476

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

P.U.

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

FLOYD County

No. 89-476

File 8-9-88
Date of Application

MALE
Medical Examination Report Dated
Name of Physician

FEMALE
Medical Examination Report Dated 6-8-74
Name of Physician J. David Payne

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First David Middle P. Last Wheatley
Date of Birth: Month 3 Day 17 Year 1967
Place of Birth (State or foreign country): Charlestown Ind
Residence Address: Street or R. R. 714 Mt. Tabor Rd City New Albany County State Ind
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) Dri license

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Joseph David Wheatley
   Residence of father (if deceased so state) Rt #2 Box 101 Louisville
   Birthplace of father (State or foreign country) Indiana Ind
9. Full maiden name of mother Esther Mary Papp
   Residence of mother (if deceased so state) Seymour Father
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of Floyd } ss: I depose and state the information given in this application is true and correct.
Signed David P. Wheatley
New Address
Subscribed and sworn to before me this 9 day of Aug., 19 88
William B. Jenks Clerk FLOYD Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of } ss:
Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19....
..... Clerk

FEMALE APPLICANT

Name: First Robyn Middle L. Last Reynolds
Date of Birth: Month 8 Day 8 Year 1970
Place of Birth (State or foreign country): New Albany Ind
Residence Address: Street or R. R. 3025 Sycamore Dr City New Albany County State Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) Dri license

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? ~~No ☐ Yes ☐~~
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Ashley Marie Stone 17 mos
   custody
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Larry Douglas Reynolds
   Residence of father (if deceased so state) 28 Concord Dr, Brunswick MD.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Rosean Lynn Mullins
   Residence of mother (if deceased so state) Borden Ind
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of Floyd } ss: I depose and state the information given in this application is true and correct.
Signed Robyn L. Reynolds
New Address
Subscribed and sworn to before me this 9 day of Aug., 19 88
William B. Jenks Clerk FLOYD Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of } ss:
Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19....
..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* FLOYD *Circuit Court of Indiana dated the* 12 *day of* AUGUST, *19* 88, *authorizing the joining together as husband and wife* DAVID P. WHEATLEY *and* ROBYN L. REYNOLDS

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, PASTOR AARON E. WHEATON *hereby certify that on the* 27 *day of* AUGUST, *one thousand nine hundred and* EIGHTY-EIGHT *at* NEW ALBANY, *County of* FLOYD, *State of Indiana, Groom* DAVID PATRICK WHEATLEY *of* FLOYD *County, State of* INDIANA *and, Bride* ROBYN LYNN REYNOLDS *of* FLOYD *County, State of* INDIANA, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* FLOYD *County.*

Dated this 27 *day of* AUGUST, *19* 88

Signed AARON E. WHEATON
Official Designation UNITED METHODIST ELDER

Filed and recorded in accordance with the laws of the State of Indiana this 30 *day of* AUGUST, *19* 88

Signed WILLIAM B. JENKS *Clerk*
FLOYD *Circuit Court*