

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 559

File 26

July 7, 1962  
Date of Application

MALE

Medical Examination Report Dated July 5, 1962  
Name of Physician John R. Melin

FEMALE

Medical Examination Report Dated July 5, 1962  
Name of Physician John R. Melin

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name First Middle Last  
Date of Birth Month Day Year  
Place of Birth (State or foreign country)  
Residence Address Street or R. R. City County State  
Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Driller

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify)

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)  
(a) List their full names, ages and addresses

Name Age Address

- Are you supporting or contributing to their support? Yes ☐ No ☒
- Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

- Full name of father Richard Malcolm Hamilton  
Residence of father (if deceased so state) R.R. 18 - Indpls  
Occupation of father Self Employed Race of father W.  
Birthplace of father (State or foreign country) Indpls
- Full maiden name of mother Kathleen M. Young  
Residence of mother (if deceased so state) R.R. 18 - Indpls  
Occupation of mother Hamilton Bros Inc. Race of mother W.  
Birthplace of mother (State or foreign country) Kentucky

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of

Signed Jerry Hamilton

New Address R.R. 18 Box 138 H Indpls

Subscribed and sworn to before me this 7th day of July, 1962  
Claude Hughes Clerk HENDRICKS 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, HENDRICKS } ss:  
County of

Signed Richard M. Hamilton Father

Signed Kathleen M. Hamilton Mother

Subscribed and sworn to before me this 7th day of July, 1962  
Claude Hughes Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court by written order issued 3 day waiting - waived and filed in Clerk's Office 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 Hendricks Circuit Court of Indiana dated the 7th day of July, 1962, authorizing the joining together as husband and wife of Jerry Hamilton and Jo Ann Lyons.

Be it further remembered, the following marriage certificate was filed in my office, to-wit: I, William L. Fessler, hereby certify that on the 11th day of July, 1962, at the Shloh Methodist Church, County of Hendricks, State of Indiana, Groom Jerry Hamilton of Hendricks County, State of Indiana, and, Bride Jo Ann Lyons of Hendricks 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 Hendricks County.

Dated this 31st day of July, 1962.

Signed William L. Fessler  
Official Designation Methodist Clergyman  
6th day of Aug, 1962  
Signed Claude Hughes Clerk  
Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this.



Form Prescribed By  
Indiana State Board of  
Health under Authority  
Chap. 126, Ind. Acts 1905

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 560  
File July 7-1962  
Date of Application

MALE

Medical Examination Report Dated July 7-1962  
Name of Physician M. O. Scamaron M.D.

FEMALE

Medical Examination Report Dated July 7-1962  
Name of Physician M. O. Scamaron M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "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 Carl Middle David Last Forsyth  
Date of Birth Month Jan Day 8 Year 1943  
Place of Birth (State or foreign country) Bartholomew Co Ind.  
Residence Address Street or R. R. City Palgar County Ind. State Ind.  
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify).....

Usual Occupation Carpenter

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify) Drivers License
- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
  - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
  - Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
  - Are you afflicted with a transmissible disease? No ☒ Yes ☐
  - Are you related to the bride closer than second cousin? No ☒ Yes ☐
  - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
  - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
  - Are you able to support a family? Yes ☒ No ☐
  - Are you likely to so continue? Yes ☒ No ☐
  - Do you have minor children from one or more former marriages? No ☐ Yes ☐  
(If yes, answer questions a, b, c)  
(a) List their full names, ages and addresses

Name Age Address

- (b) Are you supporting or contributing to their support? Yes ☐ No ☐  
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father: Justine L. Forsyth  
Residence of father (if deceased so state) Palgar, Ind.  
Occupation of father: Retired Race of father: W  
Birthplace of father (State or foreign country) Indiana  
12. Full maiden name of mother: Mary Susan Pritchard  
Residence of mother (if deceased so state) Palgar  
Occupation of mother: housewife Race of mother: W  
Birthplace of mother (State or foreign country) Indiana

State of Indiana, } ss: I depose and state the information given in this application is true and correct.  
County of HENDRICKS

Signed Carl Forsyth (David)  
New Address 962 W. Clinton Danville, Ind.

Subscribed and sworn to before me this 7 day of July, 1962  
Claude Hughes Clerk HENDRICKS 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.

consent of father attached

State of Indiana, } ss:  
County of HENDRICKS

Signed Mary S. Forsyth Father  
Signed Mary S. Forsyth Mother

Subscribed and sworn to before me this 7 day of July, 1962  
Claude Hughes Clerk

FEMALE APPLICANT

Name First Sylvia Middle Scott Last Pritchard  
Date of Birth Month Nov Day 5 Year 1942  
Place of Birth (State or foreign country) Indianapolis Marion Ind.  
Residence Address Street or R. R. City Danville County Ind. State Ind.  
Maiden Name if Different

Previous Marital Status: Never Married ☒ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify).....

Usual Occupation Typist

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify) Drivers License
- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
  - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
  - Are you afflicted with a transmissible disease? No ☒ Yes ☐
  - Are you related to the groom closer than second cousin? No ☒ Yes ☐
  - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
  - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
  - Full name of father: Paul B. Pritchard  
Residence of father (if deceased so state) Danville  
Occupation of father: Engineer Race of father: W  
Birthplace of father (State or foreign country) Nebraska
  - Full maiden name of mother: Louise Scott  
Residence of mother (if deceased so state) Danville  
Occupation of mother: Medical Sec. Race of mother: W  
Birthplace of mother (State or foreign country) Indiana

State of Indiana, } ss: I depose and state the information given in this application is true and correct.  
County of HENDRICKS

Signed Sylvia Scott Pritchard  
New Address 962 West Clinton Danville, Ind.

Subscribed and sworn to before me this 7 day of July, 1962  
Claude Hughes Clerk HENDRICKS 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, } ss:  
County of HENDRICKS

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 \_\_\_\_\_ Circuit Court of Indiana dated the 11<sup>th</sup> day of July, 1962, authorizing the joining together as husband and wife of Carl David Forsyth and Sylvia Scott Pritchard.  
Be it further remembered, the following marriage certificate was filed in my office, to wit:  
I, George H. Smith, hereby certify that on the 14<sup>th</sup> day of July, 1962, at Danville, County of Hendricks, State of Indiana, Groom, Carl David Forsyth, of \_\_\_\_\_ County, State of \_\_\_\_\_, and, Bride, Sylvia Scott Pritchard, of \_\_\_\_\_ County, State of \_\_\_\_\_, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_ County.  
Dated this 14<sup>th</sup> day of July, 1962.

Signed George H. Smith

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 16<sup>th</sup> day of July, 1962.

Signed Claude Hughes Clerk  
Hendricks Circuit Court



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Chap. 126, I

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I, Justin L. Forsyth, parent and gaurdian of my son, Carl Forsyth,  
give my consent to his marriage, to Sylvia S. Pritchard.



Notarized by Florise S. Pritchard  
Notary Public -  
My Commission Expires  
12-6-64-

This is to certify that  
Justin Forsyth appeared before me in person and signed this document.

FILED

JUL 11 1962

Claude Hughes  
Clerk Hendricks Circuit Court

Yes ☐  
Yes ☐  
Yes ☐  
Yes ☐  
Yes ☐  
Yes ☐  
Yes ☐

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1962

Circuit Court

ly one parent

Subscribed and sworn to before me this

Claude Hughes Clerk HENDRICKS 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.

consent of father attached

State of Indiana, } ss:  
County of HENDRICKS

Signed Mary S. Forsyth Father

Signed Mother

Subscribed and sworn to before me this day of July 1962

Claude Hughes Clerk

State of Indiana, } ss:  
County of HENDRICKS

Signed Father

Signed Mother

Subscribed and sworn to before me this day of July 1962

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 Hendricks Circuit Court  
of Indiana dated the 11th day of July 1962, authorizing the joining together as husband and wife

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

I, George T. Smith hereby certify that on the 14th day of July

one thousand and nine hundred and sixty-two at Lawrence, County of Hendricks,

State of Indiana, Groom Carl David Forsyth of Jackson County, State of Indiana

and, Bride Sylvia Scott Pritchard of Hendricks 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 Hendricks

County.

Dated this 14th day of July 1962.

Signed George T. Smith

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 16th day of July 1962.

Signed Claude Hughes Clerk

Hendricks Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 561  
File 26  
Date of Application July 9, 1962

MALE  
Medical Examination Report Dated July 5, 1962  
Name of Physician Richard Nolen, M.D.

FEMALE  
Medical Examination Report Dated July 5, 1962  
Name of Physician Richard Nolen, M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name David L. Hayden  
Date of Birth June 17, 1943  
Place of Birth (State or foreign country) Plainfield Ind.  
Residence Address 420 N. Vere Plainfield Ind.  
Previous Marital Status: Never Married ☒ Number of Previous Marriages  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Army

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) Drivers license

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile?  
Of Unsound Mind? No ☐ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☐ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☐ Yes ☐
- If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the bride closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☐ No ☐
- Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c) No ☐ Yes ☐

(a) List their full names, ages and addresses

- (b) Are you supporting or contributing to their support? Yes ☐ No ☐  
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Ralph Thomas Hayden  
Residence of father (if deceased so state) Plainfield  
Occupation of father Bus Driver Race of father W.  
Birthplace of father (State or foreign country) Indiana  
12. Full maiden name of mother Mary Stella Bruce  
Residence of mother (if deceased so state) Plainfield, Ind.  
Occupation of mother none Race of mother W.  
Birthplace of mother (State or foreign country) Ky.

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.

Signed David R. Hayden

New Address

Subscribed and sworn to before me this 9th day of July, 1962  
Claude Hughes Clerk Hendricks 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.

See Attached

State of Indiana, Hendricks } ss:

Signed

Signed

Subscribed and sworn to before me this 9th day of July, 1962  
Claude Hughes Clerk

FEMALE APPLICANT

Name Linda M. Lowe  
Date of Birth Nov 8, 1944  
Place of Birth (State or foreign country) Indianapolis Ind.  
Residence Address 1701 W 63rd St Indianapolis Ind.  
Maiden Name if Different

Previous Marital Status: Never Married ☐ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation None

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) Drivers license

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile?  
Of Unsound Mind? No ☐ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the groom closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐
- Full name of father George Calvin Lowe  
Residence of father (if deceased so state) Indpls Ind.  
Occupation of father Mechanic Race of father W.  
Birthplace of father (State or foreign country) Indiana

8. Full maiden name of mother Betty Jean Long  
Residence of mother (if deceased so state) Indpls Ind.  
Occupation of mother waitress Race of mother W.  
Birthplace of mother (State or foreign country) Indiana

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.

Signed Linda Lowe

New Address

Subscribed and sworn to before me this 9th day of July, 1962  
Claude Hughes Clerk Hendricks 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.

See Attached

State of Indiana, Hendricks } ss:

Signed

Signed

Subscribed and sworn to before me this 9th day of July, 1962  
Claude Hughes 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 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 Circuit Court of Indiana dated the day of 1962, authorizing the joining together as husband and wife

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

I, hereby certify that on the day of County of

one thousand nine hundred and at County, State of

State of Indiana, Groom of County, State of

and, Bride of were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of County.

Dated this day of 1962 Signed Official Designation Clerk

Filed and recorded in accordance with the laws of the State of Indiana this day of 1962 Signed Circuit Court



Form Prescribed By  
Indiana State Board of  
Health under Authority  
Chap. 126, Ind. Acts 1905

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 562  
File July 14-1962  
Date of Application

MALE  
Medical Examination Report Dated July 10-1962  
Name of Physician A. M. Scudder M.D.

FEMALE  
Medical Examination Report Dated July 12-62  
Name of Physician A. M. Scudder M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "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 Jon Ferguson  
Date of Birth June 18 1939  
Place of Birth (State or foreign country) Indianapolis Ind.  
Residence Address 402 N. Green Brownsburg Ind.  
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) \_\_\_\_\_

Usual Occupation Army

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) \_\_\_\_\_

1. Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)  
(a) List their full names, ages and addresses

Name Age Address

- (b) Are you supporting or contributing to their support? Yes ☐ No ☐
- (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Harmon Walter Ferguson  
Residence of father (if deceased so state) Donville  
Occupation of father allison Race of father W  
Birthplace of father (State or foreign country) Canada  
12. Full maiden name of mother Mary Frances Michall  
Residence of mother (if deceased so state) Donville  
Occupation of mother Secretary Race of mother W  
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Jon J. Ferguson

New Address \_\_\_\_\_

Subscribed and sworn to before me this 14 day of July, 1962  
Claude Hughes Clerk HENDRICKS 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, HENDRICKS } ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

FEMALE APPLICANT

Name Nancy Lee Thornburgh  
Date of Birth June 14 1944  
Place of Birth (State or foreign country) Lebanon Ind.  
Residence Address 201 N. Adams Brownsburg Ind.  
Maiden Name if Different \_\_\_\_\_

Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) \_\_\_\_\_

Usual Occupation none

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) \_\_\_\_\_

1. Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Edward Burn in Thornburgh  
Residence of father (if deceased so state) Deceased  
Occupation of father \_\_\_\_\_ Race of father W  
Birthplace of father (State or foreign country) Indiana

8. Full maiden name of mother Delores Elsie Thomas  
Residence of mother (if deceased so state) Brownsburg  
Occupation of mother Laundry & cleaning Race of mother W  
Birthplace of mother (State or foreign country) Ohio

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Nancy Lee Thornburgh

New Address \_\_\_\_\_

Subscribed and sworn to before me this 14 day of July, 1962  
Claude Hughes Clerk HENDRICKS 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, HENDRICKS } ss:  
County of \_\_\_\_\_

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 Hendricks Circuit Court of Indiana dated the 20th day of July, 1962, authorizing the joining together as husband and wife of Jon J. Ferguson and Nancy Lee Thornburgh.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Lester B. Yearick hereby certify that on the 29th day of July, 1962, at Brownsburg, County of Hendricks, State of Indiana, Groom Jon J. Ferguson and, Bride Nancy Lee Thornburgh of Hendricks 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 Hendricks County.  
Dated this 29th day of July, 1962.

Signed Lester B. Yearick

Official Designation Minister  
3rd day of Aug, 1962.

Signed Claude Hughes Clerk Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 563

File 21

July 16, 1962  
Date of Application

MALE

Medical Examination Report Dated July 13, 1962  
Name of Physician J. E. O'Brien

FEMALE

Medical Examination Report Dated July 13, 1962  
Name of Physician Dr. David Haggard

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name Lonnie Allen Steele  
Date of Birth December 11 1940  
Place of Birth Winamac, Indiana  
Residence Address R.R. 1 Medaryville Jasper Ind.  
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Farming

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree,

☐ Other (Specify) Drivers license

1. Are you now or have you been adjudged, diagnosed or considered as:

An Imbecile? No ☒ Yes ☐

Of Unsound Mind? No ☒ Yes ☐

2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐

3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐

If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐

4. Are you afflicted with a transmissible disease? No ☒ Yes ☐

5. Are you related to the bride closer than second cousin? No ☒ Yes ☐

6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐

7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐

8. Are you able to support a family? Yes ☒ No ☐

9. Are you likely to so continue? Yes ☒ No ☐

10. Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)

(a) List their full names, ages and addresses

Name Age Address

(b) Are you supporting or contributing to their support? Yes ☐ No ☐

(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Ray Allen Steele

Residence of father (if deceased so state) R1 Medaryville

Occupation of father Farmer Race of father W.

Birthplace of father (State or foreign country) Winamac, Ind.

12. Full maiden name of mother Helen Masterson

Residence of mother (if deceased so state) R1 Medaryville

Occupation of mother housewife Race of mother W.

Birthplace of mother (State or foreign country) Winamac, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Lonnie A. Steele

New Address Medaryville Ind. R.R. 1

Subscribed and sworn to before me this 16th day of July, 1962

Claude Hughes Clerk HENDRICKS 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, HENDRICKS } ss:

County of HENDRICKS } 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 \_\_\_\_\_ Circuit Court

of Indiana dated the 20th day of July, 1962 authorizing the joining together as husband and wife

of Lonnie Allen Steele and Carol Louise Stout

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

I, Glenn Humbling hereby certify that on the 22nd day of July,

one thousand nine hundred and 62 at College Corner Butlin Church County of Watahse,

State of Indiana, Groom Lonnie Allen Steele of Jasper County, State of Indiana

and, Bride Carol Louise Stout of Hendricks 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 \_\_\_\_\_

County, \_\_\_\_\_

Dated this 22nd day of July, 1962.

Signed Dr. Glenn Humbling

Official Designation Minister, 1962.

Signed Claude Hughes Clerk

Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.



Form Prescribed By  
Indiana State Board of  
Health under Authority  
Chap. 126, Ind. Acts 1905

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

No. 564  
File 26  
Date of Application July 16, 1962

HENDRICKS County

MALE

Medical Examination Report Dated July 16, 1962  
Name of Physician Dr. L. D. Ellis

FEMALE

Medical Examination Report Dated July 16, 1962  
Name of Physician Dr. L. D. Ellis

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "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 Robert Willis Clones  
Date of Birth March 27, 1942  
Place of Birth North Salem, Ind.  
Residence Address Box 207 North Salem, Ind.  
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) \_\_\_\_\_

Usual Occupation T.B.M.

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) Drivers license

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)  
(a) List their full names, ages and addresses

Name Age Address

- Are you supporting or contributing to their support? Yes ☐ No ☒
- Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father Hiram Willis Clones  
Residence of father (if deceased so state) N. Salem  
Occupation of father Farmer Race of father W.  
Birthplace of father (State or foreign country) Ind.

