☐
If No, Medical Examination or Report Dated _

IC 31-11-4-4 commits a Class D felony.	Name of Physician Dr. Charles
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name First Middle Last
Date of Birth Month Day Year	Date of Birth Month Day Year
September 6 1953	Date of Birth Month Day Year Garil 30 1970
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. Sity County State
8204 Portside Drive avox Hendricles Indiana	Residence Address Street or R.R. Lity County State 8204 Portside Drive area Hendricks Indian
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 1997	Last Marriage Ended By: Death Divorce Annulment Date
Date of Birth Verified By:	Date of Birth Verified By:
Drivers Liverse	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 Are you related to the female applicant closer than second cousin? No Yes	If answer is "yes", has the adjudication been removed? No Yes Are you related to the male applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No Yes	2. Are you related to the male applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes 5
4. Are you now under the influence of a narcotic drug? No Ves	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children. Eugene Debs Mochus Brian Michael Moebius	5. List the full names of any dependent children.
Eugene Debs Moebius Brian Michael Moebius Donathon Joseph Moebius	
6. (a) Full name of applicant's father Esgene D Moebius	6. (a) Full name of applicant's father man fred Thonis
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state) Dermany
Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Ena Fontana	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother (If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother Christa Schlesle
Residence of mother (if deceased, so state)	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court
	Clerk of Court Date
State of Indiana County of Hendricks) Signed I swear/affirm that the information given in this application is true and correct.	State of Indiana) County of Hendricks) Signed I swear/affirm that the information given in this application is true and correct.
X New Address Samo as doure	Y Signed
Subscribed and sworn to before methis day of	Subscribed and sworn to before me this day of
Clerk of the Hendricks Circuit Court	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 # Subscribed and sworn to before me this day of	Mother ID #
Clerk	Subscribed and sworn to before me this day ofClerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR	T. A marriage license having been refused to the above named parties the
County	Court, by written order issued Court, by written order issued parties, the issuance of a marriage license to the above named parties.
certify that there was filed in my office a marriage license issued by the Cler	E AND MARRIAGE CERTIFICATE To of the Circuit Court of Hendricks County, Indiana, dated August 4,
further certify that the following marriage certificate was filed in my office:	Moebius and Martina Thunig (name),
ertify that onAugust 4, 2003 (date) at Dany	ville in Hondricks
county, indiana, Eugene Otto Moedius of Hendr	1 CKS County Indiana
state), andHartina munityoiHendric	KS County, Indiana (state)
were married by me as authorized under a marriage license that was issued	led by the Clerk of the Circuit Court of Hendricks County Indiana detail
Filed and recorded in accordance with the laws of the State of Indiana on	Hend Co Deputy Clerk (official designation) August 8, 2003 (date).
	Signed Slaver Dugan
OYCE FORMS & SYSTEMS 1 900 392 9703	Signed (lerk
OYCE FORMS • SYSTEMS 1-800-382-8702 1477	Hendricks Circuit Court

Clerk

STATE OF INDIANA

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Date of Application

IC 31-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.	Female Applicant > 50 No 2 Yes 1 7-25-03 If No, Medical Examination or Report Dated Name of Physician 12-25-03
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last Benjamin Month Day Year Place of Birth (State or foreign country) Residence Address Street or R.R. City County Foreign County County County Frevious Marital Status: Never Married OR No. of Previous Marriages	Name First Susan Royston Date of Birth Month Day Year Place of Birth (State or foreign country) Residence Address Street or R.R. City County State 3/7 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 (Specify)	Date of Birth Verified By: Birth Certificate Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes I fanswer is "yes", has the adjudication been removed? No Yes Are you related to the female applicant closer than second cousin? No Yes Are you now under the influence of an alcoholic beverage? No Yes Are you now under the influence of a narcotic drug? No Yes State the full names of any dependent children.	1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐ If answer is "yes", has the adjudication been removed? No ☐ Yes ☐ Yes ☐ Are you related to the male applicant closer than second cousin? No ☐ Yes ☐ Yes ☐ Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐ Yes ☐ List the full names of any dependent children.
6. (a) Full name of applicant's father Michael John Curiss (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)	6. (a) Full name of applicant's father long definition of the control of the cont
ACKNOWLEDGEMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome) Signature of Applicant Date 7-31-03	ACKNOWLEDGEMENT I acknowledge that I have received information regarding dangerous communicable diseases 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	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of Hendricks Signed New Address Subscribed and sworn to before me this CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	State of Indiana County of Hendricks Signed New Address Subscribed and sworn to before me this day of CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state of Indiana)	state facts which make the consent of the other parent unnecessary State of Indiana)
County of Hendricks) Father ID # Mother ID # Subscribed and sworn to before me this day of Clerk	County of Hendricks) Father ID # Mother ID # Subscribed and sworn to before me this day of Clerk
	RT. A marriage license having been refused to the above named parties, the
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT	Court, by written order issued
and filed in, autr	norizes and directs the issuance of a marriage needs to the above named parties.
I certify that there was filed in my office a marriage license issued by the Clean School Sch	I, Rev. Dr. Jean Wilson (name), ianapolis in Marion (name), indricks County, Indiana (state)
were married by me as authorized under a marriage license that was is July 31, 2003. Signed by: Rev. Dr. Jean Wilson Filed and recorded in accordance with the laws of the State of Indiana on	

Signed ______ Hendricks Circuit Court

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Book 67
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7-3/-03
Date of Application

IC 31-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.	Female Applicant > 50 No F Yes T 1-30-03 If No, Medical Examination or Report Dated 1-30-03 Name of Physician John Union
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name First Middle Last
adam John Lounder	Henny Fano Sounder
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country) Malana
Residence Address Street or R.R. City County State 1914 Colfolisprenag On Own, Send 46/23 Previous Marital Status: Never Married OR No. of Previous Marriages	Residence Address Street or R.R. City County State 1974 Cobblespusage Or Avan Hund In Herz 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)	Date of Birth Verified By: Birth Certificate
Driver's Gaine	Druis Seine
1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐ If answer is "yes", has the adjudication been removed? No ☐ Yes ☐ 2. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐ 3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐ 4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐ 5. List the full names of any dependent children.	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes", has the adjudication been removed? No Yes Are you related to the male applicant closer than second cousin? No Yes Are you now under the influence of an alcoholic beverage? No Yes Are you now under the influence of a narcotic drug? No Yes List the full names of any dependent children.
6. (a) Full name of applicant's father John Roundes	6. (a) Full name of applicant's father Bill Roll
6. (a) Full name of applicant's father (If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state) — Indiana
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Candy Mages	(b) Full maiden name of applicant's mother And Suc albor
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome) Signature of Applicant Date 7-37-03 The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana) I swear/affirm that the information given	
	County of Hendricks)
Signed Man Joseph in this application is true and correct.	Signed Synuf Juneally in and application is the and correct.
Subscribed and sworn to before me this 31 day of July, 2003	New Address Subscribed and sworn to before me this 3/ day of July Jan 3
Clerk of the Mendricks Circuit Court	Subscribed and sworn to be to the Hendricks Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby 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 # Subscribed and sworn to before me this day of	Mother ID # Subscribed and sworn to before me this day of
Subscribed and sworn to before me this day or Clerk	Subscribed and sworn to before me this day of Clerk
	Γ. A marriage license having been refused to the above named parties, the Court, by written order issued
	prizes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the Cler	E AND MARRIAGE CERTIFICATE tk of the Circuit Court of Hendricks County, Indiana, dated July 31,
I fourther contifu that the fallowing marriage contificate was filed in my office.	tk of the Circuit Court of Hendricks County, Indiana, dated July 31, and Penny Faye Lounder Janet S. Smith (name)
certify that onJuly 31, 2003 (date), atDanv	ille in Hendricks
County, Indiana, Adam John Lounder of Hendr	rille in Hendricks ricks County, Indiana (state)
(state), and Penny Faye Lounder of Hendric	KS County, Indiana (state)
were married by me as authorized under a marriage license that was issu July 31, 2003. Signed by: Janet S. Smith	hed by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Hend Co Deputy Clerk (official designation) August 1, 2003 (date).
Filed and recorded in accordance with the laws of the State of Indiana on	August 1, 2003 (date).

Signed _____ Hendricks Circuit Court

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

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Page <u>7-31-03</u>
Date of Application

IC 31-11-11. Furnishing false information upon applying for license. No E Female Applicant > 50 Yes 🗆 7-23-03 A person who knowingly furnishes false information to a clerk of the If No, Medical Examination of Report Dated 18 Name of Physician 1. William Sukerson circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony. FEMALE APPLICANT MALE APPLICANT Middle Middle Name Date of Birth Place of Birth (State or foreign country) Place of Birth (State or foreign country) Residence Address Street or RJ Residence Address OR No. of Previous Marriages Previous Marital Status: Death Divorce Annulment Date 2000 Last Marriage Ended By: Last Marriage Ended By: Death Divorce Annulment Date Other (Specify) Y Other (Specify) Date of Birth Verified By: ☐ Birth Certificate ☐ Birth Certificate Date of Birth Verified By: Drivery Kiceise No Yes Are you now or have you ever been adjudged to be of unsound mind? Are you now or have you ever been adjudged to be of unsound mind? No V Yes If answer is "yes", has the adjudication been removed? No Yes No 🗆 Yes 🗆 If answer is "yes", has the adjudication been removed? No 🖾 Yes 🗆 No to Yes 🗆 Are you related to the male applicant closer than second cousin? Are you related to the female applicant closer than second cousin? No Yes 🗆 No D Yes 🗆 Are you now under the influence of an alcoholic beverage? Are you now under the influence of an alcoholic beverage? No Yes Are you now under the influence of a narcotic drug? Yes 🗆 Are you now under the influence of a narcotic drug? List the full names of any dependent children. List the full names of any dependent children. (a) Full name of applicant's father _ (a) Full name of applicant's father (If adopted, list adoptive parents only (If adopted, list adoptive parents only) . Indiana Residence of father (if deceased, so state) Residence of father (if deceased, so state) _ Indiana Birthplace of father (State or foreign country) Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Sangua Yan Xbith (b) Full maiden name of applicant's mother Ally (a) Joanne (If adopted, list adoptive parents only) (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) **ACKNOWLEDGEMENT** ACKNOWLEDGEMENT I acknowledge that I have received information regarding dangerous communicable diseases that I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome) immune deficiency syndrome) 7-31-03 Signature of Applicant Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. acknowledgment because of religious beliefs. Clerk of Court Clerk of Court Date _ I swear/affirm that the information given State of Indiana I swear/affirm that the information given State of Indiana in this application is true and correct. in this application is true and correct. County of Hendricks County of Hendricks) _ day of July 2003 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, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _ state facts which make the consent of the other parent unnecessary _ State of Indiana County of Hendricks) County of Hendricks) ID #_ Father ____ Mother . Mother Subscribed and sworn to before me this _ Subscribed and sworn to before me this _ COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _ Court, by written order issued _ _County _ _, authorizes and directs the issuance of a marriage license to the above named parties. and filed in RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated ___July_31,__ 2003 , authorizing the marriage of Paul Edwin Gossett and Sabrina Ann Shinkle (name). ficate was filed in my office. I,

(date), at _____ Greenwood _____ in ____ Indiana_____

County, ____ Indiana_____ certify that on August 16, 2003 County, Indiana, Paul Edwin Gossett _County, _Indiana_ (state), and Sabrina Ann Shinkle of Marion were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated ___ (official designation) Pastor July 31, 2003 . Signed by: Jim Teller

August 26, 2003 (date).

Hendricks Circuit Court

Clerk

Filed and recorded in accordance with the laws of the State of Indiana on ____

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

IC 31-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.	Female Applicant > 50 No Yes 5-1-03 If No, Medical Examination or Report Dated Name of Physician Sudmids Sammell
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last Cugles Kirlard Parton Date of Birth Month Day Year	Name First Middle Last Ann Susan White Date of Birth Month Day Year
Place of Birth (State or foreign country) Andiana	Place of Birth (State or foreign country) Maresland
Residence Address Street or R.R. City County State 1033 C. Washington St. Indole Mario hy4620	Residence Address Street or R.R. City County State 5754 Forling for B'Burg Kind In 46/12
Previous Marital Status: Never Married OR No. of Previous Marriages 3	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date ROOD	Last Marriage Ended By: Death Divorce Annulment Date 1999
Date of Birth Verified By: Birth Certificate Other (Specify)	Date of Birth Verified By: Birth Certificate
Andrana I D Cara	Druis's General
 Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐ If answer is "yes", has the adjudication been removed? No ☐ Yes ☐ Are you related to the female applicant closer than second cousin? No ☐ Yes ☐ 	Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐ If answer is "yes", has the adjudication been removed? No ☐ Yes ☐ 2. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No Yes 4. Are you now under the influence of a narcotic drug? No Yes 5. List the full names of any dependent children.	 3. Are you now under the influence of an alcoholic beverage? No Yes 4. Are you now under the influence of a narcotic drug? No Yes 5. List the full names of any dependent children
6. (a) Full name of applicant's father Eugene Richard Parton (If adopted, list adoptive parents only)	6. (a) Full name of applicant's father Mulland D. Mullanger. (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	Residence of father (if deceased, so state) Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother (If advanted list adoptive parants only)
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)	(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 13/103	ACKNOWLEDGEMENT I acknowledge that I have received information regarding dangerous communicable diseases 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	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of Hendricks Signed New Address Subscribed and sworn to before me this Clerk of the Hendricks Circuit Court	State of Indiana County of Hendricks Signed New Address Subscribed and sworn to before me this Clerk of the Bendricks Circuit Court
CONSENT OF PARENTS, PARENT, OX GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana) County of Hendricks) Father ID #	State of Indiana) County of Hendricks) Father ID #
Mother ID # Subscribed and sworn to before me this day of Clerk	Mother ID # Subscribed and sworn to before me this day of Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT	T. A marriage license having been refused to the above named parties, the
and filed in, author	Court, by written order issued corizes 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 Cler	SE AND MARRIAGE CERTIFICATE rk of the Circuit Court of Hendricks County, Indiana, datedJuly_31, rd PaxtonandAnn Susan White
I further certify that the following marriage certificate was filed in my office: I certify that on	I,
were married by me as authorized under a marriage license that was issu	County, Indiana (state) County, Indiana (state) ued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 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 Slaver Dugan Clerk

