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. 92-344

File

7/15/91 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 7/15/91
Name of Physician P Johnson

MALE APPLICANT

Name: First Jeffrey Middle L. Last Reynolds
Date of Birth: Month 11 Day 23 Year 1971
Place of Birth (State or foreign country): New Albany In
Residence Address: Street or R.R. 309 Graybrook City New Albany 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) 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 related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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) James L. Reynolds
   Residence of father (if deceased, so state) Florida
   Birthplace of father (State or foreign country) Harrison Co. In
   (b) Full maiden name of applicant's mother (If adopted, list Adoptive Parents Only) Shirley A. Barnes
   Residence of mother (if deceased, so state) Clarksville In
   Birthplace of mother (State or foreign country) Harrison Co. In

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) County of Floyd) ss:

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

X Signed Jeff L. Reynolds
New Address

Subscribed and sworn to before me this 15 day of July 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) County of) ss:

Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19____
_____ Clerk

FEMALE APPLICANT

Name: First Johnna Middle M. Last Miller
Date of Birth: Month 1 Day 9 Year 1973
Place of Birth (State or foreign country): Louisville Ky
Residence Address: Street or R.R. 2339 Broadway City New Albany 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) 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 related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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) James C. Miller
   Residence of father (if deceased, so state) New Albany In
   Birthplace of father (State or foreign country) New Albany In
   (b) Full maiden name of applicant's mother (If adopted, list Adoptive Parents Only) Deanna M. Davenport
   Residence of mother (if deceased, so state) Same Father
   Birthplace of mother (State or foreign country) Louisville Ky.

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) County of Floyd) ss:

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

X Signed Johnna Marie Miller
New Address

Subscribed and sworn to before me this 15 day of July 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) County of) ss:

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* 7/15/91*, authorizing the marriage of* JEFFREY L. REYNOLDS *and* JOHNNA M.MILLER.

I further certify that the following marriage certificate was filed in my office:
I, WOODIE DROST *(name), certify that on* 8/3/91 *(date), at* NEW ALBANY *in* FLOYD *County, Indiana,* JEFFREY L.REYNOLD *of* FLOYD *County,* INDIANA *(state), and* JOHNNA M. MILLER *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* 8/3/91.
Signed by: WOODIE DROST, MINISTER *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 8/12/91 *(date).*

Signed BETTY J. HAMMOND *Clerk*
FLOYD *Circuit Court*

AFML A/PD 1 R/10/89