12. Full maiden name of mother Dorothy A. Clones  
Residence of mother (if deceased so state) N. Salem  
Occupation of mother Housewife Race of mother W.  
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Robert Willis Clones

New Address \_\_\_\_\_

Subscribed and sworn to before me this 16th day of July, 1962  
Claude Hughes Clerk HENDRICKS 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, HENDRICKS } ss:  
County of \_\_\_\_\_

Signed Hiram W. Clones Father  
Signed Dorothy A. Clones Mother

Subscribed and sworn to before me this 16th day of July, 1962  
Claude Hughes Clerk

FEMALE APPLICANT

Name Susan Jane Travis  
Date of Birth April 15, 1944  
Place of Birth Libanon, Indiana  
Residence Address R.R. Dayton Hendricks Ind.  
Maiden Name if Different \_\_\_\_\_

Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) \_\_\_\_\_

Usual Occupation Student

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) \_\_\_\_\_

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father Grafton R. Travis  
Residence of father (if deceased so state) Dayton  
Occupation of father Farm + Red Est. Race of father W.  
Birthplace of father (State or foreign country) Mississippi

8. Full maiden name of mother Margie Leavelle  
Residence of mother (if deceased so state) Dayton  
Occupation of mother Housewife Race of mother W.  
Birthplace of mother (State or foreign country) Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Susan Travis

New Address 375 East Mill Street, Danville

Subscribed and sworn to before me this 16th day of July, 1962  
Claude Hughes Clerk HENDRICKS 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, HENDRICKS } ss:  
County of \_\_\_\_\_

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 \_\_\_\_\_ 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 \_\_\_\_\_ Circuit Court of Indiana dated the 21st day of July, 1962, authorizing the joining together as husband and wife of Robert Willis Clones and Susan Jane Travis.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Lozier C. Hughes, hereby certify that on the 21st day of July, 1962, at Dayton - R.R. 1, County of Hendricks, State of Indiana, Groom Robert Willis Clones of Hendricks County, State of Indiana, and, Bride Susan Jane Travis of Hendricks 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 Hendricks County.  
Dated this 21st day of July, 1962.

Signed Lozier C. Hughes

Official Designation Minister (Christian)  
24th day of July, 1962.

Signed Claude Hughes Clerk  
Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

No. 565

File Book 26

Date of Application July 17-1962

HENDRICKS

County

MALE

Medical Examination Report Dated July 10-1962

Name of Physician J. P. Worley M.D.

FEMALE

Medical Examination Report Dated July

Name of Physician J. P. Worley M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name First William Middle Wilbur Last Mason  
Date of Birth January 29 1941  
Place of Birth (State or foreign country) Stelesville Indiana  
Residence Address Clayton Base 169 Hndr. Ind.  
Previous Marital Status: Never Married ☒ Number of Previous Marriages  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Color or Race White ☒ Negro ☐ Other ☐ (specify)  
Usual Occupation Lumber Belt Chp.  
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify)
- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
  - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
  - Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
  - Are you afflicted with a transmissible disease? No ☒ Yes ☐
  - Are you related to the bride closer than second cousin? No ☒ Yes ☐
  - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
  - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
  - Are you able to support a family? Yes ☒ No ☐
  - Are you likely to so continue? Yes ☒ No ☐
  - Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)  
(a) List their full names, ages and addresses

Name Age Address  
(b) Are you supporting or contributing to their support? Yes ☐ No ☐  
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Byron Noble Mason  
Residence of father (if deceased so state) deceased  
Occupation of father Race of father W  
Birthplace of father (State or foreign country) Hendricks Co Ind.  
12. Full maiden name of mother Winona Eloise Penrod  
Residence of mother (if deceased so state)  
Occupation of mother housewife Race of mother W  
Birthplace of mother (State or foreign country) Newton Co Indiana

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.  
County of

Signed William Wilbur Mason  
New Address Box #169 Clayton Indiana  
Subscribed and sworn to before me this 17 day of July, 1962  
Clerk HENDRICKS 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, Hendricks } ss:  
County of

Signed Father  
Signed Mother  
Subscribed and sworn to before me this day of 1962  
Clerk

FEMALE APPLICANT

Name First Dixie Middle Lee Last Hunter  
Date of Birth November 25 1942  
Place of Birth (State or foreign country) Indianapolis Ind.  
Residence Address 210 W. Benille-Indpls Marion Ind.  
Maiden Name if Different  
Previous Marital Status: Never Married ☒ Number of Previous Marriages  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Color or Race White ☒ Negro ☐ Other ☐ (specify)  
Usual Occupation Rca  
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify)
- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☐ Yes ☐  
Of Unsound Mind? No ☐ Yes ☐
  - Are you under guardianship as a person of unsound mind? No ☐ Yes ☐
  - Are you afflicted with a transmissible disease? No ☐ Yes ☐
  - Are you related to the groom closer than second cousin? No ☐ Yes ☐
  - Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
  - Are you now under the influence of a narcotic drug? No ☐ Yes ☐
  - Full name of father Charles R. Hunter  
Residence of father (if deceased so state) deceased  
Occupation of father Race of father W  
Birthplace of father (State or foreign country) Marion Co. Ind.

8. Full maiden name of mother Alice May Miller  
Residence of mother (if deceased so state) 140 So 108 St Seattle Wash  
Occupation of mother housewife Race of mother W  
Birthplace of mother (State or foreign country) Marion Co Ind

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.  
County of

Signed Dixie Lee Hunter  
New Address P.O. Box 101, R.R. 2, Indpls. 31, Ind.

Subscribed and sworn to before me this 17 day of July, 1962  
Clerk HENDRICKS 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, Hendricks } ss:  
County of

Signed Father  
Signed Mother  
Subscribed and sworn to before me this day of 1962  
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 Hendricks Circuit Court of Indiana dated the 21 day of July, 1962, authorizing the joining together as husband and wife of William Wilbur Mason and Dixie Lee Hunter

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

I, Joe A. Miller hereby certify that on the 21st day of July, 1962, at Clayton, Hendricks County, State of Indiana, Groom William Wilbur Mason of Marion County, State of Indiana, and, Bride Dixie Lee Hunter of Marion 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 Hendricks County.

Dated this 21st day of July, 1962. Signed Joe A. Miller  
Official Designation Christian Minister, 1962

Filed and recorded in accordance with the laws of the State of Indiana this 23rd day of July, 1962. Signed Clerk HENDRICKS Circuit Court



Form Prescribed By  
Indiana State Board of  
Health under Authority  
Chap. 126, Ind. Acts 1905

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 566

File July 19-1962  
Date of Application

MALE  
Medical Examination Report Dated July 18-1962  
Name of Physician E. B. Lamb M.D.

FEMALE  
Medical Examination Report Dated E. B. Lamb M.D.  
Name of Physician July 18-1962

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "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 Ernest L. Lewis Jr.  
Date of Birth April 12 1944  
Place of Birth (State or foreign country) noblesville Ind.  
Residence Address 270 Aron Ave. Plainfield Ind. Ind.  
Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Farmer

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify)

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c) No ☐ Yes ☐  
(a) List their full names, ages and addresses

Name	Age	Address

- Are you supporting or contributing to their support? Yes ☐ No ☐
- Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Ernest L. Roy Lewis Sr.  
Residence of father (if deceased so state) Indianapolis  
Occupation of father Mechanist Race of father W  
Birthplace of father (State or foreign country) Ohio

12. Full maiden name of mother Martha Schued  
Residence of mother (if deceased so state) Indianapolis  
Occupation of mother housewife Race of mother W  
Birthplace of mother (State or foreign country) New York

State of Indiana, HENDRICKS } ss: I depose and state the information given  
County of in this application is true and correct.

Signed Ernest L. Lewis Jr.

New Address

Subscribed and sworn to before me this 19 day of July 1962  
Claude Hughes Clerk HENDRICKS 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, HENDRICKS } ss:  
County of

Signed Ernest L. Lewis Sr. Father

Signed Martha Lewis Mother

Subscribed and sworn to before me this 19 day of July 1962  
Claude Hughes Clerk

FEMALE APPLICANT

Name Beverly Kay Herman  
Date of Birth August 13 1945  
Place of Birth (State or foreign country) Indianapolis Ind.  
Residence Address Indianapolis Ind. Ind.  
Maiden Name if Different Indianapolis Ind. Ind.

Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation none

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify)

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father Charles Raymond Herman  
Residence of father (if deceased so state) Indianapolis  
Occupation of father Fork Truck Operator Race of father W  
Birthplace of father (State or foreign country) Indiana

8. Full maiden name of mother Veronica Taylor  
Residence of mother (if deceased so state) Indianapolis  
Occupation of mother housewife Race of mother W  
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given  
County of in this application is true and correct.

Signed Beverly Kay Herman

New Address

Subscribed and sworn to before me this 19 day of July 1962  
Claude Hughes Clerk HENDRICKS 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, HENDRICKS } ss:  
County of

Signed Charles R. Herman Father

Signed Mrs. Veronica Herman Mother

Subscribed and sworn to before me this 19 day of July 1962  
Claude Hughes Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the 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 Hendricks Circuit Court of Indiana dated the 23rd day of July 1962, authorizing the joining together as husband and wife Ernest L. Lewis Jr. and Beverly Kay Herman. Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Elwyn M. Williams, hereby certify that on the 24 day of July, one thousand nine hundred and Sixty-two, at Southport, State of Indiana, Groom Ernest L. Lewis Jr. of Hendricks County, State of Indiana, and, Bride Beverly Kay Herman of Marion 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 Hendricks County.  
Dated this 24 day of July 1962.

Signed Elwyn M. Williams

Official Designation Minister, Southport Methodist Church  
26 day of July 1962

Signed Claude Hughes Clerk  
Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 26 day of July 1962



Form Prescribed By  
Indiana State Board of  
Health under Authority  
Chap. 126, Ind. Acts 1905

# STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 567

File 26

MALE

Medical Examination Report Dated

July 11, 1962

Name of Physician

E. B. Lamp

FEMALE

Medical Examination Report Dated

Date of Application

July 20, 1962

Name of Physician

E. B. Lamp

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

## MALE APPLICANT

Name John A. White  
Date of Birth Aug 16 1940  
Place of Birth (State or foreign country) Missouri  
Residence Address #1 Hillcrest Crt Danville Ind  
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)Usual Occupation Billing ClerkDate of birth verified by: ☐ Birth Cert. ☐ Judicial Decree☐ Other (Specify) Drivers license

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile?  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
- If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)  
(a) List their full names, ages and addresses

Name	Age	Address

- Are you supporting or contributing to their support? Yes ☐ No ☐
- Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Albert J. White  
Residence of father (if deceased so state) R.R. Box 386 Inland  
Occupation of father Disabled Veteran Race of father W.  
Birthplace of father (State or foreign country) Missouri  
12. Full maiden name of mother Della Mae Proctor  
Residence of mother (if deceased so state) Danville  
Occupation of mother City Cleaners Race of mother W.  
Birthplace of mother (State or foreign country) Missouri

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed John A. WhiteNew Address 2312 W. Penn.

Subscribed and sworn to before me this 20th day of July, 1962  
Claude Hughes Clerk HENDRICKS 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, HENDRICKS } 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 Hendricks County Circuit Court by written order issued July 20, 1962 and filed in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties.

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

We It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 20th day of July, 1962, authorizing the joining together as husband and wife of John A. White and Harriette J. Lewis.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Rev. Ernest Shumaker, hereby certify that on the 22nd day of July,  
one thousand nine hundred and sixty-two, at Indianapolis, County of Marion,  
State of Indiana, Groom John A. White, of Hendricks County, State of Indiana,  
and, Bride Harriette J. Lewis, of Hendricks 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 Hendricks County.  
Dated this 22nd day of July, 1962.

Signed Rev. Ernest Shumaker  
Official Designation Methodist Minister, 1962  
24th day of July  
Signed Claude Hughes Clerk  
Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_



Form Prescribed By  
Indiana State Board of  
Health under Authority  
Chap. 126, Ind. Acts 1905

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 568  
File 26  
Date of Application July 23, 1962

**MALE**  
Medical Examination Report Dated July 18, 1962  
Name of Physician Stuart J. Duncan

**FEMALE**  
Medical Examination Report Dated July 18, 1962  
Name of Physician Stuart J. Duncan

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "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 Raymond B. Gray  
Date of Birth July 18, 1931  
Place of Birth (State or foreign country) Zeigler Illinois  
Residence Address R.R. 8, Indianapolis, Ind. - Hendricks  
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐  
Color or Race White ☒ Negro ☐ Other ☐ (specify) \_\_\_\_\_

Usual Occupation Pipe - Fitter  
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree  
☒ Other (Specify) Driver's License  
1. Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐  
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐  
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐  
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐  
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐  
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐  
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐  
8. Are you able to support a family? Yes ☒ No ☐  
9. Are you likely to so continue? Yes ☒ No ☐  
10. Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)  
(a) List their full names, ages and addresses

Name	Age	Address

(b) Are you supporting or contributing to their support? Yes ☐ No ☐  
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Oscar Marvin Gray  
Residence of father (if deceased so state) Linton, Ind.  
Occupation of father Retired Race of father white  
Birthplace of father (State or foreign country) Kentucky  
12. Full maiden name of mother Lola Minors  
Residence of mother (if deceased so state) Linton, Ind.  
Occupation of mother House-wife Race of mother white  
Birthplace of mother (State or foreign country) Tennessee

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_  
Signed Raymond B. Gray  
New Address \_\_\_\_\_

Subscribed and sworn to before me this 23 day of July, 1962  
Claude Hughes Clerk HENDRICKS 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, HENDRICKS } ss:  
County of \_\_\_\_\_  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

**FEMALE APPLICANT**  
Name Deloris L. Daley  
Date of Birth November 16, 1937  
Place of Birth (State or foreign country) Indianapolis Ind.  
Residence Address 139 S. East-9 - Linton Ind. - Green  
Maiden Name if Different Deloris L. Worthington  
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐  
Color or Race White ☒ Negro ☐ Other ☐ (specify) \_\_\_\_\_

Usual Occupation Unemployed  
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree  
☐ Other (Specify) \_\_\_\_\_

1. Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐  
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐  
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐  
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐  
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐  
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father Luther Jefferson Worthington  
Residence of father (if deceased so state) Deceased  
Occupation of father \_\_\_\_\_ Race of father white  
Birthplace of father (State or foreign country) Kentucky  
8. Full maiden name of mother Bertha H. Hill  
Residence of mother (if deceased so state) 139 S. East-9, Linton, Ind.  
Occupation of mother Housewife Race of mother white  
Birthplace of mother (State or foreign country) Connersville, Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_  
Signed Deloris Daley  
New Address \_\_\_\_\_

Subscribed and sworn to before me this 23 day of July, 1962  
Claude Hughes Clerk HENDRICKS 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, HENDRICKS } ss:  
County of \_\_\_\_\_  
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 Hendricks Circuit Court of Indiana dated the 27th day of July, 1962 authorizing the joining together as husband and wife of Raymond B. Gray and Deloris L. Daley.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, R. B. Pickard hereby certify that on the 4th day of August, one thousand nine hundred and 62 at Danville, County of Hendricks, State of Indiana, Groom Raymond B. Gray of Hendricks County, State of Indiana and, Bride Deloris L. Daley of Greene 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 Hendricks County.  
Dated this 6th day of August, 1962.

Signed R. B. Pickard  
Official Designation J. J.  
Filed and recorded in accordance with the laws of the State of Indiana this 7th day of August, 1962.  
Signed Claude Hughes Clerk Hendricks Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

No. 569  
File 26  
July 25 1962  
Date of Application

MALE

Medical Examination Report Dated July 20, 1962  
Name of Physician M. M. Aiken, M.D.

FEMALE

Medical Examination Report Dated July 20, 1962  
Name of Physician M. M. Aiken, M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name Cecil Pinkard  
Date of Birth July 18 1944  
Place of Birth Mattoon Illinois  
Residence Address R R 1 Box 17 Pittsboro Ind  
Previous Marital Status: Never Married ☒ Number of Previous Marriages  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)  
Usual Occupation Carpenter's Helper  
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify) Illinois license
- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☐ Yes ☐  
Of Unsound Mind? No ☐ Yes ☐
  - Are you under guardianship as a person of unsound mind? No ☐ Yes ☐
  - Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☐ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
  - Are you afflicted with a transmissible disease? No ☐ Yes ☐
  - Are you related to the bride closer than second cousin? No ☐ Yes ☐
  - Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
  - Are you now under the influence of a narcotic drug? No ☐ Yes ☐
  - Are you able to support a family? Yes ☒ No ☐
  - Are you likely to so continue? Yes ☒ No ☐
  - Do you have minor children from one or more former marriages? No ☐ Yes ☐  
(If yes, answer questions a, b, c)  
(a) List their full names, ages and addresses

Name	Age	Address

- (b) Are you supporting or contributing to their support? Yes ☐ No ☐  
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father: Lyle Alexander Pinkard  
Residence of father (if deceased so state): Pittsboro, Ind.  
Occupation of father: Truck Driver Race of father: W  
Birthplace of father (State or foreign country): Illinois

12. Full maiden name of mother: Elizabeth Woolens  
Residence of mother (if deceased so state): Pittsboro  
Occupation of mother: Housewife Race of mother: W  
Birthplace of mother (State or foreign country): Illinois

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of: HENDRICKS  
Signed: Cecil Pinkard  
New Address: Pittsboro, Ind.