Signed Hendricks Circuit Court

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

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.	Female Applicant > 50 No Yes 7.31-03 If No, Medical Examination or Report Dated 7.31-03 Name of Physician Ds. Galdy
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name First Middle Last
Date of Birth Month Day Year	Elaine Sue Jacobs
Date of Birth Month Day Year 1962	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Indiana	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
1103 10. Plainuer St. Indpls. Manon IN 4624	
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Date of Birth Verified By: ☐ Birth Certificate ☐ Dotter (Specify)	Last Marriage Ended By: Death Divorce Annulment Date 8/02
	Date of Birth Verified By:
1. Are you now or have you ever been adjudged to be of unsound mind? No T voe T	Privers Gresse
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes I f answer is "yes", has the adjudication been removed? No Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
2. Are you related to the female applicant closer than second cousin? No Yes	If answer is "yes", has the adjudication been removed? No Yes 2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?	The state of the state apprecian cross than second codsin? No E Tes E
4. Are you now under the influence of a narcotic drug?	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No Yes Yes
5. List the full names of any dependent children.	5. List the full names of any dependent children.
	Fately Jacobs
- Carred Maries	
6. (a) Full name of applicant's father fiction Moyer (If adopted, list adoptive parents only)	6. (a) Full name of applicant's father Bassy Butles
(If adopted, list adoptive parents only) Residence of father (if deceased, so state)	(If adopted, list adoptive parents only)
Birthplace of father (State or foreign country)	Residence of father (if deceased, so state)
(b) Full maiden name of applicant's mother LOIS COVOL BYENDIGE	Birthplace of father (State or foreign country) 19extucky? (b) Full maiden name of applicant's mother 6 1908 14185
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGEMENT I acknowledge that I have received information regarding dangerous communicable diseases 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 of Applicant Date 7/31/03	ACKNOWLEDGEMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired ipmune deficiency syndrome). Signature of Applicant Date 7/31/03
The above applicant has objected to verifying by oath or affirmation or signature to the above	
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of Hendricks) fifty Part man in this application is true and correct.	County of Hendricks Signed Signed
New Address) A M C	Signed Claime Sue Jacobs
Subscribed and sworn to before me this	New Address Same As this Subscribed and sworn to before mothis 3 L day of July 2003
Clark of the United Co. 100	Subscribed and sworn to before in this day of Clerk of the Hendricks Circuit Court
- Slavan Nugan	Clerk of the Hendricks Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent sizes	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of 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 # Subscribed and sworn to before me this day of	Mother ID #
Subscribed and sworn to before me this day of Clerk	Subscribed and sworn to before me this day of Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	C. A marriage license having been refused to the above named parties, the
and filed in, authori	Court by written order issued
RETURN OF MARRIAGE LICENSE I certify that there was filed in my office a marriage license issued by the Clerk 2003	of the Circuit Court of Handricks County Indiana dated 7111 v 21
, authorizing the marriage of	Moyer and Elaine Sue Jacobs
I fulfill Cefully that the following marriage certificate was filed in my office. I	DAY C T Cibaca
CERTIFY THAT ON DEDUCEMBEL ZU. ZUU 1 (data) at DIS	21011010
County, Indiana, Jeffrey David Moyer of Marior (state), and Elaine Sue Jacobs of Hendricks were married by me as authorized under a married by me as a married by me as authorized under a married by me as authorized under a married by me as a marr	County, Indiana
July 31, 2003 Signed by: Rev. C. J. Gibson	by the Clerk of the Circuit Court of Hendricks County, Indiana, dated
Filed and recorded in accordance with the laws of the State of Indiana on	Dactor
	October 2, 2003 (date).

Signed _____ Hendricks Circuit Court

Clerk

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Book Page 7-31-03 Date of Application

IC 31-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.	Female Applicant > 50 No F Yes I Yes I If No, Medical Examination or Report DatedName of Physician
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name First Middle Last
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
1142 Blue Bird Or Indals Dend Sh Heazi	1142 Blue Bird Dr. Bidol, Wind An 468.
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 2002	Last Marriage Ended By: Death Divorce Annulment Date 2001
Date of Birth Verified By: Birth Certificate	Date of Birth Verified By: Birth Certificate
Driver's Sicense	Druis's Gense
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes", has the adjudication been removed? No Yes 2. Are you related to the female applicant closer than second cousin? No Yes Are you now under the influence of an alcoholic beverage? No Yes 4. Are you now under the influence of a narcotic drug? No Yes 5. List the full names of any dependent children.	1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐ If answer is "yes", has the adjudication been removed? No ☐ Yes ☐ 2. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐ 3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐ 4. Are you now under the 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 Corbins	6. (a) Full name of applicant's father Fred Silvert
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
(b) Full maiden name of applicant's mother Sarah Durcey	(b) Full maiden name of applicant's mother Mangaret Sone
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of Hendricks Signed New Address I swear/affirm that the information given in this application is true and correct.	State of Indiana County of Hendricks) Signed Signed
Subscribed and sworn to before me this 3/ day of Clerk of the Mendricks Circuit Court	Signed New Address Same Subscribed and sworn to before methis 31 day of Clerk of the Bendricks Circuit Court
Staret Nieger	
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OK GUARDIAN We, the parents of this applicant, hereby 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 # Mother ID #	Father ID # Mother ID #
Subscribed and sworn to before me this day of	Subscribed and sworn to before me this day of
COMPLETE IE MARRIAGE LICENSE ISSUED BY ORDER OF COURT	Clerk
County	 Γ. A marriage license having been refused to the above named parties, the Court, by written order issued prizes 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 Cler 2003, authorizing the marriage of Bobby Archie	E AND MARRIAGE CERTIFICATE k of the Circuit Court of Hendricks County, Indiana, dated August 23, Mills and Patricia Ann Gaines
I further certify that the following marriage certificate was filed in my office:	n, <u>Cedric Perry</u> (name), lianapolis in <u>Marion</u>
County Indiana Bobby Archie Mills (date), at Inc	cicks County Indiana
(state), and Patricia Ann Gaines of Hendrick	cicks County, Indiana (state)
were married by me as authorized under a marriage license that was issue	hed by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Pastor (official designation) August 28, 2003 (date).
The state of indials of the state of the s	(date).
경기가 있다고 있는 사람들으로 하는 사람들이 없다. 그리고 있다고 없다.	Signed Slaver Dugan Clerk
BOYCE FORMS • SYSTEMS 1-800-382-8702 1477	Signed Clerk Hendricks Circuit Court

Clerk

STATE OF INDIANA

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Page 5 21
7- 31-03
Date of Application

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

Female Applicant > 50 No Yes \(\frac{1}{2} \) 1/2 03

If No, Medical Examination or Report Dated

Name of Physician \(\sum_{USPA} \) Multh

IC 31-11-4-4 commits a Class D felony.	
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last TASON ANDREW STALEY	Name REBECCA ANN HAYES
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Tu .	IN
Residence Address Street or R.R. City County State 10 GRAFION COURS BROWNSBURG HENDRICKS IN	Residence Address Street or R.R. City County State 2461 HARVEST WAY APT D PLANFIELD LIFEDRAGE IN
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of Birth Verified By: Birth Certificate Other (Specify)	Date of Birth Verified By: Birth Certificate Other (Specify)
Dawes Line of	Daniel Lieure
DEIVERS LICENSE	DRIVERS LICENSE
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes", has the adjudication been removed? No Yes 2. Are you related to the female applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes 4. Are you now under the influence of a narcotic drug? No Yes 5. List the full names of any dependent children.	1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐ If answer is "yes", has the adjudication been removed? No ☐ Yes ☐ 2. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐ 3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐ 4. Are you now under the 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 WALTER STALLY	6. (a) Full name of applicant's father DERNON RAY MAYES
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only) Residence of father (if deceased so state)
Pirthelese of father (State or foreign country)	Birthplace of father (State or foreign country) WEW MEXICO
(b) Full maiden name of applicant's mother ELAINE KAY TABLER	(b) Full maiden name of applicant's mother (449 ETTE LOFF EY
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court	mmune deficiency syndrome), Signature of Applicant Reversa Hayes The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court
State of Indiana I swear/affirm that the information given in this application is true and correct. Signed New Address Subscribed he sworn to before led this pay of	State of Indiana County of Hendricks Signed Rebecca. Hayla New Address 10 Bratton Ct. Brownsturg, In Hell Subscribed arm syorn to before notices 31 day of 544 200 Clerk of the Hendricks Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby 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) Father ID #	County of Hendricks) Father ID #
Mother ID #	Father ID # Mother ID #
Subscribed and sworn to before me this day of Clerk	Subscribed and sworn to before me this day of Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT	Γ. A marriage license having been refused to the above named parties, the
and filed in, autho	rizes 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 Cleri	E AND MARRIAGE CERTIFICATE k of the Circuit Court of Hendricks County, Indiana, dated July 31,
2003 authorizing the marriage of Jason Andrew S	Staley and Rebecca Ann Hayes
I fourth an agetifu that the fall arrive manufacture and for a sectificants	ianapolis in Marion (name)
I further certify that the following marriage certificate was filed in my office: I certify that on September 1, 2003 (date) at India	Lanaports in Marion
I further certify that the following marriage certificate was filed in my office: I certify that on September 1, 2003 (date), at Indiana, Jason Andrew Staley of Hendri	
certify that on September 1, 2003 (date), at Indiana, County, Indiana, Jason Andrew Staley of Hendricks (state), and Rebecca Ann Hayes of Hendricks	icks County, Indiana (state) County, Indiana
certify that on September 1, 2003 (date), at Indi	County, Indiana County, Indiana (state) Seed by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Pastor (official designation)

Signed _

Hendricks Circuit Court

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

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

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

Book . Date of Application

IC 31-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court 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 1-9-03 If No, Medical Examination or Report Dated Name of Physician Faren Blandmo
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name First Middle Last Madeson
Date of Birth Month Day Year	Date of Birth Month Day Year
Date of Birth Month Day Year 1	11 3 72
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County, State
9/21 Southern wood Way Indeps Marion Sittles	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 1991	Last Marriage Ended By: Death Divorce Annulment Date 2001
Date of Birth Verified By: Birth Certificate Other (Specify)	Date of Birth Verified By: Birth Certificate
Druger Segure	Drues of Greense
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 — Yes — No — Yes —
If answer is "yes", has the adjudication been removed?	If answer is "yes", has the adjudication been removed? No Yes No Yes No Yes No Yes No Yes No Per N
2. Ale you related to the remain applicant close than second 2.	3. Are you now under the influence of an alcoholic beverage?
Are you now under the influence of an alcoholic beverage? Are you now under the influence of a narcotic drug? Yes	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children. Farret K. Warney	5. List the full names of any dependent children. Saylor 11. Madeson
1. 000 yl	- 1.1.11
6. (a) Full name of applicant's father Nonald Hay Narvey	6. (a) Full name of applicant's father Willburn (Late Smith) (If adopted, list adoptive parents only)
(If adopted, list adoptive parents only) Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother fines claime Fields	(b) Full maiden name of applicant's mother (If adopted, list adoptive parents only)
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
I acknowledge that I have received information regarding dangerous communicable diseases 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 OI Aug 63	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome) Signature of Applicant Wally Date My 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	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
	State of Indiana) I swear/affirm that the information given
State of Indiana County of Hendricks I swear/affirm that the information given in this application is true and correct.	County of Hendricks) Signed Kelling Madison Signed County of Hendricks)
Wind Sand awey	GIA MILLION ON THE TOTAL
Y New Address 570 Sun metadows have Aven IN 46123 Subscribed and sworm to before methis day of	Subscribed and sworn to before me this day of Children Color
Subscribed and Will to belote in the Subscribed and Clerk of the Hendricks Circuit Court	Subscribed and store to before the New Clerk of the Hendricks Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby 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 # Mother ID #	Father ID # Mother ID #
Subscribed and sworn to before me this day of	Subscribed and sworn to before me this day of Clerk
Clerk	RT. A marriage license having been refused to the above named parties, the
Country	Court by written order issued
and filed in, autr	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cle	erk of the Circuit Court of Hendricks County, Indiana, dated August 17 Harvey Kellijo Madison
I further certify that the following marriage certificate was filed in my office: certify that on September 26, 2003 (date), at County, Indiana, Jarrod Ray Harvey of Hendric	I, Ron J. Bontrager (name),
certify that on September 26, 2003 (date), at	rion County Indiana
County, Indiana, Jarrod Ray Harvey of Hendric (state), and Kellijo Madison of	cks County, Indiana (state)
(state), and	sued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated
August 1, 2003. Signed by: Ron J. Bontrager Filed and recorded in accordance with the laws of the State of Indiana on	October 2, 2003 (date).
	· MARIANIAN ON A CIT
BOYCE FORMS • SYSTEMS 1-800-382-8702 1477	Signed Clerk Hendricks Circuit Court

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Book <u>47</u>
Page <u>523</u>
8-1-03
Date of Application

IC 31-11-1. Furnishing false information upon applying for license.

A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage 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 Name of Physician Name of Physician If No, Medical Examination or Report Dated Name of Physician If No, Medical Examination or Report Dated Name of Physician If No, Medical Examination or Report Dated Name of Physician If No, Medical Examination or Report Dated Name of Physician If No, Medical Examination or Report Dated Name of Physician If No, Medical Examination or Report Dated Name of Physician If No, Medical Examination or Report Dated Name of Physician If No, Medical Examination or Report Dated Name of Physician If No, Medical Examination or Report Dated Name of Physician If No, Medical Examination or Report Dated Name of Physician If No, Medical Examination or Report Dated Name of Physician If No, Medical Examination or Report Dated Name of Physician If No, Medical Examination or Report Dated Name of Physician If No, Medical Examination or Report Dated Name of Physician If No, Medical Examination or Report Dated Name of Physician If No, Medical Examination or Report Dated Name of Physician If No, Medical Examination or Report Dated Name of Physician If No, Medical Examination If No, Medical E

MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name First Middle Last
Joseph anthony Cartes II	Jessica Marie Hoffman
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Indiana	Residence Address Street or R.R. City County State
Residence Address Street or R.R. City County State BULLIAE, Copy 4000 B' Busa Kind An 4412	Residence Address Street or R.R. City / County State 8804 Wood points Civile And Sulph Marie And
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 Green (Specify)	Date of Birth Verified By: Birth Certificate
Drues Seine	Druis's Seine
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 Are you related to the female applicant closer than second cousin?	If answer is "yes", has the adjudication been removed? No Yes Are you related to the male applicant closer than second cousin?
 Are you related to the female applicant closer than second cousin? Are you now under the influence of an alcoholic beverage? No Yes \(\subseteq \) 	2. Are you related to the male applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of an arcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children. Julian Russ
6. (a) Full name of applicant's father Assess a. Cartter	6. (a) Full name of applicant's father Storige adom Hoffman
6. (a) Full name of applicant's father Assept a. Carttr (If adopted, list adoptive parents only	6. (a) Full name of applicant's father Storige adding Supprace (If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Andleisa	Residence of father (if deceased, so state) Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother han Marie Viller	(b) Full maiden name of applicant's mother Ausa Civelyn Head
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test rites for the virus that causes AIDS (acquired immune deficiency syndrom). Signature of Applicant Date 8-01-03 The above applicant has objected to verifying by oath or affirmation or signature to the above	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). **Signature of Applicant Spiriture of Applicant Spiriture of Applicant Spiriture of Applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs. Clerk of Court Date	acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of Hendricks Signed New Address New Address Subscribed and sworn to before me this Clerk of the Hendricks Circuit Court	State of Indiana) I swear/affirm that the information giver County of Hendricks Signed Scales County of Hendricks Signed Subscribed and sworn to before the hendricks Circuit Courty of the Hendricks Circuit Courty of Hendricks
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs state facts which make the consent of the other parent unnecessary
State of Indiana) County of Hendricks)	State of Indiana) County of Hendricks)
Father ID #	Father ID # Mother ID #
Mother ID # Subscribed and sworn to before me this day of	Mother ID # Subscribed and sworn to before me this day of
Subscribed and sworn to before me this day of Clerk	Subscribed and sworn to before me this day of Cler
	T. A marriage license having been refused to the above named parties, the
and filed in, author	orizes 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 Cleratory 2003, authorizing the marriage of Joseph Anthon I further certify that the following marriage certificate was filed in my office:	SE AND MARRIAGE CERTIFICATE rk of the Circuit Court of Hendricks County, Indiana, dated August 1, y Carter II and Jessica Marie Hoffman I, Janet S. Smith (name)
certify that on August 1, 2003 (date), at Dany	ndricks Indiana
(state), and <u>Jessica Marie Hoffman</u> of <u>Marion</u>	ndricks County, Indiana (state
	ued by the Clerk of the Circuit Court of Hendricks County, Indiana, date
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).

