Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

FLOYD County

No. 92-125

File

2/13/91 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

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

MALE APPLICANT

Name First Michael Middle Trent Last Farris

Date of Birth Month 7 Day 17 Year 1966

Place of Birth (State or foreign country) New Albany, In

Residence Address Street or R.R. 9240 St Rd 64 City Georgetown County State In

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

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

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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) Ronald E. Farris
   Residence of father (if deceased, so state) Georgetown In
   Birthplace of father (State or foreign country) Kentucky
   (b) Full maiden name of applicant's mother (If adopted, list Adoptive Parents Only) Donna J Bartley
   Residence of mother (if deceased, so state) Georgetown In
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

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

Signature of Applicant Date

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

Clerk of Court Date

State of Indiana) ss: County of Floyd)

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

Signed Michael Trent Farris

New Address

Subscribed and sworn to before me this 13 day of Feb. 19 91

Betty J. Hammond Clerk of the 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 make the consent of the other parent unnecessary

State of Indiana) ss: County of)

Father ID #

Mother ID #

Subscribed and sworn to before me this day of 19

Clerk

FEMALE APPLICANT

Name First Teresa Middle Diane Last Fugit

Date of Birth Month 9 Day 19 Year 1965

Place of Birth (State or foreign country) Jeffersonville, In.

Residence Address Street or R.R. 9240 State Rd 64 City Georgetown County State In

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

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 1989

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☑
   If answer is "yes," has the adjudication been removed? No ☑ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Aaron Paul, Kocherspergler
6. (a) Full name of applicant's father (If adopted, list Adoptive Parents Only) James E. Fugit
   Residence of father (if deceased, so state) Jeffersonville
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother (If adopted, list Adoptive Parents Only) Barbara R Fultz
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) Kentucky

ACKNOWLEDGMENT

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

Signature of Applicant Date

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

Clerk of Court Date

State of Indiana) ss: County of Floyd)

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

Signed Teresa D. Kocherspergler

New Address

Subscribed and sworn to before me this 13 day of Feb 19 91

Betty J. Hammond Clerk of the 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 make the consent of the other parent unnecessary

State of Indiana) ss: County of)

Father ID #

Mother ID #

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

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of FLOYD *County, Indiana, dated* 2/13/91, *authorizing the marriage of* MICHAEL T. FARRIS *and* TERESA D. FUGIT.

I further certify that the following marriage certificate was filed in my office:
I, GREGORY W. CARTER *(name), certify that on* 2/16/91 *(date), at* GEORGETOWN *in* FLOYD *County, Indiana* MICHAEL T. FARRIS *of* FLOYD *County,* INDIANA *(state), and* TERESA D. FUGIT *of* FLOYD *County,* INDIANA *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* FLOYD *County, Indiana, dated* 2/16/91.

Signed by: GREGORY W. CARTER, ORDAINED MINISTER *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 2/20/91 *(date).*

Signed BETTY J. HAMMOND *Clerk*

FLOYD *Circuit Court*

AFML A/PD 1 R/10/89