Subscribed and sworn to before me this 25th day of July, 1962.  
Claude Hughes Clerk HENDRICKS 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.  
See father's statement attached

State of Indiana, HENDRICKS } ss:  
County of: HENDRICKS  
Signed: Elizabeth Pinkard Father  
Signed: Elizabeth Pinkard Mother  
Subscribed and sworn to before me this 25th day of July, 1962.  
Claude Hughes Clerk

FEMALE APPLICANT

Name Sandra Kay Bridges  
Date of Birth July 9 1946  
Place of Birth Indianapolis Indiana  
Residence Address R R 2 Box 280 Indianapolis Ind  
Maiden Name if Different  
Previous Marital Status: Never Married ☒ Number of Previous Marriages  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)  
Usual Occupation none  
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify)
- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☐ Yes ☐  
Of Unsound Mind? No ☐ Yes ☐
  - Are you under guardianship as a person of unsound mind? No ☐ Yes ☐
  - Are you afflicted with a transmissible disease? No ☐ Yes ☐
  - Are you related to the groom closer than second cousin? No ☐ Yes ☐
  - Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
  - Are you now under the influence of a narcotic drug? No ☐ Yes ☐
  - Full name of father: Vernon Levi Bridges  
Residence of father (if deceased so state): Indpls, Ind  
Occupation of father: Truck Driver Race of father: W  
Birthplace of father (State or foreign country): Indiana
  - Full maiden name of mother: Velma Snider  
Residence of mother (if deceased so state): Indpls, Ind  
Occupation of mother: Housewife Race of mother: W  
Birthplace of mother (State or foreign country): Ind

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of: HENDRICKS

Signed: Sandra Bridges  
New Address:  

Subscribed and sworn to before me this 25th day of July, 1962.  
Claude Hughes Clerk HENDRICKS 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.  
See attached Notarized Statements

State of Indiana, HENDRICKS } ss:  
County of: HENDRICKS  
Signed:   Father  
Signed:   Mother  
Subscribed and sworn to before me this 25th day of July, 1962.  
Claude Hughes Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_ County \_\_\_\_\_ 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 Hendricks Circuit Court of Indiana dated the 30th day of July, 1962, authorizing the joining together as husband and wife of Cecil Pinkard and Sandra Kay Bridges.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Rolland C. Smith, hereby certify that on the 30th day of July, 1962, at Six Point Baptist Church, County of Hendricks, State of Ind, one thousand nine hundred and 62, of Hendricks County, State of Ind, and, Bride Sandra Bridges of Hendricks County, State of Ind, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.  
Dated this 3rd day of Aug, 1962.  
Signed: Rolland C. Smith  
Official Designation: Pastor  
6th day of Aug, 1962.  
Signed: Claude Hughes Clerk  
Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_



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(c) Are you complying with any court order or orders issued for their support?

11. Full name of father

Residence of father (if deceased so state)

Occupation of father

Birthplace of father (State or foreign country)

12. Full maiden name of mother

Residence of mother (if deceased so state)

Occupation of mother

Birthplace of mother (State or foreign country)

State of Indiana,

County of

Signed

New Address

Subscribed and sworn to before me this

Clerk

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.

*See father's statement attached*

State of Indiana,

County of

Signed

Signed

Subscribed and sworn to before me this

Clerk

Circuit Court

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

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

of Indiana dated the

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

I, *Rolland C. Smith*, hereby certify that on the

one thousand nine hundred and

State of Indiana, Groom

and, Bride

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of

Dated this

Signed

Official Designation

Signed

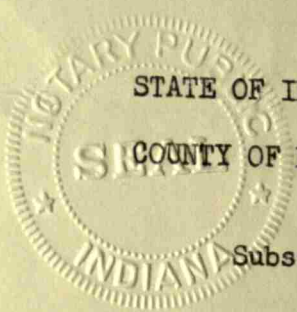
Clerk

Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this

VERNON L. BRIDGES and VELMA S. BRIDGES, being duly sworn,  
upon their oaths, depose and say that they are Father and Mother of  
SANDRA KAY BRIDGES who was born on July 9, 1946 in the city of Indianapolis;  
affiants further state that SANDRA KAY is now a resident in the  
home of aforesaid parents and resides at R. R. 2, Box 280, Bridgeport,  
Indiana in the County of Hendricks.

Affiants further state that SANDRA KAY has their expressed  
and herein written permission to wed CECIL DWAYNE PINKARD, said  
daughter SANDRA KAY being 16 years of age at time of affidavit  
Further affiants sayeth not



STATE OF INDIANA)  
COUNTY OF MARION) ss:

Subscribed and sworn to before me this 24th day of July, 1962.

My Commission expires 4/18/65

*Vernon L. Bridges*  
Vernon L. Bridges

*Velma S. Bridges*  
Velma S. Bridges

*Lufus E. Larson*  
Notary

FILED

JUL 25 1962

*Claude Hughes*  
Clerk Hendricks Circuit Court

Residence of mother (if deceased so state) *Indpls, Ind*  
Occupation of mother *Housewife* Race of mother *W*  
Birthplace of mother (State or foreign country) *Ind.*

State of Indiana, } ss: I depose and state the information given  
County of HENDRICKS } in this application is true and correct.

Signed *Sandra Bridges*

New Address

Subscribed and sworn to before me this 25th day of July, 1962

*Claude Hughes* Clerk HENDRICKS 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.

*See attached Notary's Statements*

State of Indiana, } ss:

County of HENDRICKS }

Signed

Signed

Subscribed and sworn to before me this 25th day of July, 1962

*Claude Hughes* Clerk



Form Prescribed By  
Indiana State Board of  
Health under Authority  
Chap. 126, Ind. Acts 1905

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 570

File

July 27-1962  
Date of Application

MALE

Medical Examination Report Dated July 11-1962

Name of Physician Robert J. Landers M.D.

FEMALE

Medical Examination Report Dated July 11-1962

Name of Physician Robert J. Landers M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "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 Robert Middle E Last Clark  
Date of Birth Month July Day 11 Year 1941  
Place of Birth (State or foreign country) Atlanta Indiana  
Residence Address Street or R. R. Box 125 Maple City 31 Hendricks Ind. State  
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify).....

Usual Occupation Student Gen. Motors Inst.

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify).....

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)  
(a) List their full names, ages and addresses

Name Age Address

- Are you supporting or contributing to their support? Yes ☐ No ☐
- Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father: Earl Clark  
Residence of father (if deceased so state): Plainfield  
Occupation of father: Retired Race of father: W  
Birthplace of father (State or foreign country): Indiana  
12. Full maiden name of mother: Clara Charlotte Brown  
Residence of mother (if deceased so state): Plainfield  
Occupation of mother: Factory Race of mother: W  
Birthplace of mother (State or foreign country): Indiana

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.

Signed Robert E. Clark

New Address: 3201 N. ILLINOIS ST. APT #1, INDIANAPOLIS

Subscribed and sworn to before me this 27 day of July, 1962  
Claude Hughes Clerk Hendricks 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, Hendricks } ss:

Signed..... Father

Signed..... Mother

Subscribed and sworn to before me this..... day of....., 19.....  
..... Clerk

FEMALE APPLICANT

Name First Barbara Middle Ann Last Madden  
Date of Birth Month April Day 30 Year 1942  
Place of Birth (State or foreign country) St. Louis Missouri  
Residence Address Street or R. R. 2337 N. Delaware City Indpls. County Hendricks State Ind.  
Maiden Name if Different

Previous Marital Status: Never Married ☒ Number of Previous Marriages.....  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify).....

Usual Occupation assistant to Chief Pharmacist

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify).....

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father: Charles D. Madden  
Residence of father (if deceased so state): Indianapolis  
Occupation of father: Mechanic Race of father: W  
Birthplace of father (State or foreign country): Indiana  
8. Full maiden name of mother: Florence L. Mulligan  
Residence of mother (if deceased so state): Indianapolis  
Occupation of mother: Housewife Race of mother: W  
Birthplace of mother (State or foreign country): Indiana

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.

Signed Barbara Ann Madden

New Address.....

Subscribed and sworn to before me this 27 day of July, 1962  
Claude Hughes Clerk Hendricks 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, Hendricks } 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 Hendricks Circuit Court of Indiana dated the 2nd day of August, 1962, authorizing the joining together as husband and wife of Robert E. Clark and Barbara Ann Madden. Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Warren A. Robbins, hereby certify that on the 3rd day of August, one thousand nine hundred and sixty-two, at Plainfield, Hendricks County, State of Indiana, Groom Robert E. Clark and, Bride Barbara Ann Madden of Marion 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 Hendricks County.  
Dated this 3rd day of August, 1962.

Signed Warren A. Robbins

Official Designation: Christian Minister  
6th day of August, 1962

Signed Claude Hughes Clerk  
Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this.....



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

No. 571

HENDRICKS

County

File

July 28-1962

MALE

Medical Examination Report Dated

7-16-62

Name of Physician

L. E. Doltz M.D.

FEMALE

Medical Examination Report Dated

7-16-62

Name of Physician

L. E. Doltz M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, represents-

MALE APPLICANT

Name

First Middle Last

Thomas E. Hufford

Date of Birth

Month Day Year

Aug 23 1938

Place of Birth (State or foreign country)

Brownsville Ind.

Residence Address

33 W College Brownsville Ind.

Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation

High School Teacher

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) Drivers License

1. Are you now or have you been adjudged, diagnosed or considered as:

An Imbecile? No ☒ Yes ☐

2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐

3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐

If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐

4. Are you afflicted with a transmissible disease? No ☒ Yes ☐

5. Are you related to the bride closer than second cousin? No ☒ Yes ☐

6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐

7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐

8. Are you able to support a family? Yes ☒ No ☐

9. Are you likely to so continue? Yes ☒ No ☐

10. Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)

(a) List their full names, ages and addresses

Name Age Address

(b) Are you supporting or contributing to their support? Yes ☐ No ☒

(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father

Floyd B. Hufford

Residence of father (if deceased so state)

Brownsville Ind.

Occupation of father

Hardware Store

Race of father

W

Birthplace of father (State or foreign country)

Indiana

12. Full maiden name of mother

Margaret Frances Turpin

Residence of mother (if deceased so state)

Brownsville Ind.

Occupation of mother

Hardware Store

Race of mother

W

Birthplace of mother (State or foreign country)

Brown Co Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

County of

Signed

Thomas E. Hufford

New Address

Subscribed and sworn to before me this

28 day of July 1962

Clerk

HENDRICKS

Circuit Court

FEMALE APPLICANT

Name

First Middle Last

Mary E. Calkins

Date of Birth

Month Day Year

Feb 16 1939

Place of Birth (State or foreign country)

California

Residence Address

226 Summit Kendallville Ind.

Maiden Name if Different

Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation

Elementary Teacher

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) Drivers License

1. Are you now or have you been adjudged, diagnosed or considered as:

An Imbecile? No ☒ Yes ☐

2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐

3. Are you afflicted with a transmissible disease? No ☒ Yes ☐

4. Are you related to the groom closer than second cousin? No ☒ Yes ☐

5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐

6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father

Robert J. Calkins

Residence of father (if deceased so state)

Kendallville Ind.

Occupation of father

Construction

Race of father

W

Birthplace of father (State or foreign country)

Indiana

8. Full maiden name of mother

Annie Margaret Erickson

Residence of mother (if deceased so state)

Kendallville Ind.

Occupation of mother

Housewife

Race of mother

W

Birthplace of mother (State or foreign country)

Palmer Sweden

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

County of

Signed

Mary E. Calkins

New Address

Subscribed and sworn to before me this

28 day of July 1962

Clerk

HENDRICKS

Circuit Court

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court by written order issued \_\_\_\_\_ and filed \_\_\_\_\_ County \_\_\_\_\_

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 \_\_\_\_\_ Circuit Court

of Indiana dated the \_\_\_\_\_ day of \_\_\_\_\_ 1962, authorizing the joining together as husband and wife

of \_\_\_\_\_ and \_\_\_\_\_

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

I, \_\_\_\_\_ hereby certify that on the \_\_\_\_\_ day of \_\_\_\_\_

at \_\_\_\_\_ County of \_\_\_\_\_

one thousand nine hundred and \_\_\_\_\_

State of Indiana, Groom \_\_\_\_\_ of \_\_\_\_\_ County, State of \_\_\_\_\_

and, Bride \_\_\_\_\_ of \_\_\_\_\_ County, State of \_\_\_\_\_

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_

County, \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 1962.

Signed \_\_\_\_\_

Official Designation \_\_\_\_\_

\_\_\_\_\_ day of \_\_\_\_\_ 1962.

Signed \_\_\_\_\_

\_\_\_\_\_ Clerk

\_\_\_\_\_ Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSENo. 572  
File 26

HENDRICKS County

Date of Application

## MALE

Medical Examination Report Dated July 11, 1962  
Name of Physician David B. Haggard

## FEMALE

Medical Examination Report Dated July 10, 1962  
Name of Physician David B. Haggard

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "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 Ralph B. Stout  
Date of Birth April 17, 1915  
Place of Birth (State or foreign country) Hendricks Co., Indiana  
Residence Address 3752 Six Points Rd. - Indpls 31 - Hendricks  
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☒Color or Race White ☒ Negro ☐ Other ☐ (specify) \_\_\_\_\_Usual Occupation Employed by Ford Motor Co.Date of birth verified by: ☐ Birth Cert. ☒ Judicial Decree☒ Other (Specify) Divorce License

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)  
(a) List their full names, ages and addresses

Name	Age	Address
(b) Are you supporting or contributing to their support?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
(c) Are you complying with any court order or orders issued for their support?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

11. Full name of father Howard Dayton Stout  
Residence of father (if deceased so state) \_\_\_\_\_  
Occupation of father 3752 Six Points Rd. Indpls 31 Race of father White  
Birthplace of father (State or foreign country) Indiana

12. Full maiden name of mother Bessie H. Murray  
Residence of mother (if deceased so state) 3752 Six Points Rd. Indpls 31  
Occupation of mother Housewife Race of mother White  
Birthplace of mother (State or foreign country) Indiana

State of Indiana, } ss: I depose and state the information given in this application is true and correct.  
County of HENDRICKS  
Signed Ralph B. Stout

New Address \_\_\_\_\_

Subscribed and sworn to before me this 28 day of July, 1962  
Claude Hughes Clerk HENDRICKS 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, } ss:  
County of HENDRICKS

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

## FEMALE APPLICANT

Name Flora C. Castetter  
Date of Birth Feb. 15, 1916  
Place of Birth (State or foreign country) Hendricks Co., Indiana  
Residence Address 282 N. Vine - Plainfield, Ind.  
Maiden Name if Different Flora C. Archer  
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐Color or Race White ☒ Negro ☐ Other ☐ (specify) \_\_\_\_\_Usual Occupation Laundry Employee - PlainfieldDate of birth verified by: ☐ Birth Cert. ☒ Judicial Decree☒ Other (Specify) Appearance

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father Edward Alton Archer  
Residence of father (if deceased so state) Deceased  
Occupation of father \_\_\_\_\_ Race of father White  
Birthplace of father (State or foreign country) Indiana

8. Full maiden name of mother Iva Stella Crowe  
Residence of mother (if deceased so state) Plainfield, Ind.  
Occupation of mother Housewife Race of mother White  
Birthplace of mother (State or foreign country) Kentucky

State of Indiana, } ss: I depose and state the information given in this application is true and correct.  
County of HENDRICKS

Signed Flora C. Castetter

New Address \_\_\_\_\_

Subscribed and sworn to before me this 28 day of July, 1962  
Claude Hughes Clerk HENDRICKS 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, } ss:  
County of HENDRICKS

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 Hendricks Circuit Court of Indiana dated the 1 day of July, 1962, authorizing the joining together as husband and wife of Ralph B. Stout and Flora C. Castetter.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Harmon A. Robbins, hereby certify that on the 3rd day of August, one thousand nine hundred and sixty-two at Plainfield, County of Hendricks, State of Indiana, Groom Ralph B. Stout of Hendricks County, State of Indiana, and, Bride Flora C. Castetter of Hendricks 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 Hendricks County.  
Dated this 3rd day of August, 1962.

Signed Harmon A. Robbins

Official Designation Christian Minister  
Signed Claude Hughes Clerk Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 6th day of August, 1962.



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

No. 573  
File Book 26  
Date of Application July 30-1962

MALE

Medical Examination Report Dated July 20-1962  
Name of Physician Thomas Walker M.D.

FEMALE

Medical Examination Report Dated July 20-62  
Name of Physician Thomas Walker M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name First William Middle Ray Last Doolin  
Date of Birth August 4 1944  
Place of Birth (State or foreign country) Indianapolis Marion Co. Ind  
Residence Address RR-18 Box 153- Indianapolis Marion Ind  
Previous Marital Status: Never Married ☒ Number of Previous Marriages  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Nurse

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) Driver License

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or  
home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages?  
(If yes, answer questions a, b, c)  
(a) List their full names, ages and addresses

Name	Age	Address

- Are you supporting or contributing to their support? Yes ☐ No ☒
- Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father Maynard Doolin  
Residence of father (if deceased so state) Deceased  
Occupation of father Race of father W.  
Birthplace of father (State or foreign country) Illinois

12. Full maiden name of mother Ruth Peterson  
Residence of mother (if deceased so state) R #18 Box 153 Indpls  
Occupation of mother Race of mother W.  
Birthplace of mother (State or foreign country) Indianapolis Ind

State of Indiana, Hendricks } ss: I depose and state the information given  
County of in this application is true and correct.

Signed William R Doolin

New Address

Subscribed and sworn to before me this 30 day of July 1962  
Claude Hughes, Clerk Hendricks 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  
attached consent of mother.

State of Indiana, Hendricks } ss:  
County of

Signed deceased Father

Signed Mother

Subscribed and sworn to before me this 30 day of July 1962  
Claude Hughes, Clerk

FEMALE APPLICANT

Name First Jeanne Middle Audrey Last P'Honne  
Date of Birth April 24 1945  
Place of Birth (State or foreign country) Worcester Massachusetts  
Residence Address 619 Saratoga Dr. Brownshg Ind  
Maiden Name if Different

Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation unemployed

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) Driver License

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☐ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father Arthur W. P'Honne  
Residence of father (if deceased so state) Brownshg Ind  
Occupation of father Race of father W.  
Birthplace of father (State or foreign country) Mass

8. Full maiden name of mother Georgina R. P'Honne  
Residence of mother (if deceased so state) Brownshg Ind  
Occupation of mother housewife Race of mother W.  
Birthplace of mother (State or foreign country) Iowa

State of Indiana, Hendricks } ss: I depose and state the information given  
County of in this application is true and correct.

Signed Jeanne Audrey P'Honne

New Address

Subscribed and sworn to before me this 30 day of July 1962  
Claude Hughes, Clerk Hendricks 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  
attached consent of  
father & mother

State of Indiana, Hendricks } ss:  
County of

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  
Hendricks County Circuit Court by written order issued July 30-1962 and filed  
in Circuit Court 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 Hendricks Circuit Court  
of Indiana dated the 30 day of July 1962, authorizing the joining together as husband and wife  
William Ray Doolin and Jeanne Audrey P'Honne

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

I, John T. Abernethy hereby certify that on the 4th day of August

one thousand nine hundred and Sixty-two at Indianapolis County, State of Indiana

State of Indiana, Groom William Ray Doolin of Hendricks County, State of Indiana

and, Bride Jeanne Audrey P'Honne of Hendricks 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 Hendricks County.