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Book 67
Page 524
8-4-03
Date of Application

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

Female Applicant > 50 No Ves 7-16-03

If No, Medical Examination or Report Dated

Name of Physician S. UYAS

IC 31-11-4-4 commits a Class D felony.	Name of Thysician 2.07 //
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name First Middle Last
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country) 8 79 100	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State 9 4215 W. Cl. 400 S. DANVILLE NEWDRICKS IN
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of Birth Verified By: Birth Certificate Other (Specify)	Date of Birth Verified By: Birth Certificate Other (Specify)
DRIVERS LICENSE	DRIVERS LICENSE
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes Are you related to the female applicant closer than second cousin? No Yes	If answer is "yes", has the adjudication been removed? No Yes 2. Are you related to the male applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug?	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 Gevald Douglas STROUTH	6. (a) Full name of applicant's father TERRY Lee Rosenbalm
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother WANCY YOUNG FRALEY	Birthplace of father (State or foreign country) IN (b) Full maiden name of applicant's mother Denrifer ANN WARD
(b) Full maiden name of applicant's mother ARXY YUGNE FRACEY (If adopted, list adoptive parents only)	
Residence of mother (if deceased, so state)	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGEMENT	ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that	I acknowledge that I have received information regarding dangerous communicable diseases that
are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant Date 8/4/2003	immune deficiency syndrome). Signature of Applicant Woody Constant Date 81410.
Signature of Applicant 17 Cos Os	Signature of Applicant Police Date
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	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) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
X Signed New Address SAME AS ABOUT	Signed Si
Subscribed and sworn to before me this 4 day of August 2003	Subscribed and sworn to before methis 4 day of August 2003
Clerk of the Hendricks Circuit Court	New Address 603 Woodberry Dr. DAWille 50 41120 Subscribed and sworn to before making 4 day of August 2003 Clerk of the Hendricks Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN
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)	State of Indiana) County of Hendricks)
Father ID #	Father ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me this day of Clerk	Subscribed and sworn to before me this day of Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT	Γ. A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, author	orizes and directs the issuance of a marriage license to the above named parties.
	E AND MARRIAGE CERTIFICATE
2003 authorizing the marriage of Adam Lee Stro	ck of the Circuit Court of Hendricks County, Indiana, dated <u>August 4, outh</u> and <u>Tiffany Dyan Rosenbalm</u> .
I further certify that the following marriage certificate was filed in my office: I	I, Stevan W. Ranson (name),
certify that on August 9, 2003 (date), at	ayton in Hendricks
County, Indiana, Adam Lee Strouth of Hendri	cks County, Indiana
(state), and Tiffany Dyan Rosenbalmof Hendri	cks County, Indiana (state)
August 4, 2003. Signed by:Stevan W. Ranson	med by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	August 18, 2003 (date).
	Stand Dugger

Hendricks Circuit Court

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

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Book . 525 Page _ 8-4-03 Date of Application

A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.	Female Applicant > 50 No Yes \(\begin{align*} Yes \(\begin{align*} \frac{7-14-03}{2} \\ \text{Name of Physician} \(\begin{align*} \frac{Audseau \text{**} \text{***} \text{***} \end{align*}
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name First Middle Last
Date of Birth Month Day Year	Holly Mirele Adam
_ 5 /8 83	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Indiana
600 County State	Residence Address Street or R.R. City County State 3 9655 E. CoRd 1000 N. B. Burn St. D. And 11
Previous Marital Status: Never Married OR No. of Previous Marriages	- Rough Vine of Tell
Last Marriage Ended By: Death Divorce Annulment Date	Previous Marital Status: Never Married OR No. of Previous Marriages Last Marriage Ended By: Death Divorce Annulment Date
Date of Birth Verified By:	Date of Birth Verified By: Birth Certificate General Specify)
Druis Diana	Dui 1 8.
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?	If answer is "yes", has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐ 3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐	2. Are you related to the male applicant closer than second cousin?
4. Are you now under the influence of a narcotic drug?	3. Are you now under the influence of an alcoholic beverage? No Yes 4. Are you now under the influence of a perceptic drug?
5. List the full names of any dependent children.	 4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐ 5. List the full names of any dependent children.
	and the second s
6. (a) Full name of applicant's father	
(If adopted, list adoptive parents only) Struck Michael Naus	6. (a) Full name of applicant's father Serry adams (If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Sull Summ William	Birthplace of father (State or foreign country)
(If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother (If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Date 8-4-03 Date 8-4-03	are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Date Date Date Date The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Cierk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given in this application is true and correct.	State of Indiana) I swear/affirm that the information given
V Signed Control Police	County of Hendricks in this application is true and correct. Signed Little V. Cadamas
Subscribed and sworn to before me this 4 day of August 2003	New Address 4000 BEAM BEAUMONT CIRCLE, ADT
Clerk of the Hendricks Circuit Court	Subscribed and sworn to before me this day of day of day of
CONSENT OF DADENTS PARENTS OF GUARANTE	Slaven Dugan Clerk of the Hendricks Circuit Court
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby 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) Father	County of Hendricks)
Father ID #	Father Datricia M (PA a sus ID#
Subscribed and sworn to before me this day of Clerk	Subscribed and sworn to before me this 4 day of August, 2003 Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license baying been wife in
and filed in, authori	Court, by written order issued
RETURN OF MARRIAGE LICENSE I certify that there was filed in my office a marriage license issued by the Clerk 2003, authorizing the marriage of Aaron Michael La	of the Circle C Cry
further certify that the following marriage certificate was filed in my office. I	and Holly Nicole Adams
citity time on	
state), and Holly Nicole Adams of Hendricks	County, Indiana
Filed and recorded in accordance with the laws of the State of Indiana on	August 28, 2003 (date). Pastor (official designation)
	0, 0
OYCE FORMS • SYSTEMS 1-800-382-8702 1477	Signed Stars Sugar Clerk Hendricks Circuit Court

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Book 67
Page 525
8-4-03
Date of Application

person who knowingly i	false information upon applying for license. Furnishes false information to a clerk of the rson applies for a marriage license under lass D felony.	Female Applicant > 50 No I If No, Medical Examination or Name of Physician	
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Trious Francisco	Date 7-1-03		
st Marriage Ended			9 JUL-2
Marie Marie La Prince			ē 7 ē
te of Birth Verified	Hendricks County Court		
The second second	Danville, IN 46122		E = 1
	Danvine, IN 40122		JE :
			29 JUL-2 MIII: 26
Are you now or	the property of the party of the last of t		7
If answer is "yes	To Whom it May Concern:		
Are you related			
Are you now un	I, Holly Nicole Adams, being the a	ge of 16, hereby petition the Her	dricks County Court
Are you now un	to grant me permission to marry Aa	aron Michael Lawson, age 20, th	e father of my unborn
List the full nam	child.		- Lattice of the unbolli
(a) Full name o			
(If adopted,			
Residence c	Bride HOULS NICOT	1 adam -	-II ED
Birthplace c	Bride Hous Nicole Adams	- Couring	FILED
(b) Full maiden	Hony Nicole Adams		2003
(If adopted,			JUL - ZZOOO
Residence c			All Il Con COURT
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gnature of Applicar		0.	Salara L. Brit.
	Mother of Bride Other M	arie adams	1 1 0
e above applicant	Patricia Marie	Adams	1 70
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Signed New Addr	Aaron Michael Law	son //	M
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The state of the s	RETURN OF MARRIAGE LICENSE A	AND MARRIAGE CERTIFICATE	
		of the Circuit Court of Hendricks Cour	ty Indiana dated August 4
certify that there was filed i	if the office a marriage ficelise issued by the Clerk of	a me chedit court of Helifficks Coll.	ity, illulalla, uateu
	horizing the marriage of Aaron Michael La	wson and Holly	Nicole Adams

were 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)

___ (date).

County, __ Indiana

(state), and Holly Nicole Adams of Hendricks

Filed and recorded in accordance with the laws of the State of Indiana on August 28, 2003

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

APPLICATION FOR MARRIAGE LICENSE **HENDRICKS COUNTY**

Book Date of Application

IC 31-11-1. Furnishing false information upon applying for license.

C 31-11-4-4 commits a C	lass D felony. Name of Physician A. Saudeeau m.O
Name	
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Date of Birth	
Place of Birth (State	
Tridence Address	
desidence Address	
00 Hai	
revious Marital Stat	August 1, 2003
ast Marriage Ended	
ast Marriage Ended	
Pate of Birth Verifie	Hendricks County Clerk's Office
	Danville, Indiana
Are you now or	To Whom It May Concern:
If answer is "ye	
Are you related	This letter is giving permission for my doughter II-II. Nicela Adams
Are you now ur	This letter is giving permission for my daughter, Holly Nicole Adams,
Are you now u	age 16, to marry Aaron Michael Lawson, age 20. I give my permission for
List the full nar	them to apply for and receive a marriage license from Hendricks County,
THE RESERVE AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO PERSON NAMED IN CO	Indiana. Below is my notarized signature.
(a) Full name	incidia. Delow is my notarized signature.
(If adopted.	
Residence (
Birthplace	Sincerely,
(b) Full maider	
(If adopted.	
Residence (
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ALCOHOL: NAME OF THE PARTY OF	Terrett, Alana
	Terry V Adams Eather
cknowledge that I	Terry V Adams, Father
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erk of Court	maring E. Spling
	Signature of Notary Public
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X Signed _	
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DNSENT OF PAR	
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	RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
ertify that there was filed in	my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August
	Alignist and the control of the cities of the cities country in the cities of the citi

I 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 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	RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE	Name and Address of the Owner, where the Owner, which the
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	I 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.	gust 4.
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	and Holly Nicole Adams, authorizing the marriage of Aaron Michael Lawson and Holly Nicole Adams	THE REAL PROPERTY.
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	I further certify that the following marriage certificate was filed in my office: L. Larry A. Stafford	(nama)
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	certify that on August 23, 2003 (date) at Plainfield in Hendricks	— (name),
were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated	County, Indiana, Aaron Michael Lawson of Hendricks County Indiana	
were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated	(state), and HOITY NICOLE Adams of Hendricks County Indiana	(stata)
August 4. 2003 Signed by: Larry A Chafford	were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, I	Indiana datad
official designation	Adjust 4, 2005. Signed by: Larry A. Stafford Pastor	I designation
Filed and recorded in accordance with the laws of the State of Indiana on August 28, 2003 (date).		ii designation)

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

APPLICATION FOR MARRIAGE LICENSE **HENDRICKS COUNTY**

Page 8-4-03 Date of Application

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

No ☐ Yes □ Female Applicant > 50 If No, Medical Examination or Report Dated _ Name of Physician _____ Poe mo

MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name First Middle Last
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Virginia	Indiana
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
1058 Pencastes on auon Hend In Hd23	1058 Jan Caster In Won Herd Stry
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 1998
Date of Birth Verified By: Birth Certificate Gother (Specify)	Date of Birth Verified By: Birth Certificate Green (Specify)
Druin Lai	Origin Signe
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?	If answer is "yes", has the adjudication been removed?
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 5
3. Are you now under the influence of an alcoholic beverage?	
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 S. List the full names of any dependent children.
5. List the full names of any dependent children.	Soll, Hannah Jork
	0.000
6. (a) Full name of applicant's father Marry Bepley	6. (a) Full name of applicant's father John W. Nockman
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state) Florida
Birthplace of father (State or foreign country) Hangas	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother function	(b) Full maiden name of applicant's mother Hose conn Chesterfie
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Anglena
Birthplace of mother (State or foreign country)	Birthplace of mother (State of foreign country)
ACKNOWLEDGEMENT	ACKNOWLEDGEMENT
acknowledge that I have received information regarding dangerous communicable diseases that	I acknowledge that I have received information regarding dangerous communicable diseases tha
are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
	immune deficiency syndrome).
Signature of Applicant Date 8-4-03	X Signature of Applicant 4 rown Sockman Date 8:25:03
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs. Clerk of Court Date
Clerk of Court Date	Cier of Court part
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information giver
in this audiention is two and compat	County of Hendricks) in this application is true and correct
Signed Simon S. Kapley New Address Same	& Signed wary Lackman
	New Address Some August Jones
Subscribed and sworn to before me this	Subscribed and sworn to before meetins day of
Alaman Grean	Subscribed and sworn to before methis Hodge day of Clerk of the Hendricks Circuit Cour
CONSENT OF PARENTS, PARENT, OF GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
	State of Indiana
State of Indiana)	State of Indiana) County of Hendricks)
County of Hendricks) Father ID #	Father ID #
Father ID #	Mother ID #
Subscribed and sworn to before me this day of	Subscribed and sworn to before me this day of
Clerk	Cler
THE PARTY OF THE P	T. A manifest liganes begins been referred to the charge of the charge o
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR	RT. A marriage license having been refused to the above named parties, the
and filed in	Court, by written order issued
	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cle	erk of the Circuit Court of Hendricks County, Indiana, dated August 4,
2003 authorizing the marriage of Brandon Eric	c Kepley and Misty Ann Lockman
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 Ave	on in <u>Hendricks</u>
County Indiana Brandon Eric Kepley of Hend	dricks County, Indiana
(state) and Misty Ann Lockman of Hendric	ks County, Indiana (state
were married by me as authorized under a marriage license that was iss	sued by the Clerk of the Circuit Court of Hendricks County, Indiana, date
August 4, 2003 Signed by: Kay Davis-Dudding	
Filed and recorded in accordance with the laws of the State of Indiana on	September 23, 2003 (date).
	Signed Slavan Dugan Cler
POVCE FORMS & SVETEMS 1 900 393 9702 1427	Hendricks Circuit Court
BOYCE FORMS • SYSTEMS 1-800-382-8702 1477	

Clerk

STATE OF INDIANA

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Book 67
Page 527

8-4-03
Date of Application

IC 31-11-1. Furnishing false information upon applying for license. No Yes Female Applicant > 50 A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated
Name of Physician Limboro circuit court when the person applies for a marriage license under MI IC 31-11-4-4 commits a Class D felony. MALE APPLICANT FEMALE APPLICANT Last nav Date of Birth 197 Place of Birth (State or foreign country) Place of Birth (State or foreign country) Residence Address Street or R.R. 2434 wynbrookeBlod Indos Hendricks ZN46 Trapis ferdicis IN 46234 2434 Wybrooke Blod Previous Marital Status: Never Married OR No. of Previous Marriages. Previous Marital Status: Never Married OR No. of Previous Marriage Death Divorce Annulment Date 1998 Last Marriage Ended By: Death Divorce Annulment Date Last Marriage Ended By: Other (Specify) ☐ Birth Certificate Date of Birth Verified By: ☐ Birth Certificate ☐ Other (Specify) Date of Birth Verified By: Vicerse ICEISE Are you now or have you ever been adjudged to be of unsound mind? No Yes 🗆 Are you now 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 No Yes O Are you related to the female applicant closer than second cousin? No Yes Are you related to the male applicant closer than second cousin? No D Yes 🗌 Are you now under the influence of an alcoholic beverage? Are you now under the influence of an alcoholic beverage? No Yes Are you now under the influence of a narcotic drug? Yes 🗆 Are you now under the influence of a narcotic drug? List the full names of any dependent children. List the full names of any dependent children. (a) Full name of applicant's father 1901 6. (a) Full name of applicant's father haymone (If adopted, list adoptive parents only) (If adopted, list adoptive parents only) Residence of father (if deceased, so state) Residence of father (if deceased, so state) grojovo Birthplace of father (State or foreign country) Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Cynthia Kush (b) Full maiden name of applicant's mother \(\) (a) (c) (c) (d) (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) Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) ACKNOWLEDGEMENT **ACKNOWLEDGEMENT** I acknowledge that I have received information regarding dangerous communicable diseases that I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). immune deficiency syndrome) Signature of Applicant Clanay Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. acknowledgment because of religious beliefs. Clerk of Court 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 n 1010a Mai in this application is true and correct. in this application is true and correct. County of Hendricks Clerk of the Hendricks Circuit Court 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, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _ state facts which make the consent of the other parent unnecessary _ County of Hendricks) County of Hendricks) Father _ Father __ Mother _ Mother . ID #_ Subscribed and sworn to before me this _ Subscribed and sworn to before me this. COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued _ _ County _ _, authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I 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, ____, 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), _ in _ Tippecanoe ___ (date), at __Lafayette certify that on August 23, 2003 _County, __Indiana County, Indiana, Ross Kenneth Ebert __of ___Hendricks (state), and Alaina Suzanne May of Hendricks County, ___Indiana were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, 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).

