

APPLICATION FOR MARRIAGE LICENSE

MONTGOMERY County

7-12-88
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
Medical Examination or Report Dated N/A
Name of Physician _____

MALE APPLICANT

Name: Jewel R. Peffley
 Date of Birth: July 23, 1930
 Place of Birth: Greenville, Ind.
 Residence Address: 703 E. Wabash, Crawfordsville, IN
 Previous Marital Status: Never Married OR X1
 Last Marriage Ended By: Death Divorce Annulment
 Date of birth verified by: Birth Certificate Judicial Decree
 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.
- None -

6. (a) Full name of father of dependent children _____
 Residence of father (if deceased, so state) _____
 Birthplace of father (State or foreign country) _____
 (b) Full maiden name of mother of dependent children _____
 Residence of mother (if deceased, so state) _____
 Birthplace of mother (State or foreign country) _____

FEMALE APPLICANT

Name: Jo Ann Peffley
 Date of Birth: October 4, 1930
 Place of Birth: Greenville, Ind.
 Residence Address: Box 207 New Market, TN
 Previous Marital Status: Never Married OR X1
 Last Marriage Ended By: Death Divorce Annulment
 Date of birth verified by: Birth Certificate Judicial Decree
 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.
- None -

6. (a) Full name of father of dependent children _____
 Residence of father (if deceased, so state) _____
 Birthplace of father (State or foreign country) _____
 (b) Full maiden name of mother of dependent children _____
 Residence of mother (if deceased, so state) _____
 Birthplace of mother (State or foreign country) _____

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).
Jewel R. Peffley
 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 _____

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).
Jo Ann Peffley
 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) I swear/affirm that the information given
 County of MONTGOMERY) ss: in this application is true and correct.
 Signed Jewel R. Peffley
 New Address _____
 Subscribed and sworn to before me this 12th day of July, 1988
Rebecca Neidoffer Clerk of the MONTGOMERY Circuit Court

State of Indiana) I swear/affirm that the information given
 County of MONTGOMERY) ss: in this application is true and correct.
 Signed Jo Ann Peffley
 New Address _____
 Subscribed and sworn to before me this 12th day of July, 1988
Rebecca Neidoffer Clerk of the MONTGOMERY Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
 County of MONTGOMERY) ss:
 Signed _____ Father
 Signed _____ Mother
 Subscribed and sworn to before me this _____ day of _____, 19____
 _____ Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
 County of MONTGOMERY) 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

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of MONTGOMERY County, Indiana, dated JULY 15, 1988, authorizing the marriage of Jewel Peffley and JO ANN Peffley.

I further certify that the following marriage certificate was filed in my office:
I, George Markey (name), certify that on 17th July 88 (date), at Crawfordsville, Montgomery County, Indiana, Jewel Peffley of Montgomery County, Indiana (state), and JO ANN Peffley Montgomery County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of MONTGOMERY County, Indiana, dated _____

Signed by: George Markey, Pastor (official designation)
 Filed and recorded in accordance with the laws of the State of Indiana on July 20 1988 (date).
Rebecca Neidoffer Clerk
MONTGOMERY Circuit Court