Dated this 6th day of August 1962.

Signed John T. Abernethy

Official Designation Minister, Lutheran Church

Signed 7th day of August 1962

Signed Claude Hughes Clerk

Filed and recorded in accordance with the laws of the State of Indiana this



MALE  
Medical Examination  
Name of Physician

ALL QUESTIONS MUST  
tion or pretense shall be f

Name First

Date of Birth

Place of Birth (State or foreign country)

Residence Address

Previous Marital Status: 1

Last Marriage Ended By:

Color or Race White

Usual Occupation

Date of birth verified by:

☐ Other (Specify)

1. Are you now or have you  
An Imbecile?  
Of Unsound Mind?

2. Are you under guardian

3. Are you now or have you  
home for indigent person  
If answer to 3 is "yes" 1

4. Are you afflicted with a

5. Are you related to the b

6. Are you now under the

7. Are you now under the

8. Are you able to support

9. Are you likely to so con

10. Do you have minor childr

(If yes, answer questions  
(a) List their full names

Name

(b) Are you supporting

(c) Are you complying w  
their support?

11. Full name of father

Residence of father (if d

Occupation of father

Birthplace of father (State or foreign country)

12. Full maiden name of mother

Residence of mother (if deceased so state)

Occupation of mother

Birthplace of mother (State or foreign country)

State of Indiana,

County of HENDRICKS

Signed

New Address

Subscribed and sworn to before me this 30 day of July, 1962

Claude Hughes, Clerk HENDRICKS 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

attached consent of mother.

State of Indiana,

County of HENDRICKS

Signed

Signed

Subscribed and sworn to before me this 30 day of July, 1962

Claude Hughes, Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the

Hendricks County Circuit Court by written order issued July 30-1962 and filed

in Circuit Court authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

We do Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court

of Indiana dated the 30 day of July, 1962, authorizing the joining together as husband and wife

William Roy Doolin and Jeannette Audrey L'Homme

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

I, John T. Abernethy, hereby certify that on the 4 day of August

one thousand nine hundred and Sixty-two at Indianapolis, County of Marion,

State of Indiana, Groom William Roy Doolin of Hendricks County, State of Indiana,

and, Bride Jeannette Audrey L'Homme of Hendricks 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 Hendricks

County.

Dated this 6th day of August, 1962.

Signed John T. Abernethy

Official Designation Minister, Methodist Church, Indianapolis, 1962

Signed Claude Hughes

24 day of August, 1962

Signed Hendricks

Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this

State of Indiana  
County of Marion

I, Georgina R. L'Homme,  
authorize the marriage of  
my daughter Jeannette Audrey  
L'Homme to William Roy  
Doolin.  
Georgina R. L'Homme

I, Arthur W. L'Homme give  
permission for the marriage of  
my daughter Jeannette G. L'Homme  
to William R. Doolin.

Arthur W. L'Homme  
Subscribed and sworn to before me,  
a Notary Public this 20th day of  
July, 1962.

Francis E. Hatter  
My Commission Expires 10/20/64

State of Indiana,  
County of HENDRICKS } ss: I depose and state the information given  
in this application is true and correct.  
Signed Jeannette Audrey L'Homme  
New Address  
Subscribed and sworn to before me this 30 day of July, 1962  
Claude Hughes, Clerk HENDRICKS 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  
attached consent of  
father & mother

State of Indiana,  
County of HENDRICKS } ss:  
Signed  
Signed  
Subscribed and sworn to before me this day of 1962  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the  
Hendricks County Circuit Court by written order issued July 30-1962 and filed  
in Circuit Court authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE  
We do Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court  
of Indiana dated the 30 day of July, 1962, authorizing the joining together as husband and wife  
William Roy Doolin and Jeannette Audrey L'Homme  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, John T. Abernethy, hereby certify that on the 4 day of August  
one thousand nine hundred and Sixty-two at Indianapolis, County of Marion,  
State of Indiana, Groom William Roy Doolin of Hendricks County, State of Indiana,  
and, Bride Jeannette Audrey L'Homme of Hendricks 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 Hendricks  
County.  
Dated this 6th day of August, 1962.  
Signed John T. Abernethy  
Official Designation Minister, Methodist Church, Indianapolis, 1962  
Signed Claude Hughes  
24 day of August, 1962  
Signed Hendricks  
Circuit Court



MALE  
Medical Examination  
Name of Physician

ALL QUESTIONS MUST  
tion or pretense shall be f

Name First

Date of Birth

Place of Birth (State or fo

Residence Address

Previous Marital Status: I

Last Marriage Ended By:

Color or Race White

Usual Occupation

Date of birth verified by:

☐ Other (Specify)

1. Are you now or have yo

An Imbecile?

Of Unsound Mind?

2. Are you under guardian

3. Are you now or have y

home for indigent perso

If answer to 3 is "yes" I

4. Are you afflicted with a

5. Are you related to the b

6. Are you now under the

7. Are you now under the

8. Are you able to support

9. Are you likely to so con

10. Do you have minor child

(If yes, answer questions

(a) List their full names

Name

(b) Are you supporting

(c) Are you complying w

their support?

11. Full name of father

Residence of father (if d

Occupation of father

Birthplace of father (State or foreign country)

12. Full maiden name of mother

Residence of mother (if deceased so state)

Occupation of mother

Birthplace of mother (State or foreign country)

State of Indiana,

County of HENDRICKS

Signed

New Address

Subscribed and sworn to before me this

Clerk

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

attached consent of mother.

State of Indiana,

County of HENDRICKS

Signed

Signed

Subscribed and sworn to before me this

Clerk

Circuit Court

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

in

authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

We It Remembered, there was filed in my office a marriage license issued by the clerk of the

of Indiana dated the

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

I, John T. Abernethy

one thousand nine hundred and

State of Indiana, Groom

and, Bride

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of

County.

Dated this

day of

19

Signed

Official Designation

day of

Signed

Clerk

Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this

day of

19

Signed

Official Designation

day of

Signed

Clerk

Circuit Court

I do hereby give my consent  
to my son William Roy Doolin  
to get married.

Ruth E. Liville  
R R 18 Box 153  
Indianapolis 24  
Indiana

Subscribed and sworn to before  
me, a Notary Public, this 26th  
day of July, 1962.

Frances E. Wetter

My Commission Expires  
10/20/64

July, 1962.

Frances E. Wetter

My Commission Expires 10/20/64

State of Indiana,

County of

HENDRICKS

Signed

New Address

Subscribed and sworn to before me this

Clerk

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

attached consent of

father & mother

State of Indiana,

County of

HENDRICKS

Signed

Signed

Subscribed and sworn to before me this

Clerk

Circuit Court

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

in

authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

We It Remembered, there was filed in my office a marriage license issued by the clerk of the

of Indiana dated the

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

I, John T. Abernethy

one thousand nine hundred and

State of Indiana, Groom

and, Bride

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of

County.

Dated this

day of

19

Signed

Official Designation

day of

Signed

Clerk

Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this

day of

19

Signed

Official Designation

day of

Signed

Clerk

Circuit Court



Form Prescribed By  
Indiana State Board of  
Health under Authority  
Chap. 126, Ind. Acts 1905

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 574

File 26

7-31-62

Date of Application

MALE

Medical Examination Report Dated 7-30-62

Name of Physician L. H. Ellis M.D.

FEMALE

Medical Examination Report Dated 7-30-62

Name of Physician L. H. Ellis, M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "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 Donald James Cooper  
Date of Birth Nov. 13 1943  
Place of Birth (State or foreign country) Lebanon, Ind.  
Residence Address R.R. 1 Box 3 Lexington Ind.  
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify).....

Usual Occupation Dry Wall Construction

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) Driver's License

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? No ☒ Yes ☐  
(If yes, answer questions a, b, c)  
(a) List their full names, ages and addresses

Name Age Address

- Are you supporting or contributing to their support? Yes ☐ No ☐
- Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Marven James Cooper  
Residence of father (if deceased so state) R1 Lexington  
Occupation of father Truck Driver Race of father W.  
Birthplace of father (State or foreign country) Boone Co. Ind.  
12. Full maiden name of mother Mellie Wells  
Residence of mother (if deceased so state) R1 Lexington  
Occupation of mother Mfg. Race of mother W.  
Birthplace of mother (State or foreign country) Inds. Co.

State of Indiana, } ss: I depose and state the information given in this application is true and correct.  
County of HENDRICKS

Signed Donald James Cooper

New Address

Subscribed and sworn to before me this 31st day of July, 1962  
Claude Hughes Clerk HENDRICKS 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.

Father's consent attached -

State of Indiana, } ss:  
County of HENDRICKS

Signed \_\_\_\_\_ Father

Signed Mellie B. Cooper Mother

Subscribed and sworn to before me this 31st day of July, 1962  
Claude Hughes Clerk

FEMALE APPLICANT

Name Janet Lee Hayes  
Date of Birth Aug. 19 1946  
Place of Birth (State or foreign country) Lebanon Ind.  
Residence Address Box 21 Lexington Ind.  
Maiden Name if Different

Previous Marital Status: Never Married ☒ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify).....

Usual Occupation Student

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☐ Other (Specify).....

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father Ralph Allen Hayes  
Residence of father (if deceased so state) Lexington, Ind.  
Occupation of father Painter Race of father W.  
Birthplace of father (State or foreign country) Penn.  
8. Full maiden name of mother Arletta Hicks  
Residence of mother (if deceased so state) Lexington  
Occupation of mother Housewife Race of mother W.  
Birthplace of mother (State or foreign country) Inds. Co. Ind.

State of Indiana, } ss: I depose and state the information given in this application is true and correct.  
County of HENDRICKS

Signed Janet Lee Hayes

New Address

Subscribed and sworn to before me this 31st day of July, 1962  
Claude Hughes Clerk HENDRICKS 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.

Father's attached

State of Indiana, } ss:  
County of HENDRICKS

Signed \_\_\_\_\_ Father

Signed Arletta Hayes Mother

Subscribed and sworn to before me this 31st day of July, 1962  
Claude Hughes Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the  
in Hendricks County Circuit Court by written order issued Judge W. S. Carl and filed  
in Clerk's Office 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 Hendricks Circuit Court of Indiana dated the 31st day of July, 1962, authorizing the joining together as husband and wife  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Clarence L. Tolley hereby certify that on the 31st day of July,  
one thousand nine hundred and sixty-two at Lexington, County of Hendricks  
State of Indiana, Groom Donald James Cooper of Hendricks County, State of Indiana  
and, Bride Janet Lee Hayes of Hendricks 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 Hendricks County.  
Dated this 31st day of July, 1962.

Signed Clarence L. Tolley

Official Designation Minister  
2nd day of August, 1962

Signed Claude Hughes Clerk  
Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this



For  
Ind  
He  
ChMy commission expires  
January 30, 1965Subscribed and sworn to before me this 28th  
day of July 1961.

Notary public

SIGNED, FILED  
MARVIN J. COOPER  
Clerk Hendricks Circuit CourtI, MARVIN J. COOPER, BEING THE FATHER OF DONALD JAMES COOPER,  
AGE 19, BORN NOVEMBER 13, 1943, HEREBY GIVE MY CONSENT TO THE  
MARRIAGE OF MY SON TO MISS JANET LEE HAYES.

## LICENSE

No. 574  
File 26  
Date of Application 7-31-62Examination Report Dated 7-30-62  
Physician L. H. Ellis, M.D.

I declare the issuance of a license to marry by any false statement, representa-

## FEMALE APPLICANT

First Last Middle  
Janet Lee Hayes  
Month Day Year  
Aug 19 1946  
State or foreign (country)  
Hendricks Ind.  
Street or R.R. City County State  
121 Lexington Heads Ind.  
DifferentMarital Status: Never Married ☒ Number of Previous MarriagesEnded By: Death ☐ Divorce ☐ Annulment ☐White ☒ Negro ☐ Other ☐ (specify)

Occupation Student

Verified by: ☐ Birth Cert. ☐ Judicial Decree☐ Other (Specify)

- ☐ Other (Specify) depression
- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? Of Unsound Mind? No ☒ Yes ☐
  - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
  - Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
  - Are you afflicted with a transmissible disease? No ☒ Yes ☐
  - Are you related to the bride closer than second cousin? No ☒ Yes ☐
  - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
  - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
  - Are you able to support a family? Yes ☒ No ☐
  - Are you likely to so continue? Yes ☒ No ☐
  - Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c) No ☒ Yes ☐  
(a) List their full names, ages and addresses

Name	Age	Address

- (b) Are you supporting or contributing to their support? Yes ☐ No ☐  
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father: Marven James Cooper  
Residence of father (if deceased so state): R 1 Lexington  
Occupation of father: Truck Driver Race of father: W.  
Birthplace of father (State or foreign country): Boone Co. Ind.

12. Full maiden name of mother: Nellie Wills  
Residence of mother (if deceased so state): R 1 Lexington  
Occupation of mother: Mfg. Race of mother: W.  
Birthplace of mother (State or foreign country): Heads Co.

State of Indiana, } ss: I depose and state the information given  
County of HENDRICKS in this application is true and correct.

Signed Donald James Cooper

New Address:

Subscribed and sworn to before me this 31st day of July, 1962  
Claude Hughes Clerk HENDRICKS 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.

Fathers consent attached -

State of Indiana, } ss:  
County of HENDRICKS

Signed Nellie B. Cooper FatherSigned 31st July 1962 Mother

Subscribed and sworn to before me this 31st day of July, 1962  
Claude Hughes Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the  
Hendricks County Circuit Court by written order issued Judge B. S. M. Carl Hempel and filed  
in Clerk's Office 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 Hendricks Circuit Court  
of Indiana dated the 31st day of July, 1962, authorizing the joining together as husband and wife  
of Donald James Cooper and Janet Lee Hayes  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Clarence L. Tolley hereby certify that on the 31st day of July,  
one thousand nine hundred and sixty-two at Lexington, County of Hendricks,  
State of Indiana, Groom Donald James Cooper of Hendricks County, State of Indiana,  
and, Bride Janet Lee Hayes of Hendricks 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 Hendricks  
County.  
Dated this 31st day of July, 1962.

Signed Clarence L. Tolley

Official Designation Minister  
2nd day of August, 1962

Signed Claude Hughes Clerk  
Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

No. 575  
File 26  
Date of Application July 31, 1962

MALE

Medical Examination Report Dated July 24, 1962  
Name of Physician Thomas P. Chase M.D.

FEMALE

Medical Examination Report Dated July 23, 1962  
Name of Physician Thomas P. Chase M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name Bobby D. Mink  
Date of Birth Nov. 17, 1940  
Place of Birth (State or foreign country) Kentucky  
Residence Address R.R. 2 Clayton Hendricks, Ind.  
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Color or Race White ☒ Negro ☐ Other ☐ (specify) \_\_\_\_\_  
Usual Occupation Labrer  
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree  
☒ Other (Specify) Driver's License  
1. Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐  
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐  
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐  
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐  
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐  
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐  
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐  
8. Are you able to support a family? Yes ☒ No ☐  
9. Are you likely to so continue? Yes ☒ No ☐  
10. Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)  
(a) List their full names, ages and addresses

Name Age Address  
(b) Are you supporting or contributing to their support? Yes ☐ No ☐  
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐  
11. Full name of father Alva Mink  
Residence of father (if deceased so state) R.R. 2 - Clayton, Ind.  
Occupation of father Farmer Race of father white  
Birthplace of father (State or foreign country) Kentucky  
12. Full maiden name of mother Ethel Lovins  
Residence of mother (if deceased so state) Deceased  
Occupation of mother \_\_\_\_\_ Race of mother white  
Birthplace of mother (State or foreign country) Kentucky

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_  
Signed Bobby D. Mink  
New Address \_\_\_\_\_

Subscribed and sworn to before me this 31 day of July, 1962  
Claude Hughes Clerk HENDRICKS 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, HENDRICKS } ss:  
County of \_\_\_\_\_  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

FEMALE APPLICANT

Name Carolyn Sue Johnson  
Date of Birth Jan. 11, 1943  
Place of Birth (State or foreign country) Michigan  
Residence Address Clatsburg, Ind. Hendricks  
Maiden Name if Different \_\_\_\_\_  
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Color or Race White ☒ Negro ☐ Other ☐ (specify) \_\_\_\_\_  
Usual Occupation Unemployed  
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree  
☒ Other (Specify) Driver's License  
1. Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐  
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐  
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐  
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐  
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐  
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐  
7. Full name of father Lewis Johnson, Sr.  
Residence of father (if deceased so state) Deceased  
Occupation of father \_\_\_\_\_ Race of father white  
Birthplace of father (State or foreign country) Indiana

8. Full maiden name of mother Dorothy Dorcas Cren  
Residence of mother (if deceased so state) Clatsburg, Ind.  
Occupation of mother Housewife Race of mother white  
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_  
Signed Carolyn Sue Johnson  
New Address \_\_\_\_\_

Subscribed and sworn to before me this 31 day of July, 1962  
Claude Hughes Clerk HENDRICKS 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, HENDRICKS } ss:  
County of \_\_\_\_\_  
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 \_\_\_\_\_ and filed in \_\_\_\_\_ County \_\_\_\_\_ Court by written order issued \_\_\_\_\_ 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 Hendricks Circuit Court of Indiana dated the 4 day of August, 1962, authorizing the joining together as husband and wife of Bobby D. Mink and Carolyn Sue Johnson.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit: 4th day of August, 1962,  
I, Leopold F. Day hereby certify that on the \_\_\_\_\_ day of \_\_\_\_\_, County of Hendricks,  
one thousand nine hundred and sixty-two at Clatsburg County, State of Indiana,  
State of Indiana, Groom Bobby D. Mink of Hendricks County, State of Indiana,  
and, Bride Carolyn Sue Johnson of Hendricks 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 \_\_\_\_\_ County.  
Dated this 4th day of August, 1962. Signed Leopold F. Day  
Official Designation Minister, 1962.  
7th day of August, 1962. Signed Claude Hughes Clerk  
Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk



Form Prescribed By  
Indiana State Board of  
Health under Authority  
Chap. 126, Ind. Acts 1905

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 576  
File 26  
Date of Application 8-2-62

## MALE

Medical Examination Report Dated July 31, 1962  
Name of Physician Hal D. McCornaughey

## FEMALE

Medical Examination Report Dated July 31, 1962  
Name of Physician Hal D. McCornaughey

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "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 Gary R. Stroup  
Date of Birth Jan. 31, 1932  
Place of Birth (State or foreign country) Illinois  
Residence Address 230 North Elton, Plainfield, Ind. Hendricks  
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) \_\_\_\_\_

Usual Occupation Air Traffic Control

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Illinois License

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)  
(a) List their full names, ages and addresses

Name	Age	Address
(b) Are you supporting or contributing to their support?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
(c) Are you complying with any court order or orders issued for their support?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

11. Full name of father Carl Stroup  
Residence of father (if deceased so state) Decatur, Illinois  
Occupation of father Railroad employee Race of father White  
Birthplace of father (State or foreign country) Arkansas  
12. Full maiden name of mother Sylvia McCornaughey  
Residence of mother (if deceased so state) Decatur, Illinois  
Occupation of mother School employee Race of mother White  
Birthplace of mother (State or foreign country) Illinois

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_  
Signed Gary R. Stroup  
New Address \_\_\_\_\_

Subscribed and sworn to before me this 2 day of August, 1962  
Claude Hughes Clerk HENDRICKS 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, HENDRICKS } ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

## FEMALE APPLICANT

Name Betty R. Bunter  
Date of Birth Jan. 15, 1925  
Place of Birth (State or foreign country) Indianapolis, Ind.  
Residence Address Catsburg, Ind. Hendricks  
Maiden Name if Different Betty Sheets  
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) \_\_\_\_\_

Usual Occupation Bookkeeper at B. Books

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) \_\_\_\_\_

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father Lonnie Rayner Sheets  
Residence of father (if deceased so state) Catsburg, Ind.  
Occupation of father Retired Race of father White  
Birthplace of father (State or foreign country) Indiana  
8. Full maiden name of mother Ruth Dodd Bunker  
Residence of mother (if deceased so state) Catsburg, Ind.  
Occupation of mother Housewife Race of mother White  
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_

Signed Betty R. Bunter

New Address \_\_\_\_\_

Subscribed and sworn to before me this 2 day of August, 1962  
Claude Hughes Clerk HENDRICKS 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, HENDRICKS } ss:  
County of \_\_\_\_\_

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 \_\_\_\_\_ Circuit Court of Indiana dated the 6 day of August, 1962, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit: \_\_\_\_\_ and Betty R. Bunter

I, O. J. Hancock, hereby certify that on the 6<sup>th</sup> day of August, one thousand nine hundred and sixty-two at Plainfield, County of Hendricks, State of Indiana, Groom Gary R. Stroup of Catsburg, County, State of Indiana, and, Bride Betty R. Bunter of Hendricks, 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 \_\_\_\_\_ County.

Dated this 6<sup>th</sup> day of August, 1962.

Signed O. J. Hancock

Official Designation Justice of the Peace  
24<sup>th</sup> day of August, 1962.

Signed Claude Hughes Clerk  
Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 577  
File Book 26  
Date of Application Aug 4 1962

MALE  
Medical Examination Report Dated Aug 2-1962  
Name of Physician Fred P. Warbington M.D.

FEMALE  
Medical Examination Report Dated August 2-1962  
Name of Physician Fred P. Warbington M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name First Middle Last  
Date of Birth Month Day Year  
Place of Birth (State or foreign country)  
Residence Address Street or R. R. City County State  
Previous Marital Status: Never Married ☒ Number of Previous Marriages  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Color or Race White ☒ Negro ☐ Other ☐ (specify)  
Usual Occupation Allison Kmac Indpls  
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify)
- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
  - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
  - Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
  - Are you afflicted with a transmissible disease? No ☒ Yes ☐
  - Are you related to the bride closer than second cousin? No ☒ Yes ☐
  - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
  - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
  - Are you able to support a family? Yes ☒ No ☐
  - Are you likely to so continue? Yes ☒ No ☐
  - Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)  
(a) List their full names, ages and addresses

Name Age Address

- (b) Are you supporting or contributing to their support? Yes ☐ No ☐  
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Jack Stephenson  
Residence of father (if deceased so state) Amos Ind  
Occupation of father Hygrade-Co Race of father W  
Birthplace of father (State or foreign country) Hendricks Co Ind  
12. Full maiden name of mother Betty Fisher  
Residence of mother (if deceased so state) Amos Ind  
Occupation of mother housewife Race of mother W  
Birthplace of mother (State or foreign country) Hendricks Co Ind

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.  
County of  
Signed Michael Raye Stephenson  
New Address

Subscribed and sworn to before me this 4 day of August, 1962  
Claude Hughes Clerk HENDRICKS 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, Hendricks } ss:  
County of

Signed Jack Stephenson Father  
Signed Betty J. Stephenson Mother  
Subscribed and sworn to before me this 4 day of August, 1962  
Claude Hughes Clerk

FEMALE APPLICANT

Name First Middle Last  
Date of Birth Month Day Year  
Place of Birth (State or foreign country)  
Residence Address Street or R. R. City County State  
Maiden Name if Different  
Previous Marital Status: Never Married ☒ Number of Previous Marriages  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Color or Race White ☒ Negro ☐ Other ☐ (specify)  
Usual Occupation Typist  
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify)
- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
  - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
  - Are you afflicted with a transmissible disease? No ☒ Yes ☐
  - Are you related to the groom closer than second cousin? No ☒ Yes ☐
  - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
  - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
  - Full name of father Walter Raleigh Greenlee  
Residence of father (if deceased so state) Coatesville Ind  
Occupation of father Race of father W  
Birthplace of father (State or foreign country) Hendricks Co Ind

8. Full maiden name of mother Fern S. Warmoth  
Residence of mother (if deceased so state) Coatesville Ind  
Occupation of mother housewife Race of mother W  
Birthplace of mother (State or foreign country) Hendricks Co Ind

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.  
County of  
Signed Karen Ann Greenlee  
New Address

Subscribed and sworn to before me this 4 day of August, 1962  
Claude Hughes Clerk HENDRICKS 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, Hendricks } ss:  
County of

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 \_\_\_\_\_ and filed \_\_\_\_\_  
County \_\_\_\_\_ Court by written order issued \_\_\_\_\_  
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 \_\_\_\_\_ Circuit Court of Indiana dated the 10th day of August, 1962, authorizing the joining together as husband and wife of Michael Raye Stephenson and Karen Ann Greenlee

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

I, Robert E. Mass, hereby certify that on the 26th day of August, 1962, at Coatesville, County of Hendricks, State of Indiana, Groom Michael Raye Stephenson of Hendricks County, State of Indiana, and, Bride Karen Ann Greenlee of Hendricks 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 Hendricks County.

Dated this 26th day of August, 1962. Signed Robert E. Mass  
Official Designation Minister, 1962.

Filed and recorded in accordance with the laws of the State of Indiana this 27th day of August, 1962. Signed Claude Hughes Clerk Hendricks Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 578  
File 26  
8-4-62  
Date of ApplicationMALE  
Medical Examination Report Dated Aug 1, 1962  
Name of Physician John ElliottFEMALE  
Medical Examination Report Dated Aug 1, 1962  
Name of Physician John Elliott

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "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 Gary Middle Smith Last  
Date of Birth Month 8 Day 8 Year 1941  
Place of Birth (State or foreign country) Indianapolis, Indiana  
Residence Address Street or R. R. City County State  
R R 2 Box 101 Clayton Ind. Ind.  
Previous Marital Status: Never Married ☐ Number of Previous MarriagesLast Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Service

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree☐ Other (Specify)

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)  
(a) List their full names, ages and addresses

Name	Age	Address
Emmett Smith		Clayton - R R

- Are you supporting or contributing to their support? Yes ☐ No ☐
- Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

- Full name of father: Emmett Smith  
Residence of father (if deceased so state): Clayton - R R  
Occupation of father: Motor Freight Race of father: W.  
Birthplace of father (State or foreign country): Hendricks Co. Ind.
- Full maiden name of mother: Madeline Wing  
Residence of mother (if deceased so state): Clayton R R  
Occupation of mother: Housewife Race of mother: W.  
Birthplace of mother (State or foreign country): Putnam Co. Ind.

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.

Signed Gary Smith

New Address

Subscribed and sworn to before me this 4th day of August, 1962  
Claude Hughes Clerk HENDRICKS 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, Hendricks } ss:

Signed Emmett P. Smith Father

Signed Madeline Wing Mother

Subscribed and sworn to before me this 4th day of August, 1962  
Claude Hughes Clerk

## FEMALE APPLICANT

Name First Dorothy Middle Gleason Last  
Date of Birth Month Nov Day 23 Year 1939  
Place of Birth (State or foreign country) Iowa City - Iowa  
Residence Address Street or R. R. City County State  
R R 1 Clayton Ind. Ind.  
Maiden Name if DifferentPrevious Marital Status: Never Married ☒ Number of Previous MarriagesLast Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Emp. Security

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree☐ Other (Specify)

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐

- Full name of father: Oscar Franklin Gleason  
Residence of father (if deceased so state): Tolanow, Ind.  
Occupation of father: Trucking Supv. Race of father: W.  
Birthplace of father (State or foreign country): Iowa
- Full maiden name of mother: Dorothy Gertrude Honking  
Residence of mother (if deceased so state): Clayton - R R  
Occupation of mother: Bookkeeper Race of mother: W.  
Birthplace of mother (State or foreign country): Iowa

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.

Signed Dorothy Gleason

New Address 224 Clayton, Ind.

Subscribed and sworn to before me this 4th day of August, 1962  
Claude Hughes Clerk HENDRICKS 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, Hendricks } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 1962  
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 Hendricks Circuit Court of Indiana dated the 8th day of August, 1962, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit: Samuel E. Carlton and Dorothy Gleason

I, Samuel E. Carlton, hereby certify that on the 10th day of August, 1962, at Brazil, County of Clay, State of Indiana, Groom: Gary Smith

and, Bride: Dorothy Gleason of Hendricks 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 Hendricks County.

Dated this 10th day of August, 1962.

Signed Samuel E. Carlton

Official Designation Minister

Signed 13th day of August, 1962

Signed Claude Hughes Clerk

Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 13th day of August, 1962



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 579

File 26

Date of Application August 4, 1962

MALE

Medical Examination Report Dated July 17, 1962

Name of Physician Lloyd Perry

FEMALE

Medical Examination Report Dated July 17, 1962

Name of Physician Lloyd Perry

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name First Warren Middle A Last Hert  
Date of Birth Month August Day 17 Year 1908  
Place of Birth (State or foreign country) Plainfield, R. R. 2 - Hendricks, Ind.  
Residence Address Bedford, Indiana Street or R. R. City County State

Previous Marital Status: Never Married ☐ Number of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Salesman

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify)

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile?  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
- If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages?  
(If yes, answer questions a, b, c)  
(a) List their full names, ages and addresses

Name Age Address

- Are you supporting or contributing to their support? Yes ☐ No ☒
- Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father William E. Hert

Residence of father (if deceased so state) Deceased

Occupation of father Race of father white

Birthplace of father (State or foreign country) Indiana

12. Full maiden name of mother Alice Thomas

Residence of mother (if deceased so state) Deceased

Occupation of mother Race of mother white

Birthplace of mother (State or foreign country) Indiana

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.

County of Signed Warren A. Hert

New Address

Subscribed and sworn to before me this 4 day of August, 1962

Claude Hughes Clerk Hendricks 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, Hendricks } ss:

County of Signed

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 1962

Clerk

FEMALE APPLICANT

Name First Christine Middle A Last Umholtz  
Date of Birth Month Dec Day 7 Year 1915  
Place of Birth (State or foreign country) Henderson, Kentucky  
Residence Address 2415 Shelby - apt. 18 - Indianapolis, Ind. Street or R. R. City County State  
Maiden Name if Different Christina Abby

Previous Marital Status: Never Married ☐ Number of Previous Marriages 1

Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Star-News Employee

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify)

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile?  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father Ernest J. Colby
- Residence of father (if deceased so state) Deceased
- Occupation of father Race of father white
- Birthplace of father (State or foreign country) Kentucky
- Full maiden name of mother Mary M. Reinhardt
- Residence of mother (if deceased so state) 2415 Shelby - apt. 18 - Indianapolis, Ind.
- Occupation of mother Housekeeper Race of mother white
- Birthplace of mother (State or foreign country) Kentucky

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.

County of Signed Christina A. Umholtz

New Address

Subscribed and sworn to before me this 4 day of August, 1962

Claude Hughes Clerk Hendricks 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, Hendricks } ss:

County of Signed

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 1962

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 Hendricks Circuit Court of Indiana dated the 8th day of Aug, 1962, authorizing the joining together as husband and wife

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

1. George H. Smith hereby certify that on the 8th day of August

one thousand nine hundred and sixty-two at Danville, County of Hendricks

State of Indiana, Groom, Warren A. Hert of Hendricks County, State of Indiana

and, Bride, Christina A. Umholtz of Marion 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 Hendricks

County. Dated this 8th day of August, 1962

Signed George H. Smith

Official Designation Minister August 1962

Signed Claude Hughes Clerk

Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this



Form Prescribed By  
Indiana State Board of  
Health under Authority  
Chap. 126, Ind. Acts 1905

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 580  
File Book 26  
Date of Application Aug 4-1962

## MALE

Medical Examination Report Dated Aug 3 1962  
Name of Physician Neal E. Bayter M.D.

## FEMALE

Medical Examination Report Dated Aug 3 1962  
Name of Physician Neal E. Bayter M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "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 Clarence Middle Joe Last Martin  
Date of Birth Month June Day 12 Year 1938  
Place of Birth (State or foreign country) Monroe County Indiana  
Residence Address 125 So Vine Plainfield Indr. Ind.  
Previous Marital Status: Never Married ☒ Number of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) \_\_\_\_\_

Usual Occupation Red Aviation

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) Service License

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)  
(a) List their full names, ages and addresses

Name	Age	Address

- Are you supporting or contributing to their support? Yes ☐ No ☐
- Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Claude Martin  
Residence of father (if deceased so state) Bloomington R.R. 9  
Occupation of father Laborer Race of father W  
Birthplace of father (State or foreign country) Jackson Co. Ind.

12. Full maiden name of mother Lucille Curry  
Residence of mother (if deceased so state) Bloomington R.R. 9  
Occupation of mother Housewife Race of mother W  
Birthplace of mother (State or foreign country) Monroe Co. Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Clarence Martin

New Address \_\_\_\_\_

Subscribed and sworn to before me this 4 day of August, 1962  
Clarence Martin Clerk HENDRICKS 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, HENDRICKS } ss:

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

\_\_\_\_\_, Clerk

## FEMALE APPLICANT

Name First Belinda Middle Lois Last Miller  
Date of Birth Month Sept Day 29 Year 1938  
Place of Birth (State or foreign country) Monroe Co. Indiana  
Residence Address Bloomington, Monroe Co. Indiana  
Maiden Name if Different Widener name restored

Previous Marital Status: Never Married ☐ Number of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Color or Race White ☐ Negro ☐ Other ☐ (specify) \_\_\_\_\_

Usual Occupation Factory Worker

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) Driver License

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father Clarence Martin  
Residence of father (if deceased so state) R.R. 9 Bloomington  
Occupation of father Laborer Race of father W  
Birthplace of father (State or foreign country) Monroe Co. Ind.

8. Full maiden name of mother Othella Meddows  
Residence of mother (if deceased so state) R.R. 4 Bloomington  
Occupation of mother Housewife Race of mother W  
Birthplace of mother (State or foreign country) Lawrence Co. Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Belinda L. Miller

New Address \_\_\_\_\_

Subscribed and sworn to before me this 4 day of August, 1962  
Clarence Martin Clerk HENDRICKS 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, HENDRICKS } 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 Hendricks Circuit Court of Indiana dated the 8 day of August, 1962, authorizing the joining together as husband and wife of Clarence Joe Martin and Belinda Lois Miller.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Rev. Morris Garsnett hereby certify that on the 16 day of August, 1962, at 3601 Hwy Dr. Bloomington, County of Monroe, State of Indiana, Groom Clarence Joe Martin and, Bride Belinda Lois Miller of Monroe 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 Hendricks County.  
Dated this 16 day of August, 1962.

Signed Rev. Morris Garsnett

Official Designation Pastor, Delaware Church

16 day of August, 1962

Signed Clarence Martin Clerk

Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_



Form Prescribed By  
Indiana State Board of  
Health under Authority  
Chap. 126, Ind. Acts 1905

# STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 581

File 26

Date of Application Aug 6, 1962

## MALE

Medical Examination Report Dated Aug 2, 1962  
Name of Physician Thomas Walker

## FEMALE

Medical Examination Report Dated Aug 2, 1962  
Name of Physician Thomas Walker

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "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 Ronald Kepler  
Date of Birth March 2 1941  
Place of Birth (State or foreign country) Indianapolis (St. Francis Hosp)  
Residence Address R R 8 Box 285 Indpls Ind.  
Previous Marital Status: Never Married ☒ Number of Previous Marriages  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Color or Race White ☒ Negro ☐ Other ☐ (specify)  
Usual Occupation Link Belt  
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify) \_\_\_\_\_
- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
  - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
  - Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
  - Are you afflicted with a transmissible disease? No ☒ Yes ☐
  - Are you related to the bride closer than second cousin? No ☒ Yes ☐
  - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
  - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
  - Are you able to support a family? Yes ☒ No ☐
  - Are you likely to so continue? Yes ☒ No ☐
  - Do you have minor children from one or more former marriages? No ☐ Yes ☐  
(If yes, answer questions a, b, c)  
(a) List their full names, ages and addresses

Name	Age	Address
(b) Are you supporting or contributing to their support?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
(c) Are you complying with any court order or orders issued for their support?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

11. Full name of father Howard Kepler  
Residence of father (if deceased so state) R R 8 - Indpls  
Occupation of father Mechanic Race of father W.  
Birthplace of father (State or foreign country) Illinois  
12. Full maiden name of mother Audrey Hersh  
Residence of mother (if deceased so state) R R 8 - Indpls  
Occupation of mother Louisville Race of mother W.  
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.  
County of HENDRICKS  
Signed Ronald Kepler  
New Address 477 N. Dixie Pl. Plainfield, Ind.