Hendricks Circuit Court

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Book .

IC 31-11-1. Furnishing false information upon applying for 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 In If No, Medical Examination or Report Dated Name of Physician Olga Watson

IC 31-11-4-4 commits a Class D felony.	
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Bu Last	Name First Middle Last Jury Ringe Albertson
Date of Birth Month Day Year	Date of Birth Month Day Year
10 14 72	1 22 77
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Indiana	Indiana
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
074 alysheba Dr. Andple Kind In 46234	2014 aliphetra Dr. Andple Nind Shi Had.
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:	Date of Birth Verified By:
Ouring S.	Ormin La.
Duns June	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 ☐	1. Are you now or have you ever been adjudged to be of unsound mind? No I see I If answer is "yes", has the adjudication been removed? No Yes
	2. Are you related to the male applicant closer than second cousin? No —Yes
2. Are you related to the female 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.
	THE RESIDENCE AND PARTY OF REAL PROPERTY OF THE PARTY OF
	- B. nin . +
6. (a) Full name of applicant's father Stoney Dankers	6. (a) Full name of applicant's father Druce Collection
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Mesrey Washe	(b) Full maiden name of applicant's mother Higging have Noug
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
	ACKNOWLEDGEMENT
ACKNOWLEDGEMENT	I acknowledge that I have received information regarding dangerous communicable diseases that
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant Savry Srawlan Date 8-5-03	Signature of Applicant Print Colombon Date 8-5-0
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	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
State of Indiana) I swear/affirm that the information given County of Hendricks) in this application is true and correct.	in this analysis is two and compat
Signed Savay Stanfar	V Signed Devi R. albutson
New Address SAME	Subscribed and sworn to before me this
Should ad more to before me this 2 day of Milay IT 1002	Subscribed and sworn to before me this day of
Subscribed and sworn to before the this day of Clerk of the Hendricks Circuit Court	Clerk of the Hendricks Circuit Court
	Slaver Dugan
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,
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
sale lace when make the consent of the other parent annecessary	
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	Mother ID # Subscribed and sworn to before me this day of
Subscribed and sworn to before me this day of Clerk	Subscribed and sworn to before me this day of Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR	RT. A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, auth	norizes and directs the issuance of a marriage license to the above named parties.
DETUDN OF MADDIAGE LICEN	SE AND MARRIAGE CERTIFICATE
L certify that there was filed in my office a marriage license issued by the Cle	erk of the Circuit Court of Hendricks County, Indiana, dated August 5,
2003 authorizing the marriage of Barry Shane	erk of the Circuit Court of Hendricks County, Indiana, dated August 5, Branham and Terri Renee Albertson
I further certify that the following marriage certificate was filed in my office:	I Rev. Dennis L. Dodson (name),
corries that on August 16, 2003 (date) at Bro	wnsburg in Hendricks
County, Indiana, Barry Shane Branham of Hendr	icks County, Indiana
(state), and Terri Renee Albertson of Hendri	icks County, Indiana (state)
were married by me as authorized under a marriage license that was iss	sued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated
August 5, 2003. Signed by: Rev. Dennis L. Dods. Filed and recorded in accordance with the laws of the State of Indiana on	on Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	August 26, 2003 (date).

Signed Hendricks Circuit Court

Clerk

Clerk

STATE OF INDIANA

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Date of Application

IC 31-11-11. Furnishing false information upon applying for 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 II

If No, Medical Examination or Report Dated II

Name of Physician III

	FEMALE APPLICANT
Name First Middle Last	Name First Middle Last
Paul Joseph Warner	Date of Birth Month Day Year
Date of Birth Month Day Year 1965	Date of Birth Month Day Year
Place-of Birth (State or foreign country)	Place of Birth (State or foreign country)
Pennsulvania	Indiana
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
536 Porktown care Avon Hendricks In 46183	536 Borktown came Aven Hendricks IN 4618
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 1102	M
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date 195
Date of Birth Verified By: Birth Certificate Other (Specify)	Date of Birth Verified By: Birth Certificate Stephen (Specify)
Daver's License	Driver's Cicerse
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?	If answer is "yes", has the adjudication been removed?
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?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? No Yes 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 Wallace William Warner	6. (a) Full name of applicant's father David Ross Codarma?
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Vennsylvania	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) Indiana (b) Full maiden page of applicant's mother (25000 Penal Penal Page)
(b) Full maiden name of applicant's mother Sturley An 1 hecterwald	(b) Full matter hame of applicant's model
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)
Birthplace of mother (State or foreign country) Rennsylvania	Birthplace of mother (State of foreign country)
ACKNOWLEDGEMENT	ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that	I acknowledge that I have received information regarding dangerous communicable diseases that
are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant Date 8.5.03	immune deficiency syndrome). Xignature of Applicant Jennifer Codarmas Date 08/05/03
Signature of Applicant Date	Signature of Appricant
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
7 1 100 dad 100 day	State of Indiana) I swear/affirm that the information given
State of Indiana County of Hendricks) I swear/affirm that the information given in this application is true and correct.	State of Indiana County of Hendricks Signed New Addres Same as above
Signed In July	Signed Semiger Codarn as
	New Address Same as above
Subscribed and sworn to be reme this day of Clerk of the Hendricks Circuit Court	Subscribed and sworn to before me this
Clerk of the Hendricks Circuit Court	Slaver Dugan Clerk of the Hendricks Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OF GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	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	Mother ID # Subscribed and sworn to before me this day of
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR	T. A marriage license having been refused to the above named parties, the
County	Court, by written order issuedorizes and directs the issuance of a marriage license to the above named parties.
and filed in, addit	offizes and directs the issuance of a marriage needs to the above named parties.
DETURN OF MARRIAGE LICEN	SE AND MARRIAGE CERTIFICATE
	rk of the Circuit Court of Hendricks County, Indiana, dated August 5,
I certify that there was filed in my office a marriage license issued by the Cle	and Jenniter Marie Codarmaz
I certify that there was filed in my office a marriage license issued by the Cle 2003 authorizing the marriage of Paul Joseph W	I I Tack Heacton (name)
I certify that there was filed in my office a marriage license issued by the Cle 2003, authorizing the marriage of Paul Joseph W I further certify that the following marriage certificate was filed in my office:	I, <u>I. Jack Heaston</u> (name), enwood in Johnson
I certify that there was filed in my office a marriage license issued by the Cle 2003, authorizing the marriage of Paul Joseph W I further certify that the following marriage certificate was filed in my office: certify that on August 30, 2003 (date), at Gre	enwood in Johnson
I certify that there was filed in my office a marriage license issued by the Cle 2003, authorizing the marriage of Paul Joseph W. I further certify that the following marriage certificate was filed in my office: certify that on August 30, 2003 (date), at Gre. County, Indiana, Paul Joseph Warner of Hendre	enwood in Johnson in Lounty, Indiana
I certify that there was filed in my office a marriage license issued by the Cle 2003 , authorizing the marriage of Paul Joseph W I further certify that the following marriage certificate was filed in my office: certify that on August 30, 2003 (date), at Gre County, Indiana, Paul Joseph Warner of Hendr (state), and Jennifer Marie Codarmaz of Hendrick were married by me as authorized under a marriage license that was iss	in Johnson icks County, Indiana (state) sued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated
I certify that there was filed in my office a marriage license issued by the Cle 2003 , authorizing the marriage of Paul Joseph W I further certify that the following marriage certificate was filed in my office: certify that on August 30, 2003 (date), at Gre County, Indiana, Paul Joseph Warner of Hendrick (state), and Jennifer Marie Codarmaz of Hendrick were married by me as authorized under a marriage license that was iss	in Johnson County, Indiana Succeeding the Clerk of the Circuit Court of Hendricks County, Indiana, dated Minister (official designation)

Hendricks Circuit Court

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Book 47
Page 530
8-5-03
Date of Application

IC 31-11-11. Furnishing false information upon applying for license. Female Applicant > 50 No 🗗 A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under Name of Physician David Ha IC 31-11-4-4 commits a Class D felony. MALE APPLICANT FEMALE APPLICANT Name Name First Date of Birth Date of Birth Place of Birth (State or foreign country) Place of Birth (State or foreign country Residence Address Street or R.R. 534 Murphy In Previous Marital Status: Never Married -Previous Marital Status: Never Married -OR No. of Previous Marriages Last Marriage Ended By: Death Divorce Annulment Date Last Marriage Ended By: Death Divorce Annulment Date Date of Birth Verified By: ☐ Birth Certificate Other (Specify) Date of Birth Verified By: ☐ Birth Certificate Other (Specify) Are you now or have you ever been adjudged to be of unsound mind? No Yes Are you now 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 No Yes Are you related to the female applicant closer than second cousin? Are you related to the male applicant closer than second cousin? No Yes Are you now under the influence of an alcoholic beverage? No Yes Are you now under the influence of an alcoholic beverage? No Yes Are you now under the influence of a narcotic drug? No Yes Are you now under the influence of a narcotic drug? No ☐ Yes □ List the full names of any dependent children. List the full names of any dependent children. (a) Full name of applicant's father Marles 6. (a) Full name of applicant's father _ (If adopted, list adoptive parents only) (If adopted, list adoptive parents only) Residence of father (if deceased, so state) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother (b) Full maiden name of applicant's mother Mascia (If adopted, list adoptive parents only) (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) _ Birthplace of mother (State or foreign country) ACKNOWLEDGEMENT ACKNOWLEDGEMENT I acknowledge that I have received information regarding dangerous communicable diseases that I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome), immune deficiency syndrome). 8/5/03 Signature of Applicant _ Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. acknowledgment because of religious beliefs. Clerk of Court Date . Clerk of Court 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. V Signed New Address Subscribed and sworn to before me this _ 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, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary __ state facts which make the consent of the other parent unnecessary _ State of Indiana County of Hendricks) County of Hendricks) Father _ Father _ Mother _ Subscribed and sworn to before me this Subscribed and sworn to before me this COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County _ _ Court, by written order issued and filed in , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I 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 certify that on September 6, 2003 (date), at Eagles Crest

County, Indiana, Jereamy Benton Bretz of Hendricks (name). Marion Hendricks Indiana (state), and Susan Renee Craig Hendricks Indiana _ of __ County, __ Filed and recorded in accordance with the laws of the State of Indiana on _ September 23, 2003

Clerk

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Book <u>67</u>
Page <u>53/</u>
Date of Application

IC 31-11-1. Furnishing false information upon applying for license. No 🕒 Female Applicant > 50 A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under David Hall Name of Physician __ IC 31-11-4-4 commits a Class D felony. FEMALE APPLICANT MALE APPLICANT Middle Name Name Date of Birth Date of Birth Place of Birth (State or foreign country) Place of Birth (State or foreign country) Residence Address Residence Address Street or R.R 5724 Woodcote Dr. Never Married OR No. of Previous Marriages OR No. of Previous Marriages Never Married Previous Marital Status: Death Divorce Annulment Date 1999 Death Divorce Annulment Date Last Marriage Ended By: Last Marriage Ended By: Date of Birth Verified By: ☐ Birth Certificate Other (Specify) Other (Specify) ☐ Birth Certificate Date of Birth Verified By: Are you now or have you ever been adjudged to be of unsound mind? No Yes Are you now or have you ever been adjudged to be of unsound mind? No Yes No Yes No Yes If answer is "yes", has the adjudication been removed? If answer is "yes", has the adjudication been removed? No Yes Are you related to the female applicant closer than second cousin? No Yes Are you related to the male applicant closer than second cousin? No ☐ Yes ☐ No Yes Are you now under the influence of an alcoholic beverage? Are you now under the influence of an alcoholic beverage? no I Yes I No Yes Are you now under the influence of a narcotic drug Are you now under the influence of a narcotic drug? List the full names of any dependent children. List the full names of any dependent children. (a) Full name of applicant's father Sural (a) Full name of applicant's father Spurs (If adopted, list adoptive parents only) (If adopted, list adoptive parents only) Declased Indiana mille Residence of father (if deceased, so state) Residence of father (if deceased, so state) Birthplace of father (State or foreign country Birthplace of father (State or foreign country), (b) Full maiden name of applicant's mother China (b) Full maiden name of applicant's mother Whise Hay (If adopted, list adoptive parents only) (If adopted, list adoptive parents only) Indiana Residence of mother (if deceased, so state) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) _ **ACKNOWLEDGEMENT** ACKNOWLEDGEMENT I acknowledge that I have received information regarding dangerous communicable diseases that I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired are sexually transmitted, and a fist of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome immune deficiency syndrome). Signature of Applicant Y Signature of Applicant _ The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. acknowledgment because of religious beliefs. Clerk of Court Date _ Clerk of Court I swear/affirm that the information given State of Indiana State of Indiana I/swear/affirm that the information given in this application is true and correct. County of Hendricks County of Hendricks) in this application is true and correct. New Address 4461 New Address _ day of august, Janz Subscribed and sworn to before me this _ 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, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _ state facts which make the consent of the other parent unnecessary _ State of Indiana County of Hendricks) County of Hendricks) ID #_ Father ____ Mother Mother _ Subscribed and sworn to before me this _ Subscribed and sworn to before me this. Clerk COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _ Court, by written order issued _ County _ , authorizes and directs the issuance of a marriage license to the above named parties. and filed in RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated __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). ____(date), at ____Brownsburg Hendricks certify that on August 7, 2003 _County, _Indiana ____ of ___ Marion County, Indiana, David Mashon Sailors _County, __Indiana (state), and Lisa Marie Kellems of Hendricks were 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).

