

RECORD OF MARRIAGE



ALLEN

COUNTY **011015**

INSERT NAME OF COUNTY

GROOM

Name (Print in Full) Miller Thomas Joseph			RACE White <input checked="" type="checkbox"/> Black <input type="checkbox"/> Am. Indian <input type="checkbox"/> Other <input type="checkbox"/> (Specify) _____	
Last Miller	First Thomas	Middle Joseph	Age of Groom 26	Place of Birth (State or Foreign Country) Michigan
Residence (Address) 5514 senna Drive			County Allen	
City or Town Ft. Wayne			State Indiana	
Is Residence Inside City Limits? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Is Residence on a Farm? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Usual Occupation Field Service Engineer			PREVIOUS MARITAL STATUS Never Married <input checked="" type="checkbox"/>	
Education (Specify Highest Grade Completed) 12th			LAST MARRIAGE ENDED BY: Death <input type="checkbox"/> Annulment <input type="checkbox"/>	
Father's Name David J. Miller Birth Place _____			Total Number of Previous _____	
Mother's Name Martha A. Miller Birth Place Michigan			Divorce <input type="checkbox"/> Marriages _____	
			Date Last Marriage Ended _____	

BRIDE

Name (Legal Name Before This Marriage--Print in Full) TAYLOR REBECCA A			RACE White <input checked="" type="checkbox"/> Black <input type="checkbox"/> Am. Indian <input type="checkbox"/> Other <input type="checkbox"/> (Specify) _____	
Last TAYLOR	First REBECCA	Middle A	Age of Bride 28	Place of Birth (State or Foreign Country) INDIANA
Residence (Address) 5514 SENNADR			County ALLEN	
City or Town FT WAYNE			State IN	
Is Residence Inside City Limits? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Is Residence on a Farm? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Usual Occupation MERCHANDISE SUP.			PREVIOUS MARITAL STATUS Never Married <input checked="" type="checkbox"/>	
Education (Specify Highest Grade Completed) 12th			LAST MARRIAGE ENDED BY: Death <input type="checkbox"/> Annulment <input type="checkbox"/>	
Father's Name MARK L TAYLOR Birth Place NEW YORK			Total Number of Previous _____	
Mother's Name RUTH D. TAYLOR Birth Place INDIANA			Divorce <input type="checkbox"/> Marriages _____	
			Date Last Marriage Ended _____	

This Application for License Expires on **June 22, 1999**

PLACE OF MARRIAGE City or Town FT WAYNE County Allen		OFFICIANT Name Rev. Brian H. Hamer	
Signature of Groom <i>Thomas J. Miller</i>		Title Assoc. Pastor	
Signature of Bride <i>Rebecca Taylor</i>		Address 7006 PUTT LN	
Date of Marriage 5/15/99		Phone Number 485-9768	

AIDS Education Acknowledgement Signed *[Signature]* Religious Objection Signed _____

CLERK OF COURT: Detach Record of Marriage and forward same at close of each calendar month to Indiana State Department of Health, Vital Statistics, Section B 4, 2 North Meridian Street, P.O. Box 6016, Indianapolis, Indiana 46206-8715.

Date of Recording **MAY 19 1999** Book **99** Page **650**

Signed *Lisbeth A. Glaser* K.N. Clerk of **ALLEN** Circuit Court
Insert Name of County