Subscribed and sworn to before me this 6th day of Aug, 1962  
Claude Hughes Clerk HENDRICKS 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, HENDRICKS ss:  
County of HENDRICKS  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

## FEMALE APPLICANT

Name Bonita Louise Real  
Date of Birth July 1 1946  
Place of Birth (State or foreign country) Indianapolis Ind.  
Residence Address 421 S. Elizabeth Chmest Marion Ind.  
Maiden Name if Different  
Previous Marital Status: Never Married ☒ Number of Previous Marriages  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Color or Race White ☒ Negro ☐ Other ☐ (specify)  
Usual Occupation  
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify) \_\_\_\_\_
- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
  - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
  - Are you afflicted with a transmissible disease? No ☒ Yes ☐
  - Are you related to the groom closer than second cousin? No ☒ Yes ☐
  - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
  - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
  - Full name of father Calvin Ray Real  
Residence of father (if deceased so state) Indianapolis Ind.  
Occupation of father Gas Co. Race of father W.  
Birthplace of father (State or foreign country) Indiana

8. Full maiden name of mother Jean Marie Conway  
Residence of mother (if deceased so state) Carmont Ind.  
Occupation of mother Restaurant Race of mother W.  
Birthplace of mother (State or foreign country) Indianapolis

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.  
County of HENDRICKS

Signed Bonita Louise Real  
New Address \_\_\_\_\_

Subscribed and sworn to before me this 6th day of Aug, 1962  
Claude Hughes Clerk HENDRICKS 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.  
Father and mother divorced.  
Mother has legal custody.

State of Indiana, HENDRICKS ss:  
County of HENDRICKS  
Signed \_\_\_\_\_ Father  
Signed Jean Marie Wyatt Mother  
Subscribed and sworn to before me this 6th day of August, 1962  
Claude Hughes Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ and filed \_\_\_\_\_  
County \_\_\_\_\_ Court by written order issued \_\_\_\_\_  
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 \_\_\_\_\_ Circuit Court of Indiana dated the 10th day of August, 1962, authorizing the joining together as husband and wife of Ronald Kepler and Bonita Louise Real.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Rev. Thomas E. Berry hereby certify that on the 11th day of August, 1962, County of Marion, State of Indiana, at Carmont, County, State of Indiana, one thousand nine hundred and 62 of Hendricks County, State of Indiana, and, Bride Bonita Louise Real of Marion 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 \_\_\_\_\_ County.  
Dated this 11th day of August, 1962. Signed Rev. Thomas E. Berry Minister  
Official Designation \_\_\_\_\_  
14th day of August, 1962. Signed Claude Hughes Clerk  
J. Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSENo. 582File Aug 7-1962  
Date of Application

HENDRICKS County

## MALE

Medical Examination Report Dated Aug 6-1962  
Name of Physician H McConaughy M.D.

## FEMALE

Medical Examination Report Dated Aug 6-1962  
Name of Physician H McConaughy M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "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 Jack E. Leinart  
Date of Birth Jan 9 1934  
Place of Birth (State or foreign country) Indiana  
Residence Address 106 E Main St Brownsburg Ind.  
Previous Marital Status: Never Married ☐ Number of Previous Marriages onceLast Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐Color or Race White ☒ Negro ☐ Other ☐ (specify) \_\_\_\_\_Usual Occupation Service StationDate of birth verified by: ☐ Birth Cert. ☐ Judicial Decree☐ Other (Specify) Drivers License

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c) No ☒ Yes ☐

(a) List their full names, ages and addresses

Name James M Age 3 Address Kingston, Tenn.(b) Are you supporting or contributing to their support? Yes ☒ No ☐  
(c) Are you complying with any court order or orders issued for their support? Yes ☒ No ☐

11. Full name of father William David Leinart  
Residence of father (if deceased so state) Brownsburg  
Occupation of father retired Race of father W  
Birthplace of father (State or foreign country) Tenn.

12. Full maiden name of mother Sarah Emily Gilson  
Residence of mother (if deceased so state) Brownsburg  
Occupation of mother housewife Race of mother W  
Birthplace of mother (State or foreign country) Kentucky

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.Signed Jack E. Leinart

New Address \_\_\_\_\_

Subscribed and sworn to before me this 7 day of Aug, 1962  
Claude Hughes Clerk HENDRICKS 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, HENDRICKS ss:

Signed \_\_\_\_\_

Signed \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

\_\_\_\_\_  
Clerk

## FEMALE APPLICANT

Name Rosalie Brown  
Date of Birth Sept 2 1939  
Place of Birth (State or foreign country) Indiana  
Residence Address R3 Bridgeport Danville Ind.  
Maiden Name if Different \_\_\_\_\_Previous Marital Status: Never Married ☒ Number of Previous Marriages \_\_\_\_\_Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐Color or Race White ☒ Negro ☐ Other ☐ (specify) \_\_\_\_\_Usual Occupation Key Punch OperatorDate of birth verified by: ☒ Birth Cert. ☐ Judicial Decree☐ Other (Specify) Birth Cert.

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father Floyd Brown  
Residence of father (if deceased so state) Danville  
Occupation of father machinist Race of father W  
Birthplace of father (State or foreign country) Indiana

8. Full maiden name of mother Edith Kathleen Woods  
Residence of mother (if deceased so state) Danville  
Occupation of mother housewife Race of mother W  
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.Signed Rosalie Brown

New Address \_\_\_\_\_

Subscribed and sworn to before me this 7 day of Aug, 1962  
Claude Hughes Clerk HENDRICKS 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, HENDRICKS ss:

Signed \_\_\_\_\_

Signed \_\_\_\_\_

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 \_\_\_\_\_ Circuit Court of Indiana dated the 11th day of August, 1962, authorizing the joining together as husband and wife of Jack E. Leinart and Rosalie Brown.

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

I, Rev. Donald Tyler hereby certify that on the 11th day of August, one thousand nine hundred and Sixty-two at Brownsburg, County of Hendricks, State of Indiana, Groom Jack E. Leinart and, Bride Rosalie Brown of Hendricks 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 Hendricks County.

Dated this 11th day of August, 1962

Signed Rev. Donald TylerOfficial Designation Pastor Bethesda Baptist Church  
15th day of August, 1962Signed Claude Hughes Clerk  
Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 583  
File Book 26  
August 7-1962  
Date of Application

MALE

Medical Examination Report Dated August 1-1962  
Name of Physician M. M. Aiken M.D.

FEMALE

Medical Examination Report Dated August 1-1962  
Name of Physician M. M. Aiken M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name First Middle Last  
Larry Eugene Farthing  
Date of Birth Month Day Year  
December 25 1942  
Place of Birth (State or foreign country)  
Huntington Indiana  
Residence Address Street or R. R. City County State  
R R-1 Stilesville Wells Indiana  
Previous Marital Status: Never Married ☒ Number of Previous Marriages  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Color or Race White ☒ Negro ☐ Other ☐ (specify)  
Usual Occupation Clerk  
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree  
☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☐ Yes ☐  
Of Unsound Mind? No ☐ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☐ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☐ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☐ Yes ☐
5. Are you related to the bride closer than second cousin? No ☐ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)  
(a) List their full names, ages and addresses

Name Age Address

- (b) Are you supporting or contributing to their support? Yes ☐ No ☐
- (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father: Paul Farthing  
Residence of father (if deceased so state): Stilesville R R-1  
Occupation of father: Meat Cutter Race of father: W  
Birthplace of father (State or foreign country): Huntington Ind  
12. Full maiden name of mother: Helen Harris  
Residence of mother (if deceased so state): R R-1 Stilesville Ind  
Occupation of mother: Housewife Race of mother: W  
Birthplace of mother (State or foreign country): Wells Co. Indiana

State of Indiana, } ss: I depose and state the information given  
County of HENDRICKS in this application is true and correct.

Signed Larry Eugene Farthing

New Address

Subscribed and sworn to before me this 7 day of August, 1962  
Claude Hughes Clerk HENDRICKS 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, } ss:  
County of HENDRICKS

Signed Paul Farthing Father

Signed Helen F. Farthing Mother

Subscribed and sworn to before me this 7 day of August, 1962  
Claude Hughes Clerk

FEMALE APPLICANT

Name First Middle Last  
Linda Ray Kearnes  
Date of Birth Month Day Year  
May 20 1945  
Place of Birth (State or foreign country)  
Hastings Michigan  
Residence Address Street or R. R. City County State  
142 So Vine Plainfield Wells Indiana  
Maiden Name if Different  
Previous Marital Status: Never Married ☒ Number of Previous Marriages  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Color or Race White ☒ Negro ☐ Other ☐ (specify)  
Usual Occupation unemployed

- Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree  
☐ Other (Specify)
1. Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☐ Yes ☐  
Of Unsound Mind? No ☐ Yes ☐
  2. Are you under guardianship as a person of unsound mind? No ☐ Yes ☐
  3. Are you afflicted with a transmissible disease? No ☐ Yes ☐
  4. Are you related to the groom closer than second cousin? No ☐ Yes ☐
  5. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
  6. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
  7. Full name of father: Frank Melton Kearnes  
Residence of father (if deceased so state): 142 So Vine Plainfield  
Occupation of father: R. Mgr. Race of father: W  
Birthplace of father (State or foreign country): Pittsburg Kansas

8. Full maiden name of mother: Virginia Beam  
Residence of mother (if deceased so state): 142 So Vine Plainfield  
Occupation of mother: unemployed Race of mother: W  
Birthplace of mother (State or foreign country): Battle Creek Michigan

State of Indiana, } ss: I depose and state the information given  
County of HENDRICKS in this application is true and correct.

Signed Linda R. Kearnes

New Address

Subscribed and sworn to before me this 7 day of August, 1962  
Claude Hughes Clerk HENDRICKS 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, } ss:  
County of HENDRICKS

Signed Frank M. Kearnes Father

Signed Virginia Kearnes Mother

Subscribed and sworn to before me this 7 day of August, 1962  
Claude Hughes 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  
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 Hendricks Circuit Court  
of Indiana dated the 11th day of August, 1962, authorizing the joining together as husband and wife  
of Larry Eugene Farthing and Linda Ray Kearnes

Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, C. N. Stevenson hereby certify that on the 11th day of August  
at Plainfield, County of Hendricks  
one thousand nine hundred and 62, County, State of Indiana  
State of Indiana, Groom: Larry Eugene Farthing of Hendricks County, State of Indiana  
and, Bride: Linda Ray Kearnes of Hendricks 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  
County.

Dated this 11th day of August, 1962.

Signed C. N. Stevenson  
Official Designation Minister - Stilesville Christian Church  
14th day of August, 1962  
Signed Claude Hughes Clerk  
Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this



Form Prescribed By  
Indiana State Board of  
Health under Authority  
Chap. 126, Ind. Acts 1905

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 584  
File Book 26  
Date of Application Aug 7-1962

MALE

Medical Examination Report Dated August 7-1962  
Name of Physician C. T. Scomahorn, M.D.

FEMALE

Medical Examination Report Dated August 7-1962  
Name of Physician Thomas Walker, M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "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 James Edward Ragsdale  
Date of Birth January 3 1942  
Place of Birth (State or foreign country) Lebanon Hospital - Boone Co - Ind.  
Residence Address 526 W Main Pittsboro Hendr. Co Ind.  
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify).....

Usual Occupation Armed Services

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) S.D. Card - Air Force

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? No ☐ Yes ☐  
(If yes, answer questions a, b, c)  
(a) List their full names, ages and addresses

Name	Age	Address
.....		
.....		
.....		
.....		
.....		

(b) Are you supporting or contributing to their support? Yes ☐ No ☐  
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Robert Ragsdale  
Residence of father (if deceased so state) Pittsboro Ind.  
Occupation of father Janitor Race of father W  
Birthplace of father (State or foreign country) Hendricks Co Ind.  
12. Full maiden name of mother Velma Muston  
Residence of mother (if deceased so state) Pittsboro Ind.  
Occupation of mother Clerk Race of mother W  
Birthplace of mother (State or foreign country) Marion Co Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of.....  
Signed James E. Ragsdale  
New Address.....

Subscribed and sworn to before me this 7 day of August, 1962  
Claude Hughes Clerk HENDRICKS 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, HENDRICKS } ss:  
County of.....  
Signed Robert E. Ragsdale Father  
Signed Velma Beatrice Ragsdale Mother

Subscribed and sworn to before me this 7 day of August, 1962  
Claude Hughes Clerk

FEMALE APPLICANT

Name Doris Ann Carlton  
Date of Birth October 22 1944  
Place of Birth (State or foreign country) Somerset Kentucky, Pulaski Co.  
Residence Address 1039 Whiteacre Brownsburg Hendr. Ind.  
Maiden Name if Different.....

Previous Marital Status: Never Married ☒ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify).....

Usual Occupation Clerk

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) X

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐

7. Full name of father Charles Rayford Carlton  
Residence of father (if deceased so state) Brownsburg Ind.  
Occupation of father Post Worker Race of father W  
Birthplace of father (State or foreign country) Somerset Ky  
8. Full maiden name of mother Norma Whitaker  
Residence of mother (if deceased so state) Brownsburg Ind.  
Occupation of mother Housewife Race of mother W  
Birthplace of mother (State or foreign country) Somerset Ky

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of.....  
Signed Doris Ann Carlton

New Address.....

Subscribed and sworn to before me this 7 day of August, 1962  
Claude Hughes Clerk HENDRICKS 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, HENDRICKS } ss:  
County of.....  
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 Hendricks Circuit Court of Indiana dated the 11th day of August, 1962, authorizing the joining together as husband and wife of James Edward Ragsdale and Doris Ann Carlton.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Bill Lewis, hereby certify that on the 12th day of August, one thousand nine hundred and 62 at Charmant, County of Marion, State of Indiana, Groom James Edw. Ragsdale of Hendricks County, State of Indiana and, Bride Doris Ann Carlton of Hendricks 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 Hendricks County.  
Dated this 12th day of August, 1962

Signed Bill W. Lewis  
Official Designation Deputy Clerk - Church of Nazarene

Filed and recorded in accordance with the laws of the State of Indiana this 14th day of August, 1962  
Signed Claude Hughes Clerk  
Hendricks Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 585

File 26

Aug 9-1962  
Date of Application

MALE

Medical Examination Report Dated July 19 1962  
Name of Physician John W. Smith

FEMALE

Medical Examination Report Dated July 23 1962  
Name of Physician Thomas A. Stump

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name First John Middle Mark Last Kline  
Date of Birth Month Nov Day 14 Year 1939  
Place of Birth (State or foreign country) Mishawaka Indiana  
Residence Address 57450 Elm Rd. Mishawaka, Ind. Street or R. R. City County State  
Previous Marital Status: Never Married ☒ Number of Previous Marriages  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Color or Race White ☒ Negro ☐ Other ☐ (specify)  
Usual Occupation Air Force  
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree  
☐ Other (Specify)

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)  
(a) List their full names, ages and addresses

Name Age Address

- Are you supporting or contributing to their support? Yes ☐ No ☒
- Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father Marcus Mathias Kline  
Residence of father (if deceased so state) Mishawaka Ind  
Occupation of father City Employee Race of father W  
Birthplace of father (State or foreign country) Ind  
12. Full maiden name of mother Annie Cecelia Blandford  
Residence of mother (if deceased so state) Mishawaka Ind  
Occupation of mother Secy - Bank Race of mother W  
Birthplace of mother (State or foreign country) Kentucky

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed John Mark Kline

New Address 57450 Elm Rd. Mishawaka Ind

Subscribed and sworn to before me this 9th day of Aug, 1962  
Claude Hughes Clerk HENDRICKS 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, HENDRICKS } ss:

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

FEMALE APPLICANT

Name First Janet Middle Marie Last Vogel  
Date of Birth Month July Day 19 Year 1939  
Place of Birth (State or foreign country) Indiana  
Residence Address 517 S. Green Brownsburg Ind. Street or R. R. City County State  
Maiden Name if Different  
Previous Marital Status: Never Married ☒ Number of Previous Marriages  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Color or Race White ☒ Negro ☐ Other ☐ (specify)  
Usual Occupation Reg. Nurse  
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree  
☐ Other (Specify)

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☐ Yes ☐  
Of Unsound Mind? No ☐ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐
- Full name of father Francis Bernard Vogel  
Residence of father (if deceased so state) 517 S. Green Brownsburg  
Occupation of father Insur. Supv. Race of father W  
Birthplace of father (State or foreign country) Indiana

8. Full maiden name of mother Elora Anna Claire  
Residence of mother (if deceased so state) Brownsburg  
Occupation of mother Housewife Race of mother W  
Birthplace of mother (State or foreign country) Illinois

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Janet Marie Vogel

New Address Mishawaka, Indiana

Subscribed and sworn to before me this 9th day of Aug, 1962  
Claude Hughes Clerk HENDRICKS 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, HENDRICKS } 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  
Hendricks County Circuit Court by written order issued Aug. 9 - 1962 and filed  
in Clerk's office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE Hendricks Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court, authorizing the joining together as husband and wife of Indiana dated the 9th day of Aug, 1962, and

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

I, Rev. M. J. De Jean, hereby certify that on the 11th day of August

one thousand nine hundred and sixty-two at Brownsburg, County of Hendricks

State of Indiana, Groom John Mark Kline of St. Joseph, County, State of Indiana

and, Bride Janet Marie Vogel of Hendricks, 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 Hendricks County.