Clerk

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Book 67
Page 532

B-6-03
Date of Application

IC 31-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit 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 5-23-00 Name of Physician Dr. Hook
MALE APPLICANT	FEMALE APPLICANT
Name Achraf Khan boubi	Name Heidi First Middle Britan
Date of Birth Month Day Year	Date of Birth Month Day Year 6 2 1977
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address "Street of R.R. City County State	Residence Address Street or R.R. City County, State
1152 N White River Parkway Inapk IN 46223	2 4407 Windsor Rd. Brownsburg Herdricks INR6112
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 200/
Date of Birth Verified By:	Date of Birth Verified By:
Drivers License	Drivers License
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes I fanswer is "yes", has the adjudication been removed? No Yes 2. Are you related to the female applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes 4. Are you now under the influence of a narcotic drug? No Yes 5. List the full names of any dependent children.	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes ☐ If answer is "yes", has the adjudication been removed? No Yes ☐
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)	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 Acknowledgment has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Level Research Date August 2003 The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
State of Indiana County of Hendricks Signed County of Hen	State of Indiana County of Hendricks Signed Aud R Britton I swear/affirm that the information given in this application is true and correct.
Signed Afractices Mitracy New Address	Signed X Held K Dritton New Address X
Subscribed and sworn to before me this day of	Subscribed and sworn to before me this day of
Slaven Dugan Clerk of the Hendricks Circuit Court	Slaver Dugan Clerk of the Hendricks Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR CUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana) County of Hendricks)	State of Indiana) County of Hendricks)
Father ID # Mother ID #	Father ID # Mother ID #
Subscribed and sworn to before me this day of Clerk	Subscribed and sworn to before me this day of Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT	
and filed in, author	
RETURN OF MARRIAGE LICENSE I certify that there was filed in my office a marriage license issued by the Clerk	
authorizing the marriage of, authorizing the marriage of, further certify that the following marriage certificate was filed in my office: I,	a 2/200 1.
certify that on (date), at	1)
County, Indiana, of of	Cou they call W/
were married by me as authorized under a marriage license that was issue Signed by:	ed by the Clerk of the Mur address
Filed and recorded in accordance with the laws of the State of Indiana on	
	Signed 2
BOYCE FORMS • SYSTEMS 1-800-382-8702 1477	Hendricks Circu
	14

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

APPLICATION FOR MARRIAGE LICENSE **HENDRICKS COUNTY**

Book 533 Page _ 8-6.03 Date of Application

Clerk

MALE APPLICANT	FEMALE APPLICANT
me First Middle Last	Name First Middle Last
ate of Birth Month Day Year	Date of Birth Month Day Year
June 23 1971	Place of Birth (State or foreign country)
ace of Birth (State or foreign country)	Indiana
esidence Address Street or R.R. City County State	Residence Address Street or R.R. City County State 7153 Fox Hollow Ct. Brownshing Handricks Land
153 Fox Hollow Ct. Brownsburg Hendricles wh. evious Marital Status: Never Married OR No. of Previous Marriages.	Previous Marital Status: Never Married OR No. of Previous Marriages
ast Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
ate of Birth Verified By:	Date of Birth Verified By:
J	Divers Livense
Drivers License	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
Are you now or have you ever been adjudged to be of unsound mind? No Yes I If answer is "yes", has the adjudication been removed?	If answer is "yes", has the adjudication been removed?
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 \(\subseteq \text{Yes} \)
Are you now under the influence of an alcoholic beverage? No Yes Are you now under the influence of a narcotic drug? No Yes Yes	 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No Yes \(\subseteq \) Yes \(\subseteq \)
Are you now under the influence of a narcotic drug? No Yes List the full names of any dependent children.	5. List the full names of any dependent children.
NONE	- nowe
Duid Crist	6. (a) Full name of applicant's father John P. Fidler
(If adopted list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Birthplace of father (State or foreign country)	Residence of father (State or foreign country)
	(b) Full maiden name of applicant's mother (b) Full maiden name of applicant's mother
(b) Full maiden name of applicant's mother (If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)
Birthplace of mother (State or foreign country) Kontucky	Birthplace of mother (State or foreign country)
ACKNOWLEDGEMENT acknowledge that I have received information regarding dangerous communicable diseases that re sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired propugate deficiency syndrome)	are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquire
acknowledge that I have received information regarding dangerous communicable diseases that re sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired minume deficiency syndrome). Date 2 6 0 5 The above applicant has objected to verifying by oath or affirmation or signature to the above	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and this of the test site for the virus that causes AIDS (acquired immune deficiency syndrom). Signature of Applicant Date
acknowledge that I have received information regarding dangerous communicable diseases that re sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired munue deficiency syndrome). Date 6-6-5	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test site for the virus that causes AIDS (acquired immune deficiency syndrom). The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
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acknowledge that I have received information regarding dangerous communicable diseases that re sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired minune deficiency syndrome). 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 State of Indiana County of Hendricks New Address Subscribed and sworn to before me this state facts which make the consent of the other parent unnecessary State of Indiana County of Hendricks Clerk of the Hendricks Circuit Court CONSENT OF PARENTS, PARENT, OF GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent sign state facts which make the consent of the other parent unnecessary State of Indiana County of Hendricks) Clerk of the Hendricks Circuit Court CONSENT OF PARENTS, PARENT, OF GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent sign state facts which make the consent of the other parent unnecessary State of Indiana County of Hendricks) Father Mother Court, by written order issued Orizes and directs the issuance of a marriage license to the above named parties, the court, by written order issued Orizes and directs the issuance of a marriage license to the above named parties. EAND MARRIAGE CERTIFICATE orice and Carri Beth Fidler I, Andrew P. Crawley (name Carri Beth Fidler)
acknowledge that I have received information regarding dangerous communicable diseases that re sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired minune deficiency syndrome). Date	I acknowledge that I have received information regarding dangerous communicable diseases the are sexually transmitted, and this of the test site for the virus that causes AIDS (acquire immune deficiency syndrom). The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court State of Indiana County of Hendricks Signed New Address Subscribed and sworn to before me this Clerk of the Hendricks Circuit Court CONSENT OF PARENTS, PARENT, OF GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent sign state facts which make the consent of the other parent unnecessary State of Indiana County of Hendricks Subscribed and sworn to before me this The above papelicant are consent of the other parent unnecessary State of Indiana County of Hendricks County of Hendricks The above papelicant have precised to the above named parties, the court, by written order issued Orizes and directs the issuance of a marriage license to the above named parties. SE AND MARRIAGE CERTIFICATE The above papelicant has objected to verifying by oath or affirmation or signature to the above named parties, the court, by written order issued Carri Beth Fidler Andrew P. Crawley (name

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

APPLICATION FOR MARRIAGE LICENSE **HENDRICKS COUNTY**

Book Page .

Date of Application

IC 31-11-1. Furnishing false information upon applying for 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 □ 8-5.03 If No, Medical Examination or Report Dated

IC 31-11-4-4 commits a Class D felony.	Name of Physician S. F. Sweeter
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name First Middle A Last
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
VA	Min.
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
1231 Mount Vernon Drive Bloomington M Chain all, Previous Marital Status: Never Married D 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:	Date of Birth Verified By:
Drivers Lucase	Drivers License
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes \(\square\$	1. Are you now or have you ever been adjudged to be of unsound mind? No Ves
If answer is "yes", has the adjudication been removed?	If answer is "yes", has the adjudication been removed?
 Are you related to the female applicant closer than second cousin? Are you now under the influence of an alcoholic beverage? No ☑ / Yes ☐ 	2. Are you related to the male applicant closer than second cousin? No Yes Are you now under the influence of an alcoholic beverage? No Yes
 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐ Yes ☐ 	4. Are you now under the influence of an arcotic drug? No Yes
5. List the full names of any dependent children.	5. List the full names of any dependent children.
Nowe	MNE
When the Mark	
(If adopted, list adoptive parents only)	6. (a) Full name of applicant's father Harry William Farsen Ja. (If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country) Pennsulvania	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Marily Jone Neitry	(b) Full maiden name of applicant's mother Learn Mang Chilman
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana) 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. Signed foneth Rose Spant	County of Hendricks in this application is true and correct. Signed Stephanie Leann Larses
New Address 1301 6 COUNTY LINE TO GREENWOOD, IN 46147	New Address 1301 W. County Line Rd. Greenwood, TN 460
Subscribed and sworn to before me this day of day of Clerk of the Hendricks Circuit Court	Subscribed and sworn to before me this low day of August 2003 Clerk of the Hendricks Circuit Court
CONSENT OF PARENTS, PARENT, OF 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) Father ID #	County of Hendricks)
Mother ID #	Father ID # Mother ID #
Subscribed and sworn to before me this day of Clerk	Subscribed and sworn to before me this day of Clerk
	T. A marriage license having been refused to the above named parties, the
County	Court, by written order issued crizes and directs the issuance of a marriage license to the above named parties.
	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cler 2003 authorizing the marriage of Jonathan Knox	rk of the Circuit Court of Hendricks County, Indiana, dated August 8, Grant Stephanie LeAnn Larsen
I further certify that the following marriage certificate was filed in my office: 1	Thomas Knox Grant (name),
I further certify that the following marriage certificate was filed in my office: I certify that on August 16, 2003 (date), at Avo County, Indiana, Jonathan Knox Grant of McLea	in Hendricks
County, Indiana, Jonathan Knox Grant of McLea (state), and Stephanie LeAnn Larsen of Rabun	a (-eorgia
were married by me as authorized under a marriage license that was issue	County, Georgia (state)
August 8, 2003. Signed by: Thomas Knox Grant Filed and recorded in accordance with the laws of the State of Indiana on	hed by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Pastor (official designation) August 28, 2003 (date).
and recorded in accordance with the laws of the State of Indiana on	(uate).
	Signed Mars Dugan Clerk
BOYCE FORMS • SYSTEMS 1-800-382-8702 1477	Hendricks Circuit Court

Clerk

STATE OF INDIANA

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Book _ Date of Application

A person who knowingly furnishes false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.	Female Applicant > 50 No Yes 7-14-03 If No, Medical Examination or Report Dated Name of Physician
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last Mark William Elverhardt Date of Birth Month Day Year	Name Amy Date of Birth
Place of Birth (State or foreign country)	Place of Birth (State or foreign country) Ohio
Residence Address Street or R.R. City County State 6917 Barberry Ct. Plfd Hend In Holls	Residence Address Street or R.R. 1991 Darbury Ct. Plfd Kund Shiffeld Previous Marital Status: New 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 2001
Date of Birth Verified By: Birth Certificate	Date of Birth Verified By:
Druin Raine	Druis Decine
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes I fanswer is "yes", has the adjudication been removed? No Yes Are you related to the female applicant closer than second cousin? No Yes Are you now under the influence of an alcoholic beverage? No Yes Are you now under the influence of a narcotic drug? No Yes 5. List the full names of any dependent children.	1. Are you now or have you ever been adjudged to be of unsound mind? No
(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)	(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)
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a first the fast sites for the virus that causes AIDS (acquired immune deficiency syndrom). Signature of Applicant The above applicant has objected to verifying by oath or affirmation of signature to the above	ACKNOWLEDGEMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs Clerk of Court State of Indiana Lawear/affirm that the information given	acknowledgment because of religious beliefs. Clerk of Court Date State of Indiana I swear/affirm that the information given
County of Hendricks in this application is true and correct. Signed Subscribed and sworn to before me this day of Clerk of the Hendricks Circuit Court	County of Hendricks) Signed New Address Subscribed and sworn to before mathis day of August, 3003 Clerk of the Hendricks Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana) County of Hendricks) Father ID # Mother ID #	State of Indiana) County of Hendricks) Father ID # Mother ID #
Subscribed and sworn to before me this day of Clerk	Subscribed and sworn to before me this day of Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR	T. A marriage license having been refused to the above named parties, the
and filed in, author	orizes 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 Cler 2003 authorizing the marriage of Mark William	E AND MARRIAGE CERTIFICATE ork of the Circuit Court of Hendricks County, Indiana, dated August 7, Eberhardt and Amy Lynn Wilson
I further certify that the following marriage certificate was filed in my office: certify that on September 6, 2003 (date), at Le County, Indiana, Mark William Eberhardt of Hendr	I, James L. Brown (name). Sbanon in Boone
(state) and Amy Lynn Wilson of Hendrick	county, Indiana (state) ued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Minister (official designation)
They and recorded in decordance with the laws of the state of include on	Slaver Dugan
BOYCE FORMS • SYSTEMS 1-800-382-8702 1477	Signed Clerk Hendricks Circuit Court

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Page 536
8-8-03
Date of Application

IC 31-11-1. Furnishing false information upon applying for license. Female Applicant > 50 No 🖸 Yes 🖾 8-8-03 A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated Name of Physician Dr. Paschal circuit court when the person applies for a marriage license under Name of Physician __Dr. IC 31-11-4-4 commits a Class D felony. FEMALE APPLICANT MALE APPLICANT First Middle amie Date of Birth Date of Birth Place of Birth (State or foreign country) Place of Birth (State or foreign country) nnessee Street or R.R. Never Married OR No. of Previous Marriages_ Previous Marital Status: Never Married Death Divorce Annulment Date 2003 Last Marriage Ended By: Other (Specify) ☐ Birth Certificate Other (Specify) Date of Birth Verified By: ☐ Birth Certificate Date of Birth Verified By: drivers Are you now or have you ever been adjudged to be of unsound mind? No Are you now or have you ever been adjudged to be of unsound mind? Yes 🗆 Yes 🗌 If answer is "yes", has the adjudication been removed? If answer is "yes", has the adjudication been removed? No 🖾 Yes 🗆 No X Yes 🗆 Are you related to the male applicant closer than second cousin? Are you related to the female applicant closer than second cousin? Yes 🗆 Are you now under the influence of an alcoholic beverage? Yes 🗌 Are you now under the influence of an alcoholic beverage? Are you now under the influence of a narcotic drug? Yes 🗆 Are you now under the influence of a narcotic drug? List the full names of any dependent children. List the full names of any dependent children. 6. (a) Full name of applicant's father Hubert Burnette (If adopted, list adoptive parents only) (If adopted, list adoptive parents only) Indiana deceased Residence of father (if deceased, so state) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Madonna (b) Full maiden name of applicant's mother Wanda (If adopted, list adoptive parents only) (If adopted, list adoptive parents only) Indiana Residence of mother (if deceased, so state) Residence of mother (if deceased, so state) lennessee Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) ACKNOWLEDGEMENT ACKNOWLEDGEMENT I acknowledge that I have received information regarding dangerous communicable diseases that I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome) immune deficiency syndrome). Signature of Applicant dew B Signature of Applicant Dance The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. acknowledgment because of religious beliefs. Date _ Clerk of Court Date . Clerk of Court I swear/affirm that the information given State of Indiana I swear/affirm that the information given State of Indiana in this application is true and correct. in this application is true and correct. County of Hendricks County of Hendricks Doylew Burnel " a THOROUGHBRED Dr #10 New Address 7419 THOURAGH BRED Subscribed and sworn to before use this ______ day of _____ 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, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____ state facts which make the consent of the other parent unnecessary State of Indiana) County of Hendricks) County of Hendricks) Father _____ Father _ Mother _ Mother _ Subscribed and sworn to before me this __ Subscribed and sworn to before me this COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _ Court, by written order issued _ _____ County ___ ____, authorizes and directs the issuance of a marriage license to the above named parties. and filed in RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated _August 8,_ 2003 ___, authorizing the marriage of ______ Doyle Wayne Burnette _____ and ___ Tamie Jill Gould 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 were 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).

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Book 67
Page 537

Date of Application

IC 31-11-1. Furnishing false information upon applying for license.

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

Female Applicant > 50 No D Yes D If No, Medical Examination or Report Dated Name of Physician Date On Committee Commits a Class D felony.

	COMMAND ABOUTCAND
Name First Middle Last	FEMALE APPLICANT Name First Middle Last
Name First Middle Middle	Leslie Michele Smith
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Chegania	Indiana
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
242 Brixton Woods E.D. Pittsboro Hendricks IV	108 Ladoga Aug N Salem Herbricks IN 4616
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of Birth Verified By: Birth Certificate Other (Specify)	Date of Birth Verified By: Birth Certificate Cher (Specify)
Oncer's Userse	arreis Greense
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?	If answer is "yes", has the adjudication been removed? No Yes 2. Are you related to the male applicant closer than second cousin? No Yes Yes
2. Are you related to the female applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes	
. 2	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No Yes Yes
Are you now under the influence of a narcotic drug? No Yes U List the full names of any dependent children.	List the full names of any dependent children.
And the feel feeling of any deposited streams.	Sean Smith
6 (a) Full name of applicant's father David William McDonald	6. (a) Full name of applicant's father Hubert 2. Smith Jr.
(If adopted list adoptive parents only)	Mr. A start Box of color streets sub-A
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birtholace of father (State or foreign country) New Xersey	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Ochocal An Arraudin	(b) Full maiden name of applicant's mother (DIEAOO T 1 MOIN SO)
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)
	Birthplace of mother (State or foreign country)
Birthplace of mother (State or foreign country)	Birinpiace of monter (state of foreign country)
ACKNOWLEDGEMENT	ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that	I acknowledge that I have received information regarding dangerous communicable diseases that
are sexually transmitted, and a list of the test sites for the vigus that causes AIDS (acquired	are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant 1 1 1 Date 2/7/03	Signature of Applicant Sudul MSmath Date 8/7/03
Signature of Applicant Af Miles Date 8/7/03	Sugnature of Applicant
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Dute	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) / / Self In this application is true and correct.	County of Headricks) Con is The South of this application is true and correct.
+ Signed : 19. 491	New Address 242 Brixton Words Dr.E. Pittsburg IN 46167
Subscribed and sworn to before me this	7 . A
Slaven Dugan Clerk of the Hendricks Circuit Court	Subscribed and sworn to before me this day of Clerk of the Hendricks Circuit Court
	States Nicyan
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, bereby give consent for this marriage. If only one parent signs,
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
County of Hendricks) Father ID #	County of Hendricks) Futher 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	Core
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR County	T. A marriage license having been refused to the above named parties, the
and filed in auth	orizes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cle	rk of the Circuit Court of Hendricks County, Indiana, dated August 7, IcDonald and Leslie Michele Smith
I further certify that the following marriage certificate was filed in my office:	Jim Strietelmeier (name).
certify that on August 23, 2003 (date), at Br	ownsburg in Hendricks
County Indiana Kevin James McDonald of Hendi	County, Indiana
(state), and Leslie Michele Smith of Hendrick	County, Indiana (state)
were married by me as authorized under a marriage license that was iss	ued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated
August 7, 2003 Signed by:	Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	August 20, 2003 (date).

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

IC 31-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.	Female Applicant > 50 No Yes \(\square \) 8-4-03 If No, Medical Examination or Report Dated Name of Physician \(\sum_{\text{onald}} \) Thuson \(\text{MD} \)
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name First Middle Last
COREY Michael BRYANS	Jennifes ann Schultt
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
2109 Fullwood DR. BROWNSBURS HENDERS IN	2109 Fullwood Dr. Groundles Nend 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 1999	Last Marriage Ended By: Death Divorce Annulment Date
Date of Birth Verified By:	Date of Birth Verified By: Birth Certificate Other (Specify)
Military ID	Drues's Geense
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 I If answer is "yes", has the adjudication been removed? No Yes I
If 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?
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug? No Yes	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6 (a) Full name of applicant's father DALE BRYANT	And Schult
o. (a) I all hame of applicant station	6. (a) Full name of applicant's father (If adopted, list adoptive parents only)
(If adopted, list adoptive parents only) Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) Jusas
(b) Full maiden name of applicant's mother Sue DELVALLEY	(b) Full maiden name of applicant's mother Delia Mischant Store
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)
Birthplace of mother (State or foreign country) IL	Bitulplace of motier (State of foreign country)
are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome) Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs. Clerk of Court Date	acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of Hendricks Signed New Address I swear/affirm that the information given in this application is true and correct.	State of Indiana) I swear/affirm that the information given in this application is true and correct. Signed New Address Subscribed and sworn to before mentis day of August, 3003
Subscribed and sworn to before me this \$\frac{9}{2} \day of \frac{\partial \sqrt{9} \sqrt{5} \tau \frac{7}{2} \color \frac{7}{2	Subscribed and sworn to before menus and day 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 Clerk	Subscribed and sworn to before me this day of Clerk
	T. A marriage license having been refused to the above named parties, the
Countyauth	Court, by written order issued corizes 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 Cle	SE AND MARRIAGE CERTIFICATE ork of the Circuit Court of Hendricks County, Indiana, dated August 8, ael Bryant and Jennifer Ann Schuldt
2003 authorizing the marriage of Corey Michael 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 Mod	oresville in Morgan
I further certify that the following marriage certificate was filed in my office: certify that on September 6, 2003 (date), at Moor County, Indiana, Corey Michael Bryant of Hendrick	dricks County, Indiana (state)
(state), and Germanical Minimum Boundary of Library	County,(state)
were married by me as authorized under a marriage license that was iss	and by the Clerk of the Circuit Court of Hendricks County, Indiana, dated
August 8, 2003. Signed by: Rev. Ramona L. Cluff Filed and recorded in accordance with the laws of the State of Indiana on	September 24, 2003 (date).

Signed Hendricks Circuit Court

Clerk

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

IC 31-11-11. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4.4 commits a Class D felony.

Female Applicant > 50 No Yes 7-38-03

If No, Medical Examination or Report Dated

Name of Physician Academila Frammell

MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last .	Name First Middle Last
Jerry See Soens	Jammy Sue Brauer
Date of Birth Month Day Year 9 19 60	Date of Birth Month Day Year
Place of Birth (State or foreign country) Okio	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
223 Waleash St. Plainfield Hend Son 46/68	223 Wallack St. Placefild Kindeh 4616
Previous Marital Status: Never Married OR No. of Previous Marriages 2	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 1995	Last Marriage Ended By: Death Divorce Annulment Date 1998
Date of Birth Verified By: Birth Certificate Other (Specify)	Date of Birth Verified By: Birth Certificate
Drues is Breense	Druis Dunce
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?	If answer is "yes", has the adjudication been removed?
 Are you related to the female applicant closer than second cousin? Are you now under the influence of an alcoholic beverage? No Yes 	2. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐ 3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you now under the influence of an arcotic drug?	4. Are you now under the influence of an arcotic drug?
5. List the full names of any dependent children. Michael Soins	List the full names of any dependent children.
6. (a) Full name of applicant's father Haymond Kay Joins	6. (a) Full name of applicant's father fames Johnson.
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only) Residence of father (if deceased, so state)
Residence of father (if deceased, so state) Birthplace of father (State or foreign country)	Residence of father (if deceased, so state) Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Dane Kinkle	(b) Full maiden name of applicant's mother Kittly Barlana and
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) Usaginia
Signature of Applicant Date 8-8-03 The above applicant has objected to verifying by oath or affirmation or signature to the above	Signature of Applicant bas chiested to varifying by eath or officeration or signature to the choice
acknowledgment because of religious beliefs. Clerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana) County of Hendricks) Signed I swear/affirm that the information given in this application is true and correct.	State of Indiana) County of Hendricks) Signed Signed I swear/affirm that the information given in this application is true and correct.
Subscribed and sworn to before methis day of	Subscribed and soon to before me is 8 day of August, 2003
Shows Diegon Clerk of the Hendricks Circuit Court	Subscribed and stort to before 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 Clerk	Subscribed and sworn to before me this day of Clerk
	T. A marriage license having been refused to the above named parties, the
and filed in, author	Court, by written order issuedorizes and directs the issuance of a marriage license to the above named parties.
DEVELOPMENT OF THE PROPERTY OF	TE AND MADDIAGE GEOGRAPHICATE
	SE AND MARRIAGE CERTIFICATE
2003 authorizing the marriage license issued by the Cler	rk of the Circuit Court of Hendricks County, Indiana, dated August 8,
I further certify that the following marriage certificate was filed in my office:	ins and Tammy Sue Brauer I, Janet S. Smith (name),
certify that on August 8, 2003 (date), at Dany	ille in Hendricks (name),
County, Indiana, Terry Lee Goins of Hendry	icks County, Indiana
(state), and Tammy Sue Brauer of Hendricks	S County, Indiana (state)
were married by me as authorized under a marriage license that was issu	ued 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)

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Book _ Page 8-8-03 Date of Application

A person who knowingly furnishes false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.	Female Applicant > 50 No Yes A If No, Medical Examination or Report Dated Name of Physician
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last / /	Name / /First Middle Last
- oseph w the lish	Date of Birth Month Day Year —
Date of Birth Month Day Year 1946	Date of Birth 1935
Place of Birth (State or foreign country)	Place of Birthy (State or foreign country)
Residence Address Street or R-R/ City County / State	Residence Address Street or R.R. City County State
Residence Address Street or R-R, City County State	244 Vostal Rd. Plainfield Hend. 46161
Previous Marital Status: Never Married OR No. of Previous Marriages 2	Previous Marital Status: Never Married OR No. of Previous Marriages 3
- 1906	Last Marriage Ended By: Death Divorce Annulment Date 199B
Last Marriage Ended By: Death Divorce Annulment Date 186	Last Marriage Ended By: Death Divorce Annulment Date
Date of Birth Verified By: Birth Certificate Other (Specify)	Date of Birth Verified By: Birth Certificate Other (Specify)
Drivers License	Drivers License
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes I fanswer is "yes", has the adjudication been removed?
If answer is "yes", has the adjudication been removed? No Yes 2. Are you related to the female applicant closer than second cousin? No Yes Yes	If answer is "yes", has the adjudication been removed? No Yes 2. Are you related to the male applicant closer than second cousin? Yes
3. Are you now under the influence of an alcoholic beverage? No X Yes	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children.
T. I A m (sh	All st Sidding
6. (a) Full name of applicant's father Soseph A Mexicol	6. (a) Full name of applicant's father 7/1001 300000
(If adopted, list adoptive parents only) Residence of father (if deceased, so state)	(If adopted, list adoptive parents only) Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother ZOQ Frost	(b) Full maiden name of applicant's mother
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGEMENT	ACKNOWLEDGEMENT I acknowledge that I have received information regarding dangerous communicable diseases that
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the jest sites for the virus that causes AIDS (acquired	are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant Assessment Signature of Applicant Assessment Signature of Applicant Assessment Signature of Applicant Signature Sign	Signature of Applicant Owner Lough Level Date 8-8-0
Signature of Applicant Date Date	Signature of Applicant
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs. Clerk of Court Date	acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of Hendricks Signed State of Indiana County of Hendricks Signed County of Hendricks Signed	State of Indiana) County of Hendricks) I swear/affirm that the information given fin this application is true and correct.
County of Hendricks) Josephor Wells in this application is true and correct.	Signed & Come Ley Keed
New Address N () SAME	New Address X Same
Subscribed and sworn to before me this day of Clerk of the Hendricks Circuit Court	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,	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
Cute of Indiana	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	Γ. A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, author	orizes and directs the issuance of a marriage license to the above named parties.
	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cler	rk of the Circuit Court of Hendricks County, Indiana, dated August 8,
2003 , authorizing the marriage of Joseph W. Mel	ish and Norma Leigh Reed I, Debbie Hoskins (name),
certify that on August 8, 2003 (date), at Dany	rille in Hendricks
County Indiana, Joseph W. Melish of Hend	ricks County, Indiana
(state), and Norma Leigh Reed of Hendric	cks County, Indiana (state)
August 8, 2003 Signed by: Debbie Hoskins	ued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated First Deputy Clerk (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	August 18, 2003 (date).
	: 18.0 N (20.0 H) - 18.2 N (20.0 H) N (20.0 H) - 18.2 N (20.0 H)
	Signed Slaver Dugan Clerk
BOYCE FORMS • SYSTEMS 1-800-382-8702 1477	Hendricks Circuit Court

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Book <u>47</u>
Page <u>541</u>
8-11-03
Date of Application