Dated this 11th day of August, 1962. Signed Rev. M. J. De Jean

Official Designation Pastor of St. Malachy Church

14th day of August, 1962. Signed Claude Hughes Clerk

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk



Form Prescribed By  
Indiana State Board of  
Health under Authority  
Chap. 126, Ind. Acts 1905

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 586  
File 26  
Date of Application August 7, 1962

## MALE

Medical Examination Report Dated August 7, 1962  
Name of Physician Lester H. Hoyt

## FEMALE

Medical Examination Report Dated August 7, 1962  
Name of Physician Dr. L. H. Hoyt

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "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 Derald Middle Lee Last Morgan  
Date of Birth Month July Day 3 Year 1947  
Place of Birth (State or foreign country) Washington, Indiana  
Residence Address Street or R. R. City County State  
R.R. 18-14781-Indpls, Ind - Hendricks  
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify).....

Usual Occupation Machinist - Allison

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify).....

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? No ☒ Yes ☐  
(If yes, answer questions a, b, c)  
(a) List their full names, ages and addresses

Name Age Address

- Are you supporting or contributing to their support? Yes ☐ No ☐
- Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Carroll Morgan  
Residence of father (if deceased so state) R.R. 18-Box 1478-Indpls  
Occupation of father Welder Race of father White  
Birthplace of father (State or foreign country) Indiana  
12. Full maiden name of mother Mary E. Raymond  
Residence of mother (if deceased so state) 11475-R.R. 18-Indpls  
Occupation of mother Eli Lilly - Employee Race of mother White  
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of.....

Signed X Derald Lee Morgan

New Address.....

Subscribed and sworn to before me this 9 day of August, 1962  
Claude Hughes Clerk HENDRICKS 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, HENDRICKS } ss:  
County of.....

Signed..... Father

Signed..... Mother

Subscribed and sworn to before me this..... day of....., 19.....

..... Clerk

## FEMALE APPLICANT

Name First Rosetta Middle Rice Last  
Date of Birth Month December Day 8 Year 1943  
Place of Birth (State or foreign country) Indianapolis, Indiana  
Residence Address Street or R. R. City County State  
R.R. 7-Box 495-N-Indpls, Ind - Marion  
Maiden Name if Different.....

Previous Marital Status: Never Married ☒ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify).....

Usual Occupation Unemployed

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify).....

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father Robert Luther Rice  
Residence of father (if deceased so state) R.R. 7-Box 495-N-Indpls  
Occupation of father Tool & Die Inspector Race of father White  
Birthplace of father (State or foreign country) Indiana  
8. Full maiden name of mother Anna May Johnson  
Residence of mother (if deceased so state) R.R. 7-Box 495-N-Indpls  
Occupation of mother Housewife Race of mother White  
Birthplace of mother (State or foreign country) Kentucky

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of.....

Signed X Rosetta Rice

New Address.....

Subscribed and sworn to before me this 9 day of August, 1962  
Claude Hughes Clerk HENDRICKS 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, HENDRICKS } ss:  
County of.....

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 Hendricks Circuit Court of Indiana dated the 13 day of August, 1962, authorizing the joining together as husband and wife of Derald Lee Morgan and Rosetta Rice.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, R. H. Morris, hereby certify that on the 18 day of August,  
one thousand nine hundred and Sixty-two at Indianapolis, County of Marion,  
State of Indiana, Groom Derald Lee Morgan of Marion County, State of Indiana,  
and, Bride Rosetta Rice of Hendricks 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  
County. 18 day of August, 1962.

Signed R. H. Morris

Official Designation Methodist Minister

Filed and recorded in accordance with the laws of the State of Indiana this 31 day of August, 1962.

Signed Claude Hughes Clerk  
Hendricks Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

No. 587  
File Aug 10-1962  
Date of Application

MALE  
Medical Examination Report Dated Aug 7-62  
Name of Physician David B Haggard M.D.

FEMALE  
Medical Examination Report Dated Aug 7-62  
Name of Physician David B Haggard M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name William Becker Young  
Date of Birth April 19 1944  
Place of Birth (State or foreign country) Indianapolis Ind.  
Residence Address Rt 48 Friends Rd Plainfield Ind.  
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) \_\_\_\_\_

Usual Occupation Armed Service

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) 20 Card air Force

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)  
(a) List their full names, ages and addresses

Name Age Address

- Are you supporting or contributing to their support? Yes ☐ No ☒
- Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father Earl A Young  
Residence of father (if deceased so state) Plainfield  
Occupation of father Inspector Race of father W  
Birthplace of father (State or foreign country) Indiana  
12. Full maiden name of mother Martha Becker  
Residence of mother (if deceased so state) Plainfield  
Occupation of mother Retired Race of mother W  
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed William B. Young

New Address \_\_\_\_\_

Subscribed and sworn to before me this 10 day of Aug, 1962  
Claude Hughes Clerk HENDRICKS 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, HENDRICKS } ss:

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

FEMALE APPLICANT

Name Quindria Anne Livingston  
Date of Birth Nov 27 1942  
Place of Birth (State or foreign country) Martinsville Ind.  
Residence Address 190 E Broadway Danville Ind.  
Maiden Name if Different \_\_\_\_\_  
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) \_\_\_\_\_

Usual Occupation Clerk Typist

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) Drivers License

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father John L Livingston  
Residence of father (if deceased so state) Danville  
Occupation of father Service Parts Rep Race of father W  
Birthplace of father (State or foreign country) Indiana
- Full maiden name of mother Emily Lucille Masters  
Residence of mother (if deceased so state) Danville  
Occupation of mother housewife Race of mother W  
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Quindria Anne Livingston

New Address \_\_\_\_\_

Subscribed and sworn to before me this 10 day of Aug, 1962  
Claude Hughes Clerk HENDRICKS 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, HENDRICKS } 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 \_\_\_\_\_ and filed \_\_\_\_\_  
County \_\_\_\_\_ Court by written order issued \_\_\_\_\_  
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 Hendricks Circuit Court of Indiana dated the 15th day of August, 1962, authorizing the joining together as husband and wife of William Becker Young and Quindria Anne Livingston.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, George H. Smith hereby certify that on the 2nd day of September, at Danville, County of Hendricks, State of Indiana, Groom William Becker Young of Hendricks County, State of Indiana and, Bride Quindria Anne Livingston of Hendricks 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 \_\_\_\_\_ County.  
Dated this 2nd day of September, 1962.

Signed George H. Smith

Official Designation Registrar, 1962

4th day of September

Signed Claude Hughes Clerk Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_



Form Prescribed By  
Indiana State Board of  
Health under Authority  
Chap. 126, Ind. Acts 1905

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No.

588

File

26

Date of Application

Aug. 11, 1962

## MALE

Medical Examination Report Dated Aug. 2, 1962  
Name of Physician J. Van Fleet, M.D.

## FEMALE

Medical Examination Report Dated August 2, 1962  
Name of Physician J. Van Fleet, M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "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 Darryl F. Miracle  
Date of Birth January 24 1942  
Place of Birth (State or foreign country) Oakes, Kentucky  
Residence Address 504 Dan Jones Road Plainfield Ind. Hendricks  
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) \_\_\_\_\_

Usual Occupation Production Control

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Divorce License

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)  
(a) List their full names, ages and addresses

Name Age Address

- Are you supporting or contributing to their support? Yes ☐ No ☐
- Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Forister Miracle  
Residence of father (if deceased so state) Texas  
Occupation of father Lawyer Race of father white  
Birthplace of father (State or foreign country) Kentucky  
12. Full maiden name of mother Hazel Mink  
Residence of mother (if deceased so state) 504 Dan Jones Road Plainfield  
Occupation of mother Housekeeper Race of mother white  
Birthplace of mother (State or foreign country) Kentucky

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_  
Signed x Darryl Miracle

New Address \_\_\_\_\_

Subscribed and sworn to before me this 11 day of August, 1962  
Claude Hughes Clerk HENDRICKS 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.  
Parents divorced

State of Indiana, HENDRICKS } ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_

Signed x Hazel Mink Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this 11 day of August, 1962  
Claude Hughes Clerk

## FEMALE APPLICANT

Name Patricia L. Clapton  
Date of Birth Sept. 5 1942  
Place of Birth (State or foreign country) Lafayette Indiana  
Residence Address 851 Spma, Plainfield, Ind. Hendricks  
Maiden Name if Different \_\_\_\_\_

Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) \_\_\_\_\_

Usual Occupation Stenographer

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Divorce License

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father Edward Lee Clapton  
Residence of father (if deceased so state) Kentucky  
Occupation of father Teacher Race of father white  
Birthplace of father (State or foreign country) Indiana  
8. Full maiden name of mother Marion Jalcynska  
Residence of mother (if deceased so state) 851 Spma Plainfield, Ind.  
Occupation of mother Paul Harris Pique Race of mother white  
Birthplace of mother (State or foreign country) Lafayette, Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_

Signed x Patricia L. Clapton

New Address \_\_\_\_\_

Subscribed and sworn to before me this 11 day of August, 1962  
Claude Hughes Clerk HENDRICKS 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, HENDRICKS } ss:  
County of \_\_\_\_\_

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 \_\_\_\_\_ Circuit Court of Indiana dated the 15th day of August, 1962, authorizing the joining together as husband and wife of Darryl F. Miracle and Patricia L. Clapton.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, M. J. Kretzschmar hereby certify that on the 24th day of August, one thousand nine hundred and Sixty-two at Plainfield, County of Hendricks, State of Indiana, Groom Darryl F. Miracle of Hendricks County, State of Indiana and, Bride Patricia L. Clapton of Hendricks 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 Hendricks County.  
Dated this 24th day of August, 1962.

Signed M. J. Kretzschmar

Official Designation Lutheran Pastor  
27th day of August, 1962.

Signed Claude Hughes Clerk  
Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_ day of \_\_\_\_\_, 1962.



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 589  
File 26  
Date of Application Aug 11, 1962

MALE  
Medical Examination Report Dated Aug 6  
Name of Physician H. M. M. Aiken

FEMALE  
Medical Examination Report Dated Aug 6  
Name of Physician H. M. M. Aiken

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT  
Name First Middle Last  
Date of Birth Month Day Year  
Place of Birth (State or foreign country)  
Residence Address Street or R. R. City County State  
Previous Marital Status: Never Married ☐ Number of Previous Marriages  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Color or Race White ☒ Negro ☐ Other ☐ (specify)  
Usual Occupation Laborer  
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree  
☐ Other (Specify) Drivers license  
1. Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind?  
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐  
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐  
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐  
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐  
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐  
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐  
8. Are you able to support a family? Yes ☒ No ☐  
9. Are you likely to so continue? Yes ☒ No ☐  
10. Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)  
(a) List their full names, ages and addresses

Name Age Address  
(b) Are you supporting or contributing to their support? Yes ☐ No ☒  
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒  
11. Full name of father Herbert Paul Weiss  
Residence of father (if deceased so state) Indianapolis  
Occupation of father Rooper Race of father W  
Birthplace of father (State or foreign country) Indianapolis  
12. Full maiden name of mother Dorothy Mills  
Residence of mother (if deceased so state) Indianapolis  
Occupation of mother R C A Race of mother W  
Birthplace of mother (State or foreign country) Indianapolis  
State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.  
County of Signed Herbert Paul Weiss Jr  
New Address  
Subscribed and sworn to before me this 11th day of August, 1962  
Claude Hughes Clerk Hendricks 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, Hendricks } ss:  
County of Signed Herbert Weiss Father  
Signed Dorothy Weiss Mother  
Subscribed and sworn to before me this 11th day of Aug, 1962  
Claude Hughes Clerk

FEMALE APPLICANT  
Name First Middle Last  
Date of Birth Month Day Year  
Place of Birth (State or foreign country)  
Residence Address Street or R. R. City County State  
Maiden Name if Different  
Previous Marital Status: Never Married ☒ Number of Previous Marriages  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Color or Race White ☒ Negro ☐ Other ☐ (specify)  
Usual Occupation Blue Cross  
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree  
☐ Other (Specify) Drivers license  
1. Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind?  
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐  
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐  
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐  
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐  
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐  
7. Full name of father James Wendell Winkler  
Residence of father (if deceased so state) Plainfield  
Occupation of father Custodian Race of father W  
Birthplace of father (State or foreign country) Plainfield  
8. Full maiden name of mother Mae Hand  
Residence of mother (if deceased so state) Plainfield  
Occupation of mother Public Service Race of mother W  
Birthplace of mother (State or foreign country) Indiana

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.  
County of Signed Janice Winkler  
New Address 1301 Green St. Apt. 20  
Subscribed and sworn to before me this 11th day of Aug, 1962  
Claude Hughes Clerk Hendricks 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, Hendricks } ss:  
County of Signed Father  
Signed Mother  
Subscribed and sworn to before me this day of 1962  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the 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 Hendricks Circuit Court of Indiana dated the 18 day of August, 1962, authorizing the joining together as husband and wife of Herbert Paul Weiss, Jr. and Janice Elaine Winkler.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Varua A. Robbins, hereby certify that on the 31st day of August, 1962, at Plainfield, County of Hendricks, State of Indiana, Groom Herbert Paul Weiss, Jr. of Marion County, State of Indiana, and, Bride Janice Elaine Winkler of Hendricks 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 Hendricks County.  
Dated this 31st day of August, 1962.  
Signed Varua A. Robbins  
Official Designation Christian Minister, 1962  
4th day of September  
Signed Claude Hughes Clerk Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this



Form Prescribed By  
Indiana State Board of  
Health under Authority  
Chap. 126, Ind. Acts 1905

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No.

File

Date of Application

## MALE

Medical Examination Report Dated August 10, 1962  
Name of Physician L. H. Hoyt, M.D.

## FEMALE

Medical Examination Report Dated August 10, 1962  
Name of Physician L. H. Hoyt, M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "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 Robert P. Grothe  
Date of Birth January 29, 1941  
Place of Birth (State or foreign country) Indianapolis, Indiana  
Residence Address 5024 N. Finch Speedway, Ind. Marion  
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify).....

Usual Occupation Pipe fitter

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify).....

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? No ☐ Yes ☐  
(If yes, answer questions a, b, c)  
(a) List their full names, ages and addresses

Name Age Address

- Are you supporting or contributing to their support? Yes ☐ No ☐
- Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Henry G. Fleischman Grothe  
Residence of father (if deceased so state) 5024 N. 10<sup>th</sup> - Speedway  
Occupation of father Carpenter Race of father white  
Birthplace of father (State or foreign country) Iowa  
12. Full maiden name of mother Louise Fleischman  
Residence of mother (if deceased so state) 5024 N. 10<sup>th</sup> - Speedway  
Occupation of mother Housewife Race of mother white  
Birthplace of mother (State or foreign country) Ohio

State of Indiana, } ss: I depose and state the information given  
County of HENDRICKS in this application is true and correct.

Signed x Robert Phillip Grothe

New Address.....

Subscribed and sworn to before me this 11 day of August, 19 62  
Claude Hughes Clerk HENDRICKS 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, } ss:  
County of HENDRICKS

Signed..... Father

Signed..... Mother

Subscribed and sworn to before me this..... day of....., 19.....  
..... Clerk

## FEMALE APPLICANT

Name Prina May Banick  
Date of Birth November 9, 1943  
Place of Birth (State or foreign country) Indianapolis, Indiana  
Residence Address R.R. 3 - Box 90 - Danville, Indiana  
Maiden Name if Different.....

Previous Marital Status: Never Married ☒ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify).....

Usual Occupation Unemployed

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Driver's License

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father Tommy J. Banick  
Residence of father (if deceased so state) R.R. 3 - Box 90 - Danville  
Occupation of father Service Station Race of father white  
Birthplace of father (State or foreign country) Illinois  
8. Full maiden name of mother Florence Bennett  
Residence of mother (if deceased so state) R.R. 3 - Box 90 - Danville  
Occupation of mother Housewife Race of mother white  
Birthplace of mother (State or foreign country) Illinois

State of Indiana, } ss: I depose and state the information given  
County of HENDRICKS in this application is true and correct.

Signed Prina May Banick

New Address.....

Subscribed and sworn to before me this 11 day of August, 19 62  
Claude Hughes Clerk HENDRICKS 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, } ss:  
County of HENDRICKS

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 Hendricks Circuit Court  
of Indiana dated the 15 day of August, 19 62, authorizing the joining together as husband and wife  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Rev. M. H. De Jean hereby certify that on the 16<sup>th</sup> day of August,  
one thousand nine hundred and sixty-two at Brownstown, County of Hendricks,  
State of Indiana, Groom Robert P. Grothe of Marion County, State of Indiana,  
and, Bride Prina May Banick of Hendricks 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 Hendricks  
County.  
Dated this 16<sup>th</sup> day of August, 19 62.

Signed Rev. M. H. De Jean

Official Designation Pastor of St. Malachy Church  
17<sup>th</sup> day of August, 19 62

Signed Claude Hughes Clerk  
Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this.....



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

591

HENDRICKS

County

No. 591

File 26

Aug 11 1962  
Date of Application

MALE

Medical Examination Report Dated Aug 7 1962

Name of Physician John Elliott

FEMALE

Medical Examination Report Dated Aug 7 1962

Name of Physician John Elliott

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, represents-

MALE APPLICANT

Name First Marvin Middle Richard Last Campbell

Date of Birth June 25 1943

Place of Birth Illinois

Residence Address Eminence Morgan Ind

Previous Marital Status: Never Married Number of Previous Marriages

Last Marriage Ended By: Death Divorce Annulment

Color or Race White Negro Other (specify)

Usual Occupation Allison

Date of birth verified by: Birth Cert. Judicial Decree

Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:

An Imbecile? No Yes

2. Are you under guardianship as a person of unsound mind? No Yes

3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No Yes

If answer to 3 is "yes" has the cause of such condition been removed? No Yes

4. Are you afflicted with a transmissible disease? No Yes

5. Are you related to the bride closer than second cousin? No Yes

6. Are you now under the influence of intoxicating liquor? No Yes

7. Are you now under the influence of a narcotic drug? No Yes

8. Are you able to support a family? Yes No

9. Are you likely to so continue? Yes No

10. Do you have minor children from one or more former marriages? No Yes

(If yes, answer questions a, b, c)

(a) List their full names, ages and addresses

Name Age Address

(b) Are you supporting or contributing to their support? Yes No

(c) Are you complying with any court order or orders issued for their support? Yes No

11. Full name of father Marvin Richard Campbell

Residence of father (if deceased so state) Eminence

Occupation of father Freight Co. Race of father W.