Place of Birth Shouth Day Year Divorce Place of Birth (State or foreign country) Previous Marital Status: Never Married OR No. of Previous Marriages Previous Marriages Previous Marriage Ended By: Death Divorce Annulment Date Previous Marriages Previous Marriage Date of Birth Verified By: Birth Certificate Dother (Specify) Date of Birth Verified By: Birth Certificate Dother (Specify) Date of Birth Verified By: Birth Certificate Dother (Specify) Date of Birth Verified By: Birth Certificate Dother (Specify) Date of Birth Verified By: Birth Certificate Dother (Specify) Date of Birth Verified By: Date o	If answer is "yes", has the adjudication been removed? Are you related to the male applicant closer than second cousin? Are you now under the influence of an alcoholic beverage? Are you now under the influence of a narcotic drug? List the full names of any dependent children. (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)
Name First Middle Last Date of Birth (State or foreign country) Residence Address Street or R.R. City Coupty State Residence of Birth (State or foreign country) Residence of Inter (Specify) Are you now or have you ever been adjudged to be of unsound mind? No Pes	ace of Birth (State or foreign country) sidence Address Street or R.R. State Of Birth (State or foreign country) sidence Address Street or R.R. State Of Birth (State or foreign country) State Of Birth (State or foreign country) State Of Birth (State or foreign country) State Of Birth Verified By: Death Divorce Annulment Date 2003 State of Birth Verified By: Birth Certificate Other (Specify) Are you now or have you ever been adjudged to be of unsound mind? No Yes Are you now under the influence of an alcoholic beverage? No Yes Are you now under the influence of an alcoholic beverage? No Yes List the full names of any dependent children. (a) Full name of applicant's father (If adopted, list adoptive parents only) Residence of father (State or foreign country) Residence of mother (State or foreign country) Residence of mother (State or foreign country) ACKNOWLEDGEMENT
Date of Birth Date of Birth State or foreign country State S	ace of Birth (State or foreign country) State
Place of Birth (State or foreign country) Residence Address Street or R.R. City Country State	ace of Birth (State or foreign country) State
Residence Address	Are you now or have you ever been adjudged to be of unsound mind? Are you now under the influence of an alcoholic beverage? Are you now under the influence of an alcoholic beverage? Are you now under the influence of an anacoholic beverage? Are you now under the influence of an anacoholic beverage? Are you now under the influence of an anacoholic beverage? Are you now under the influence of an anacoholic beverage? Are you now under the influence of an anacoholic beverage? Are you now under the influence of an anacoholic beverage? Are you now under the influence of an anacoholic beverage? Are you now under the influence of an anacoholic beverage? Are you now under the influence of an anacoholic beverage? Are you now under the influence of an anacoholic beverage? Are you now under the influence of an anacoholic beverage? No Yes List the full names of any dependent children. (a) Full name of applicant's father (If adopted, list adoptive parents only) Residence of father (State or foreign country) Acknowledgement Acknowledgement
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Last Marriage Ended By: Death Divorce Annulment Date 1995 Last Marriage Ended By: Death Divorce Annulment Date 1995 Last Marriage Ended By: Divorce Are you now or have you ever been adjudged to be of unsound mind? No 1995 Last Marriage Ended By: Divorce	Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes", has the adjudication been removed? Are you related to the male applicant closer than second cousin? Are you now under the influence of an alcoholic beverage? Are you now under the influence of a narcotic drug? List the full names of any dependent children. (a) Full name of applicant's father (If adopted, list adoptive parents only) Residence of father (State or foreign country) (b) Full maiden name of applicant's mother (If adopted, list adoptive parents only) Residence of mother (State or foreign country) Residence of mother (State or foreign country) ACKNOWLEDGEMENT
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CONSENT OF PARENTS, PARENT, OR GUARDIAN CO	I swear/affirm that the information gives in this application is true and correct in this application is true and correct New Address Signed Share Same in this application is true and correct in this application in this application is true and correct in this application is true and correct in the correct in
	Slaven Dugan Clerk of the Hendricks Circuit Cour
	ONSENT OF PARENTS, PARENT, OR GUARDIAN e, the parents of this applicant, hereby give consent for this marriage. If only one parent signs tte facts which make the consent of the other parent unnecessary
State of Indiana) St	ate of Indiana)
County of Hendricks)	ounty of Hendricks)
	ther ID #
	other ID # abscribed and sworn to before me this day of
Clerk	Cler
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	
and filed in, authorizes	
RETURN OF MARRIAGE LICENSE AN I certify that there was filed in my office a marriage license issued by the Clerk of 2003 , authorizing the marriage of Floyd "Jay" Whi	the Circuit Court of Hendricks County, Indiana, dated August 11, te 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 Danvil County, Indiana, Floyd "Jay" White of Hendric	le in Hendricks
County, Indiana, Floyd "Jay" White of Hendricks (state), and Sherry Kay Tait of Hendricks	Tradions
were married by me as authorized under a marriage license that was issued by	County, Indiana (ctata
August 11, 2003 Signed by:	County,Indlana(state

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

Place of Birth (State or foreign country)

Previous Marital Status: Never Married

Residence Address

Last Marriage Ended By:

Date of Birth Verified By:

Street or R.R.

8849 BLOWNS VALLEY COURT

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Date of Application

IC 31-11-1. Furnishing false information upon applying for license. No Yes 🗆 Female Applicant > 50 A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under Name of Physician Ungria a Caine mo IC 31-11-4-4 commits a Class D felony.

MALE APPLICANT

City

Death Divorce Annulment Date

Are you now or have you ever been adjudged to be of unsound mind? No Yes

☐ Birth Certificate

(a) Full name of applicant's father HIFRED William EARER

ACKNOWLEDGEMENT

oax

Filed and recorded in accordance with the laws of the State of Indiana on ____

DHUGUS

Are you related to the female applicant closer than second cousin?

If answer is "yes", has the adjudication been removed?

Are you now under the influence of a narcotic drug?

List the full names of any dependent children. _

(If adopted, list adoptive parents only)

(b) Full maiden name of applicant's mother

immune deficiency syndrome).

acknowledgment because of religious beliefs.

New Address SAME

CONSENT OF PARENTS, PARENT, OR GUARDIAN

state facts which make the consent of the other parent unnecessary _

Subscribed and sworn to before the this _

X Signature of Applicant

Clerk of Court

State of Indiana

County of Hendricks

County of Hendricks)

Father _ Mother

(If adopted, list adoptive parents only)

Residence of father (if deceased, so state) _

Birthplace of father (State or foreign country) _

Residence of mother (if deceased, so state) _

Birthplace of mother (State or foreign country)

Are you now under the influence of an alcoholic beverage?

CAMBY

LICENSE

County

OR No. of Previous Marriages.

Other (Specify)

No Xes

No Yes

Date 11, Aug, 03

FEMALE APPLICANT Middle Name Date of Birth Place of Birth (State or foreign country) Residence Address Previous Marital Status: Death Divorce Annulment Date 1989 Last Marriage Ended By: ☐ Birth Certificate Other (Specify) Date of Birth Verified By: Are you now or have you ever been adjudged to be of unsound mind? No Yes No 🗆 Yes 🗆 If answer is "yes", has the adjudication been removed? No Tyes Are you related to the male applicant closer than second cousin? Are you now under the influence of an alcoholic beverage? No 🕒 Yes 🗆 No Yes No Yes No Yes Are you now under the influence of a narcotic drug? List the full names of any dependent children. Dara (a) Full name of applicant's father Alerman (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 Sasak (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 I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court . I swear/affirm that the information given I swear/affirm that the information given State of Indiana in this application is true and correct. in this application is true and correct. County of Hendricks New Address _ Clerk of the Hendricks Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of Hendricks)

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _ Court, by written order issued _ County _ _, authorizes and directs the issuance of a marriage license to the above named parties. and filed in RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 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 September 6, 2003 (date), at Indianapolis
Alfred Wm. Eaker, Jr. of Hendricks Marion County, Indiana, Alfred Wm. Eaker, Jr. of County, Indiana (state), and Whitney Anne Ladishew of Hendricks were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Minister August 11, 200.3 Signed by: Kristine E. Wratten September 24, 2003

Father _

Subscribed and sworn to before me this _

Hendricks Circuit Court

_ (date).

day of .

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Book 67
Page 543

8-12-03
Date of Application

IC 31-11-11. Furnishing false information upon applying for license. Female Applicant > 50 No 🕒 A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony. MALE APPLICANT FEMALE APPLICANT Name First Middle Date of Birth Date of Birth Place of Birth (State or foreign country) Place of Birth (State or foreign country) Residence Address OR No. of Previous Marriages Previous Marital Status: Never Married Never Married Previous Marital Status: Death Divorce Annulment Date Last Marriage Ended By: Last Marriage Ended By: Death Divorce Annulment Date Date of Birth Verified By: ☐ Birth Certificate Other (Specify) ☐ Birth Certificate Other (Specify) Date of Birth Verified By: Are you now or have you ever been adjudged to be of unsound mind? No Yes 🗌 Are you now or have you ever been adjudged to be of unsound mind? No 🗆 If answer is "yes", has the adjudication been removed? No 🗆 Yes 🗌 If answer is "yes", has the adjudication been removed? Yes 🗌 No 🗆 Yes 🗌 No 🗆 Are you related to the female applicant closer than second cousin? Are you related to the male applicant closer than second cousin? Yes 🗌 No 🗆 Yes 🗌 No 🗆 Yes 🗆 Are you now under the influence of an alcoholic beverage? Are you now under the influence of an alcoholic beverage? No Yes Are you now under the influence of a narcotic drug? Are you now under the influence of a narcotic drug? No 🗆 Yes 🗌 List the full names of any dependent children. List the full names of any dependent children. Kon Mathias 6. (a) Full name of applicant's father Uncest Lex (a) Full name of applicant's father _ (If adopted, list adoptive parents only) (If adopted, list adoptive parents only) Indiana Residence of father (if deceased, so state) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother (b) Full maiden name of applicant's mother (If adopted, list adoptive parents only) (If adopted, list adoptive parents only) _ Residence of mother (if deceased, so state) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) **ACKNOWLEDGEMENT ACKNOWLEDGEMENT** I acknowledge that I have received information regarding dangerous communicable diseases that I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome immune deficiency syndrome). Date 8.12.07 Signature of Applicant Signature of Applicant _ The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. acknowledgment because of religious beliefs. Clerk of Court Clerk of Court 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. in this application is true and correct. County of Hendricks Signed \ Signed -New Address 609 MAPIG Subscribed and sworn to before this day of day of disgust 3005 Subscribed and sworn to before me this day of dugust 3003 _ 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, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _ state facts which make the consent of the other parent unnecessary ___ State of Indiana) County of Hendricks) County of Hendricks) Father _ Father ___ Mother _ Subscribed and sworn to before me this _ Subscribed and sworn to before me this _ COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County ____ _ Court, by written order issued _ _, authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I 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 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 were 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

Clerk

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Book 47
Page 544
R-12-03
Date of Application

circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.	If No, Medical Examination or Report Dated 8-13-03 Name of Physician Dayle Hadley MD
MALE APPLICANT	FEMALE APPLICANT
Name Brian Paul Centrup Date of Birth Month Day Year 75	Name First Middle Last Annette Marie Stansburry Date of Birth Month Day Year 8 27 13
Place of Birth (State or foreign country) Ohio	Place of Birth (State or foreign country) Andlana
Residence Address Street or R.R. City County State 367 N CR 1025 E Inapls Hend. IN 46234	Residence Address Street or R.R. City County State 4367 N. CL 1035 E. Indple Hendels Hendels Hendels
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of Birth Verified By: Birth Certificate Other (Specify)	Date of Birth Verified By: Birth Certificate Other (Specify)
drivers license	Drivin Gaise
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes I f answer is "yes", has the adjudication been removed? No Yes 2. Are you related to the female applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes 4. Are you now under the influence of a narcotic drug? No Yes 5. List the full names of any dependent children.	1. Are you now or have you ever been adjudged to be of unsound mind? No
(If adopted, list adoptive parents only) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) (If adopted, list adoptive parents only) (b) Full maiden name of applicant's mother Paula Kay Curry (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)	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)
acknowledge that I have received information regarding dangerous communicable diseases that re sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired mmune deficiency syndrome). Date 12.03	ACKNOWLEDGEMENT I acknowledge that I have received information regarding dangerous communicable diseases 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 Date
The above applicant has objected to verifying by oath or affirmation or signature to the above ecknowledgment because of religious beliefs. Clerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
I swear/affirm that the information given in this application is true and correct. Signed New Address Salte abscribed and sworn to before me this Clerk of the Hendricks Circuit Court	State of Indiana County of Hendricks Signed New Address Subscribed and sworn to before me this Clerk of the Hendricks Circuit Court
ONSENT 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, tate 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,
tate facts which make the consent of the other parent unnecessary tate of Indiana) County of Hendricks)	State of Indiana) County of Hendricks)
tate facts which make the consent of the other parent unnecessary tate of Indiana) County of Hendricks) ather ID # Mother ID #	State of Indiana) County of Hendricks) Father ID # Mother ID #
tate of Indiana) ounty of Hendricks) ather ID # Iother ID # ubscribed 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
tate facts which make the consent of the other parent unnecessary	State of Indiana) County of Hendricks) Father ID # Mother ID # Subscribed and sworn to before me this day of Clerk A marriage license having been refused to the above named parties, the Court, by written order issued
tate facts which make the consent of the other parent unnecessary	State of Indiana) County of Hendricks) Father ID # Mother ID # Subscribed and sworn to before me this day of Clerk A marriage license having been refused to the above named parties, the Court, by written order issued izes and directs the issuance of a marriage license to the above named parties.
tate facts which make the consent of the other parent unnecessary	State of Indiana) County of Hendricks) Father ID # Mother ID # Subscribed and sworn to before me this day of Clerk A marriage license having been refused to the above named parties, the Court, by written order issued izes and directs the issuance of a marriage license to the above named parties. AND MARRIAGE CERTIFICATE of the Circuit Court of Hendricks County, Indiana, dated August 12.
tate facts which make the consent of the other parent unnecessary	State of Indiana County of Hendricks) Father
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT County, author, author, author, RETURN OF MARRIAGE LICENSE certify that there was filed in my office a marriage license issued by the Clerk	State of Indiana County of Hendricks) Father

Clerk

STATE OF INDIANA

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

APPLICATION FOR MARRIAGE LICENSE **HENDRICKS COUNTY**

Book 67
Page 545
Date of Application

IC 31-11-1. Furnishing false information upon applying for 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 If No, Medical Examination or Report Dated Yes 🖳

IC 31-11-4-4 commits a Class D felony.	Name of Physician
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name First Middle Last
Date of Birth Month Day Year	Date of Birth Month Day Yest
5 21 56	Place of Birth (State or foreign country)
Place of Birth (State or foreign country) Andrana	Mana Mana
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married OR No. of Previous Marriages 2	Previous Marital Status: Never Married OR No. of Previous Marriages
10.00	
Last Marriage Ended By: Death Divorce Annulment Date 1998	Last Marriage Ended By: Death Divorce Annulment Date 1991
Date of Birth Verified By: Birth Certificate Other (Specify)	Date of Birth Verified By: Birth Certificate Other (Specify)
Driver's France	Druey's Deixe
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes I fanswer is "yes", has the adjudication been removed? No Yes I	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes I If answer is "yes", has the adjudication been removed? No Yes
2. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐ 3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐	2. Are you related to the male applicant closer than second cousin? No ☐— Yes ☐ 3. Are you now under the influence of an alcoholic beverage? No ☐— Yes ☐
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children. Lyck Khudy,	List the full names of any dependent children
	6. (a) Full name of applicant's father James Herackel Jenker
6. (a) Full name of applicant's father Markes Marmas Khuldy (If adopted, list adoptive parents only)	6. (a) Full name of applicant's father (If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother And Hughes (If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother Clau Kuth Hire (If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
The above applicant has objected to verifying by oath or affirmation or signature to the above	immune deficiency syndrome) Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs. Clerk of Court Date	acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana) County of Hendricks) Signed New Address Subscribed and sworn to before the this 13 day of Clerk of the Hendricks Circuit Court	State of Indiana County of Hendricks Signed New Address Subscribed and sworn to before me this Clerk of the Hendricks Circuit Court
	Staren 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	CONSENT OF PARENTS, PARENT, OR QUARDIAN We, the parents of this applicant, hereby 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) Father ID #	County of Hendricks) Father ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me this day of Clerk	Subscribed and sworn to before me this day of Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR	T. A marriage license having been refused to the above named parties, the
and filed in, authorized	Court, by written order issued orizes and directs the issuance of a marriage license to the above named parties.
	SE AND MARRIAGE CERTIFICATE rk of the Circuit Court of Hendricks County, Indiana, dated August
13, 2003 , authorizing the marriage of Kevin Michae	1 Rhudy and Sandra Kay Denny
I further certify that the following marriage certificate was filed in my office:	I, Janet S. Smith (name),
County, Indiana, Kevin Michael Rhudy of Hend	anville in Hendricks ricks County, Indiana
(state), and Sandra Kay Denny of Morgan	County,Indiana(state)
were married by me as authorized under a marriage license that was iss	ued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated
Filed and recorded in accordance with the laws of the State of Indiana on	

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Book Page _ 8-13-03 Date of Application

IC 31-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.	Female Applicant > 50 No Yes 5-20-03 If No, Medical Examination or Report Dated Name of Physician Armas Gernara
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last Jom Allan Mo Olgulan Date of Birth Month Day Year	Name First Middle Last Bowden Date of Birth Month Day Year
Place of Birth (State or foreign country) Residence Address Street or R.R. City County State 136 Corey Pane Hairfield Land An Holbs	Place of Birth (State or foreign country) Residence Address Street or R.R. City County State 936 Corey Rane Hamfuld Hand In 44168
Previous Marital States: Never Married OR No. of Previous Marriages Last Marriage Ended By: Death Divorce Annulment Date 1999	Previous Marital Status: Never Married OR No. of Previous Marriages Last Marriage Ended By: Death Divorce Annulment Date 1994
Date of Birth Verified By: Birth Certificate Other (Specify)	Date of Birth Verified By: Birth Certificate
Druis (Simus)	Druin & Lanie
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes I fanswer is "yes", has the adjudication been removed? No Yes Are you related to the female applicant closer than second cousin? No Yes Are you now under the influence of an alcoholic beverage? No Yes Are you now under the influence of a narcotic drug? No Yes List the full names of any dependent children.	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes", has the adjudication been removed? No Yes 2. Are you related to the male applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes 4. Are you now under the 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)	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) Residence of mother (if deceased, so state) Residence of mother (if deceased, so state) Birthplace 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 syndroms). Signature of Applicant Date 8-13-03	ACKNOWLEDGEMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syntheme). Signature of Applicant Online 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	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana) I swear/affirm that the information given in this application is true and correct. Y Signed A Me and Correct. New Address Ses me 3 day of August, 2003	State of Indiana County of Hendricks Signed New Address I swear/affirm that the information given in this application is true and correct.
Subscribed and sworn to before makis day of Clerk of the Hendricks Circuit Court	Subscribed and sworn to before me this 3 day of August, 2003 Clerk of the Hendricks Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana) County of Hendricks) Father ID #	State of Indiana) County of Hendricks) Father ID #
Mother ID # Subscribed and sworn to before me this day of Clerk	Mother ID # Subscribed and sworn to before me this day of Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT	T. A marriage license having been refused to the above named parties, the
and filed in, author	Court, by written order issuedorizes 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 Cleratory and the marriage of the marriage license issued by the Cleratory of the marriage license issued by the Cleratory of the marriage license issued by the Cleratory of the marriage of the	SE AND MARRIAGE CERTIFICATE rk of the Circuit Court of Hendricks County, Indiana, dated August 13, Ilquham and Darlene Gayle Bowden I, Carl Akard Riley (name), ainfield in Hendricks ricks County, Indiana S County, Indiana (state) ued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated
August 13, 2003Signed by: Carl Akard Riley Filed and recorded in accordance with the laws of the State of Indiana on	
BOYCE FORMS • SYSTEMS 1-800-382-8702 1477	Signed Slaver Dugan Clerk Hendricks Circuit Court

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

APPLICATION FOR MARRIAGE LICENSE **HENDRICKS COUNTY**

Date of Application

IC 31-11-1. Furnishing false information upon applying for 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 ☐ If No, Medical Examination or Report Dated Yes 🗆

IC 31-11-4-4 commits a Class D felony.	Name of Physician William Provence
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name First Middle Last
Date of Birth Month Day Year	Date of Birth Month Day Year
Please of Birth (State of Society)	10 22 69
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
8340 W. Main St. Coatesville Hend Shr 46/21	8340 Main St. Coatispelle Hend In Hotal
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 2001	Last Marriage Ended By: Death Divorce Annulment Date 1992
Date of Birth Verified By: Birth Certificate Other (Specify)	Date of Birth Verified By: Birth Certificate Other (Specify)
_ Druis & France	Druis & Saine
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes I fanswer is "yes", has the adjudication been removed? No Yes I	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
2. Are you related to the female applicant closer than second cousin? No Yes	If answer is "yes", has the adjudication been removed? No Yes Are you related to the male applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐	3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children. Justice Members, Thomas Get Chembers,	5. List the full names of any dependent children. Krystine Shannol
6. (a) Full name of applicant's father Calvin J. Wortherley	6. (a) Full name of applicant's father William Flored Sells
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Birthplace of father (State or foreign country)	Residence of father (if deceased, so state)
(b) Full maiden name of applicant's mother Sinda Sue Brooks	Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Bittle of Raufman
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) — Indiana
Birthplace of mother (State or foreign country)	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 Date	I acknowledge that I have received information regarding dangerous communicable diseases 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 Date 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	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.	County of Hendricks in this application is true and correct.
Signed On Cum in this application is true and correct. New Address Sun C	New Address SAM E
Subscribed and sworn to before me this day of	Subscribed and sworn to before me this 13 day of August, 2003
Slaver Dugan Clerk of the Hendricks Circuit Court	Black 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) Father ID #	County of Hendricks)
Father ID # Mother ID #	Father 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 County	Court, by written order issued
and filed in, author	rizes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENSE I certify that there was filed in my office a marriage license issued by the Clerk 2003, authorizing the marriage of Jason Matthew	E AND MARRIAGE CERTIFICATE k of the Circuit Court of Hendricks County, Indiana, dated August 13, 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 Coate	esville in Hendricks
County, Indiana, Jason Matthew Chambers of Hendri	Cks County, Indiana
(state), and Stephanie Laraine Kelley of Hendricks were married by me as authorized under a marriage license that was issued	county, <u>Indiana</u> (state)
August 13, 2003 Signed by: Lori J. Estes Filed and recorded in accordance with the laws of the State of Indiana on	. Clerk Town of Amo (official designation)
	Signed Slaver Dugan Clerk
BOYCE FORMS • SYSTEMS 1-800-382-8702 1477	Signed Clerk Hendricks Circuit Court

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

IC 31-11-11. Furnishing false information upon applying for license.

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

MALE APPLICANT

1C 31-11-4-4 commits a Class D felony.	Name of Physician
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name First Middle Last
Date of Birth Month Day Year	- Stusharie Mirole Globson
11 26 79	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Indiana
2551 N. CR 425W Danville Kend Son 410177	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married OR No. of Previous Marriages	34 15 E. OR 450N Brownsburg Hend Sh Ho
OK No. of Frevious 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:	Date of Birth Verified By:
armed Forces of the US	0
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes	Drues & Manse
If answer is "yes", has the adjudication been removed?	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
2. Are you related to the female applicant closer than second cousin? No Yes	If answer is "yes", has the adjudication been removed? No Yes Are you related to the male applicant closer than second cousin? No Yes Yes Yes
3. Are you now under the influence of an alcoholic beverage?	2. Are you related to the male applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes 7
4. Are you now under the influence of a narcotic drug? No Yes	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children.
	The state of the s
6. (a) Full name of applicant's father Robert E. Gurran	6. (a) Full name of applicant's father Addison Warner Walls
(If adopted, list adoptive parents only)	6. (a) Full name of applicant's father (If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Sandra K. Wilson	(b) Full maiden name of applicant's mother antia Caral Moo
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACVNOWI EDGEMENT	
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	I acknowledge that I have received information regarding dangerous communicable diseases that
mmune deficiency syndrome)	are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant Date 14 Aug 03	immune deficiency syndrome) Name WHOSON Date 8/14/03
	Date
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
cknowledgment because of religious beliefs. Clerk of Court Date	acknowledgment because of religious beliefs.
Date	Clerk of Court Date
tate of Indiana) I swear/affirm that the information given	State of Indiana) Lawran/affirm that the information since
ounty of Hendricks) in this application is true and correct.	County of Hendricks) I swear/affirm that the information given in this, application is true and correct.
New Address Same as Bride	K Signed The Signed Th
ubscribed and sworn to before me this _/4_ day of	New Address Allen
Slaver Dugan Clerk of the Hendricks Circuit Court	Subscribed and sworn to before me this 14 day of August, 2003
	Clerk of the Hendricks Circuit Court
ONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR QUARDIAN
le, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs
ate facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
ate of Indiana)	State of Indiana)
ounty of Hendricks)	County of Hendricks)
ther ID #	Father ID #
other ID # ubscribed and sworn to before me this day of	Mother ID #
Clerk	Subscribed and sworn to before me this day of
	Clerk
OMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
, authori	izes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENSE certify that there was filed in my office a marriage license issued by the Clerk 2003 authorizing the marriage of Jason Robert	6.1 6: 1.6 6.2
, additioning the marriage of Robert C	out tall and Stephanie Nicole Hobcon
difference certify that the following marriage certificate was filed in my office: I,	Rev. Leonard Maynard
they that on August 10, 2003 (date) at Brow	nsburg Hendricks (Mane),
bunty, Indiana, descript Curran of Hendric	KS County,Indiana
ate), andStephanie Nicole Hobsonf Hendric	AS Indiana
ere married by me as authorized under a marriage license that was issued agust 14, 2003 Signed by Rev. Leonard Maynar	by the Clerk of the Circuit Court of Hendricks County Indiana dated
. Signed by.	MASSI, PASTOT
led and recorded in accordance with the laws of the State of Indiana on	August 18, 2003 (date).

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

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Page 8-14-03
Date of Application

A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.	Female Applicant > 50 No Yes IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name First Middle Last
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County, State	Residence Address Street or R.R. City County State
1317 Heather Brooke In Danville Hendelitte 22	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages 2
Last Marriage Ended By: Death Divorce Annulment Date 1991	Last Marriage Ended By: Death Divorce Annulment Date 1998
Date of Birth Verified By:	Date of Birth Verified By:
- Druis Secise	Drewing Garge
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes I fanswer is "yes", has the adjudication been removed? 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 Are you related to the female applicant closer than second cousin?	If answer is "yes", has the adjudication been removed?
3. Are you now under the influence of an alcoholic beverage? No Yes	2. Are you related to the male applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug?	 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No Yes \(\sigma\) Yes \(\sigma\)
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 Lillis Carroll	6. (a) Full name of applicant's father Almes W. Follworthy
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Rightness of father (father father	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Carra Sensolus	Birthplace of father (State or foreign country)
(If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother Deldred Jan Mc Me
Residence of mother (if deceased, so state)	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). 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	are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndromy). Signature of Applicant Alexander 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
County of Hendricks Signed New Address I swear/affirm that the information given in this application is true and correct.	State of Indiana 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 4 day of August 3003	Subscribed and sworn to before me this 14 day of August Jone
Clerk of the Hendricks Circuit Court	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)	
County of Hendricks)	State of Indiana) County of Hendricks)
Father ID #	Father ID #
Mother ID # Subscribed and sworn to before me this day of	Mother ID # Subscribed and sworn to before me this day of
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having home referred to the least to t
and filed in, author	
RETURN OF MARRIAGE LICENSE	AND MARRIAGE CERTIFICATE
2003 authorizing the marriage of Gillis Ray Car	of the Circuit Court of Hendricks County, Indiana, dated Aug. 14, roll and Donna Jean Anderson
further certify that the following marriage certificate was filed in my office: I, sertify that on September 3, 2003	Janet S. Smith (name),
certify that on September 3, 2003 (date), at Danvi County, Indiana, Gillis Ray Carroll of Hendricks (state), and Donna Jean Anderson of Hendricks (were married by me as authorized under a marriage license that was issued	ks in Hendricks
state), and Donna Jean Anderson of Hendricks	County, Indiana
were married by me as authorized under a marriage license that was issued ug. 14, 2003 Signed by: Janet S. Smith	d by the Clerk of the Circuit Court of Hendricks County Indiana dated
Aug. 14, 2003 Signed by: Janet S. Smith	by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Deputy Clerk (official designation)

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

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IC 31-11-11. Furnishing false information upon applying for license. No 🕒 Female Applicant > 50 A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under Name of Physician Stricten Names mil IC 31-11-4-4 commits a Class D felony. FEMALE APPLICANT MALE APPLICANT Middle Middle Name Date of Birth Date of Birth Place of Birth (State or foreign country) Place of Birth (State or foreign country) Residence Address Street or R.R Residence Address 1622 Deashwood & OR No. of Previous Marriages. Never Married OR No. of Previous Marriages Previous Marital Status: Never Married Previous Marital Status: Death Divorce Annulment Date 1996 Death Divorce Annulment Date 3003 Last Marriage Ended By: Last Marriage Ended By: Other (Specify) Date of Birth Verified By: ☐ Birth Certificate Date of Birth Verified By: ☐ Birth Certificate Other (Specify) Acc Are you now or have you ever been adjudged to be of unsound mind? No 🗎 Yes 🗌 Are you now or have you ever been adjudged to be of unsound mind? No Yes No Yes No Yes If answer is "yes", has the adjudication been removed? If answer is "yes", has the adjudication been removed? No Yes No Yes Are you related to the male applicant closer than second cousin? Are you related to the female applicant closer than second cousin? No 🕒 Yes 🗆 Are you now under the influence of an alcoholic beverage? No Yes Are you now under the influence of an alcoholic beverage? No 1 Yes 1 Are you now under the influence of a narcotic drug? No Yes Are you now under the influence of a narcotic drug? List the full names of any dependent children. List the full names of any dependent children. Holden Collett (a) Full name of applicant's father Monnie (a) Full name of applicant's father (If adopted, list adoptive parents only) (If adopted, list adoptive parents only) Residence of father (if deceased, so state) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Mattee (b) Full maiden name of applicant's mother (If adopted, list adoptive parents only) (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) **ACKNOWLEDGEMENT** ACKNOWLEDGEMENT I acknowledge that I have received information regarding dangerous communicable diseases that I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired are sexually transmitted, and a list of the test sites for the yirus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applican immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. acknowledgment because of religious beliefs. Clerk of Court Clerk of Court . Date _ State of Indiana I swear/affirm that the information given State of Indiana I swear/affirm that the information given in this application is true and correct. County of Hendricks County of Hendrick in this application is true and correct. & Signed New Address ______ Beeckwood _ day of _ august 2003 Subscribed and sworn to before mohis __ Clerk of the Hendricks Circuit Court 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, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _ state facts which make the consent of the other parent unnecessary ____ State of Indiana) County of Hendricks) County of Hendricks) Father ____ Father ____ ID # Mother _ Mother _ Subscribed and sworn to before me this _ COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the __ County ___ __ Court, by written order issued _ _, authorizes and directs the issuance of a marriage license to the above named parties. and filed in . RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August 14, 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 were 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, 2003Signed 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).