Birthplace of father (State or foreign country) Illinois

12. Full maiden name of mother Lillian Jean Compton

Residence of mother (if deceased so state) Eminence Ind.

Occupation of mother Housewife Race of mother W.

Birthplace of mother (State or foreign country) Illinois

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

County of HENDRICKS

Signed Marvin R. Campbell Jr.

New Address

Subscribed and sworn to before me this 11th day of Aug, 1962

Claude Hughes Clerk HENDRICKS 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, HENDRICKS } ss:

County of HENDRICKS

Signed Marvin R. Campbell Father

Signed Lillian Jean Compton Mother

Subscribed and sworn to before me this 11th day of Aug, 1962

Claude Hughes 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

in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE Hendricks Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the

of Indiana dated the 16th day of August, 1962, authorizing the joining together as husband and wife

Marvin Richard Campbell Jr. and Sarajane Kinnaman

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

I, Donald Colin Zaritz hereby certify that on the 25th day of August

one thousand nine hundred and Sixty-two at New Winchester R.R. 3, County of Hendricks,

State of Indiana, Groom Marvin Richard Campbell, Jr. of Morgan County, State of Indiana,

and, Bride Sarajane Kinnaman of Hendricks 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 Hendricks

County.

Dated this 25th day of August, 1962.

Signed Donald Colin Zaritz

Official Designation Minister, New Winchester Christian Church

31st day of August, 1962.

Signed Claude Hughes Clerk

Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this



Form Prescribed By  
Indiana State Board of  
Health under Authority  
Chap. 126, Ind. Acts 1905

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

No. 592  
File 26  
Date of Application August 13, 1962

HENDRICKS County

MALE

Medical Examination Report Dated August 8, 1962  
Name of Physician H. C. Stafford, M.D.

FEMALE

Medical Examination Report Dated August 8, 1962  
Name of Physician H. C. Stafford, M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "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 Larry First Joe Middle Bell Last  
Date of Birth Dec Month 25 Day 1938 Year  
Place of Birth (State or foreign country) Brazil, Indiana  
Residence Address Indpls 31, Ind R.R. 2-Box 229 P - Hendricks Street or R. R. City County State  
Previous Marital Status: Never Married ☒ Number of Previous Marriages \_\_\_\_\_  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) \_\_\_\_\_  
Usual Occupation Leek Lumber Coal - Plainfield  
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

- ☒ Other (Specify) Driver's License
- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
  - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
  - Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
  - Are you afflicted with a transmissible disease? No ☒ Yes ☐
  - Are you related to the bride closer than second cousin? No ☒ Yes ☐
  - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
  - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
  - Are you able to support a family? Yes ☒ No ☐
  - Are you likely to so continue? Yes ☒ No ☐
  - Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)  
(a) List their full names, ages and addresses

Name	Age	Address
(b) Are you supporting or contributing to their support?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
(c) Are you complying with any court order or orders issued for their support?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

11. Full name of father Clyde H. Bell  
Residence of father (if deceased so state) R.R. 2-Box 229 P. Indpls 31  
Occupation of father Allison's Race of father white  
Birthplace of father (State or foreign country) Brazil, Indiana  
12. Full maiden name of mother Ruby Rader  
Residence of mother (if deceased so state) R.R. 2-Box 229 P. Indpls 31  
Occupation of mother Housewife Race of mother white  
Birthplace of mother (State or foreign country) Brazil, Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_  
Signed Larry Joe Bell  
New Address \_\_\_\_\_

Subscribed and sworn to before me this 13 day of August, 1962  
Claude Hughes Clerk HENDRICKS 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, HENDRICKS } ss:  
County of \_\_\_\_\_  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

FEMALE APPLICANT

Name Norma First Jean Middle Mann Last  
Date of Birth June Month 23 Day 1944 Year  
Place of Birth (State or foreign country) Brazil, Indiana  
Residence Address Brazil, R.R. 1 Indian Vign Street or R. R. City County State  
Maiden Name if Different \_\_\_\_\_

Previous Marital Status: Never Married ☒ Number of Previous Marriages \_\_\_\_\_  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) \_\_\_\_\_

Usual Occupation Unemployed

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify) \_\_\_\_\_
- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
  - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
  - Are you afflicted with a transmissible disease? No ☒ Yes ☐
  - Are you related to the groom closer than second cousin? No ☒ Yes ☐
  - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
  - Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father Howard Douglas Mann  
Residence of father (if deceased so state) R.R. 1 - Brazil Ind.  
Occupation of father Truck Driver Race of father white  
Birthplace of father (State or foreign country) Indiana  
8. Full maiden name of mother Elizabeth Olive Crouse  
Residence of mother (if deceased so state) R.R. 1 - Brazil Ind.  
Occupation of mother Housewife Race of mother white  
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_

Signed Norma Jean Mann  
New Address \_\_\_\_\_

Subscribed and sworn to before me this 13 day of August, 1962  
Claude Hughes Clerk HENDRICKS 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, HENDRICKS } ss:  
County of \_\_\_\_\_  
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 \_\_\_\_\_ Circuit Court of Indiana dated the 18 day of August, 1962, authorizing the joining together as husband and wife Larry Joe Bell and Norma Jean Mann.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Eugene E. Crawley, hereby certify that on the 28th day of August, one thousand nine hundred and Sixty-two at Plainfield, County of Hendricks, State of Indiana, Groom Larry Joe Bell and, Bride Norma Jean Mann of Vigo 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 \_\_\_\_\_ County.  
Dated this 28th day of August, 1962.

Signed Eugene E. Crawley  
Official Designation Justice of Peace

Filed and recorded in accordance with the laws of the State of Indiana this 31st day of August, 1962.

Signed Claude Hughes Clerk Hendricks Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 593

File 26

August 14, 1962  
Date of Application

MALE

Medical Examination Report Dated August 8, 1962  
Name of Physician Lloyd Terry, M.D.

FEMALE

Medical Examination Report Dated August 8, 1962  
Name of Physician Lloyd Terry, M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "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 Clifford Bodin  
Date of Birth Nov. 20, 1899  
Place of Birth Reserve, Louisiana  
Residence Address R.R. 2 Clayton, Indiana - Hendricks  
Previous Marital Status: Never Married ☐ Number of Previous Marriages 2  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐  
Color or Race White ☒ Negro ☐ Other ☐ (specify)  
Usual Occupation Retired  
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree  
☒ Other (Specify) Driver's License

1. Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐  
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐  
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐  
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐  
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐  
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐  
8. Are you able to support a family? Yes ☒ No ☐  
9. Are you likely to so continue? Yes ☒ No ☐  
10. Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)  
(a) List their full names, ages and addresses

Name	Age	Address

- (b) Are you supporting or contributing to their support? Yes ☐ No ☐  
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father: Merij Bodin  
Residence of father (if deceased so state): Deceased  
Occupation of father: Race of father: white  
Birthplace of father (State or foreign country): France  
12. Full maiden name of mother: Blanche LeBlanc  
Residence of mother (if deceased so state): Deceased  
Occupation of mother: Race of mother: white  
Birthplace of mother (State or foreign country): Louisiana

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.  
County of: Signed: Clifford J. Bodin  
New Address:

Subscribed and sworn to before me this 14th day of August, 1962  
Claude Hughes Clerk HENDRICKS 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, Hendricks } ss:  
County of: Signed: Father  
Signed: Mother

Subscribed and sworn to before me this day of 1962  
Clerk

FEMALE APPLICANT

Name Opal Louise Hinson  
Date of Birth August 17, 1926  
Place of Birth Mooraville, Indiana  
Residence Address R.R. 2 Clayton, Indiana - Hendricks  
Maiden Name if Different: Clayton, Ind. - Hendricks  
Previous Marital Status: Never Married ☒ Number of Previous Marriages  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Color or Race White ☒ Negro ☐ Other ☐ (specify)  
Usual Occupation Housework  
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree  
☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐  
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐  
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐  
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐  
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐  
7. Full name of father: Chester Opal Hinson  
Residence of father (if deceased so state): Unknown  
Occupation of father: Race of father: white  
Birthplace of father (State or foreign country): Indiana

8. Full maiden name of mother: Helen Mae Beck  
Residence of mother (if deceased so state): R.R. 2 Clayton Ind.  
Occupation of mother: Housekeeper Race of mother: white  
Birthplace of mother (State or foreign country): Indiana

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.  
County of: Signed: Opal Louise Hinson  
New Address:

Subscribed and sworn to before me this 14th day of August, 1962  
Claude Hughes Clerk HENDRICKS 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, Hendricks } ss:  
County of: Signed: Father  
Signed: Mother

Subscribed and sworn to before me this day of 1962  
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 Hendricks Circuit Court of Indiana dated the 18th day of August, 1962, authorizing the joining together as husband and wife of Clifford J. Bodin and Opal Louise Hinson. Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, R. B. Pickard, hereby certify that on the 18th day of August, 1962, at Hendricks County of Indiana, one thousand nine hundred and sixty-two, of Hendricks County, State of Indiana, Groom: Clifford J. Bodin, of Hendricks County, State of Indiana, and, Bride: Opal Louise Hinson, of Hendricks 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 Hendricks County.  
Dated this 20th day of Aug, 1962

Signed: R. B. Pickard  
Official Designation: Clerk  
Signed: Claude Hughes  
Clerk  
Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 20th day of August, 1962



Form Prescribed By  
Indiana State Board of  
Health under Authority  
Chap. 126, Ind. Acts 1905

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 594  
File 26  
Date of Application Aug. 18, 1962

## MALE

Medical Examination Report Dated Aug. 3, 1962  
Name of Physician H. McConaughy, M.D.

## FEMALE

Medical Examination Report Dated Aug. 3, 1962  
Name of Physician H. McConaughy, M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "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 Jerry First Edwin Middle Anderson Last  
Date of Birth Feb. Month 12 Day 1942 Year  
Place of Birth (State or foreign country) Hazlet, Indiana  
Residence Address R.R. 2 - Clayton, Ind. Hendricks Street or R. R. City County State  
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) \_\_\_\_\_

Usual Occupation Allison Employee

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) \_\_\_\_\_

1. Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)  
(a) List their full names, ages and addresses

Name	Age	Address

(b) Are you supporting or contributing to their support? Yes ☐ No ☐  
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Marshall Anderson  
Residence of father (if deceased so state) R.R. 2 - Clayton, Ind.  
Occupation of father Farming Race of father White  
Birthplace of father (State or foreign country) Kentucky

12. Full maiden name of mother Lerna Price  
Residence of mother (if deceased so state) R.R. 2 - Clayton, Ind.  
Occupation of mother Housewife Race of mother White  
Birthplace of mother (State or foreign country) Kentucky

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_  
Signed x Jerry Edwin Anderson

New Address \_\_\_\_\_

Subscribed and sworn to before me this 18 day of Aug., 1962  
Claude Hughes Clerk HENDRICKS 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, HENDRICKS } ss:  
County of \_\_\_\_\_

Signed x Marshall Anderson Father

Signed x Lerna Anderson Mother

Subscribed and sworn to before me this 18 day of Aug., 1962  
Claude Hughes Clerk

## FEMALE APPLICANT

Name Barbara First Ellen Middle Cagle Last  
Date of Birth Sept. Month 16 Day 1944 Year  
Place of Birth (State or foreign country) Brazil, Indiana  
Residence Address 1901 E. Main, Plainfield, Hendricks Street or R. R. City County State  
Maiden Name if Different \_\_\_\_\_

Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) \_\_\_\_\_

Usual Occupation Unemployed

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) \_\_\_\_\_

1. Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Warren Donald Cagle  
Residence of father (if deceased so state) Speedway, Ind.  
Occupation of father Alison's Race of father White  
Birthplace of father (State or foreign country) Indiana

8. Full maiden name of mother Ethel Proctor  
Residence of mother (if deceased so state) 1901 E. Main Plainfield  
Occupation of mother Owens Aruckle motel Race of mother White  
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_

Signed x Barbara Ellen Cagle

New Address \_\_\_\_\_

Subscribed and sworn to before me this 18 day of Aug., 1962  
Claude Hughes Clerk HENDRICKS 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.

Parents divorced  
Mother guardian

State of Indiana, HENDRICKS } ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father

Signed x Ethel P. Cagle Mother

Subscribed and sworn to before me this 18 day of Aug., 1962  
Claude Hughes Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ 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 Hendricks Circuit Court of Indiana dated the 22nd day of August, 1962, authorizing the joining together as husband and wife of Jerry Edwin Anderson and Barbara Ellen Cagle.  
Best further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Paul Taylor \_\_\_\_\_ hereby certify that on the 24th day of August, one thousand nine hundred and Sixty-two at Clayton, County of Hendricks, State of Indiana, Groom Jerry Edwin Anderson of Hendricks County, State of Indiana, and, Bride Barbara Ellen Cagle of Hendricks 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 Hendricks County.  
Dated this 24th day of August, 1962.

Signed Paul Taylor

Official Designation Ministry, Methodist Church  
1st day of September, 1962

Signed Claude Hughes Clerk  
Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_



Form Prescribed By  
Indiana State Board of  
Health under Authority  
Chap. 126, Ind. Acts 1905

# STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

No. 595File Aug 31-1962

**MALE**  
Medical Examination Report Dated Aug 17-1962  
Name of Physician John Elliott M.D.

**FEMALE**  
Medical Examination Report Dated Aug 17-1962  
Name of Physician John Elliott M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

tion or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

## MALE APPLICANT

Name Theodore Von Tress  
Date of Birth Jan 15 1943  
Place of Birth (State or foreign country) Ind.  
Residence Address St. Louis Ind.  
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0  
Last Marriage Ended By: ☐ Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)  
Usual Occupation Allison  
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree  
☐ Other (Specify) Driver's License

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? ☐ No ☐ Yes
- Are you under guardianship as a person of unsound mind? ☐ No ☐ Yes
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? ☐ No ☐ Yes
- If answer to 3 is "yes" has the cause of such condition been removed? ☐ No ☐ Yes
- Are you afflicted with a transmissible disease? ☐ No ☐ Yes
- Are you related to the bride closer than second cousin? ☐ No ☐ Yes
- Are you now under the influence of intoxicating liquor? ☐ No ☐ Yes
- Are you now under the influence of a narcotic drug? ☐ No ☐ Yes
- Are you able to support a family? ☐ No ☐ Yes
- Are you likely to so continue? ☐ No ☐ Yes
- Do you have minor children from one or more former marriages? ☐ No ☐ Yes

(a) List their full names, ages and addresses

Name	Age	Address

- (b) Are you supporting or contributing to their support? ☐ Yes ☐ No
- (c) Are you complying with any court order or orders issued for their support? ☐ Yes ☐ No

11. Full name of father Glenn Von Tress  
Residence of father (if deceased so state) Coatesville  
Occupation of father School Teacher Race of father W  
Birthplace of father (State or foreign country) Indiana  
12. Full maiden name of mother Margaret Ann Lampher  
Residence of mother (if deceased so state) Coatesville  
Occupation of mother Super at Block's Race of mother W  
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Theodore Von Tress

New Address

Subscribed and sworn to before me this 21 day of Aug, 1962  
Claude Hughes Clerk HENDRICKS 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, HENDRICKS } ss:

Signed Glenn Von Tress Father

Signed Margaret Ann Lampher Mother

Subscribed and sworn to before me this 21 day of Aug, 1962  
Claude Hughes Clerk

## FEMALE APPLICANT

Name Margie Dee Ribbons  
Date of Birth May 31 1943  
Place of Birth (State or foreign country) Ind.  
Residence Address Martinsville Ind.  
Maiden Name if Different Shilohville Ind.

Previous Marital Status: Never Married ☒ Number of Previous Marriages 0  
Last Marriage Ended By: ☐ Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Mallory at Mercantile  
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree  
☐ Other (Specify) Driver's License

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? ☐ No ☐ Yes
- Are you under guardianship as a person of unsound mind? ☐ No ☐ Yes
- Are you afflicted with a transmissible disease? ☐ No ☐ Yes
- Are you related to the groom closer than second cousin? ☐ No ☐ Yes
- Are you now under the influence of intoxicating liquor? ☐ No ☐ Yes
- Are you now under the influence of a narcotic drug? ☐ No ☐ Yes

7. Full name of father Cecil Roy Ribbons  
Residence of father (if deceased so state) Shilohville

Occupation of father Allison Race of father W  
Birthplace of father (State or foreign country) Indiana

8. Full maiden name of mother Bessie Emaline Fisher  
Residence of mother (if deceased so state) Shilohville

Occupation of mother Cook Race of mother W  
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Margie Dee Ribbons

New Address

Subscribed and sworn to before me this 21 day of Aug, 1962  
Claude Hughes Clerk HENDRICKS 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, HENDRICKS } ss:

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this 21 day of Aug, 1962  
\_\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ and filed in \_\_\_\_\_ County \_\_\_\_\_ Court by written order issued \_\_\_\_\_ 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 \_\_\_\_\_ Circuit Court of Indiana dated the 25 day of August, 1962, authorizing the joining together as husband and wife of Theodore Von Tress and Margie Dee Ribbons.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, C. N. Stevenson hereby certify that on the 25th day of August, 1962, at Shilohville, County of Hendricks, State of Indiana, one thousand nine hundred and Sixty-two of Theodore Von Tress of Hendricks County, State of Indiana, and, Bride, Margie Dee Ribbons of Hendricks 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 \_\_\_\_\_ County.  
Dated this 25th day of August, 1962.

Signed C. N. Stevenson

Official Designation Minister of the Gospel Chas. Ch.

Signed Claude Hughes Clerk

Signed Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_



Form Prescribed By  
Indiana State Board of  
Health under Authority  
Chap. 126, Ind. Acts 1905

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No.

596

File

Aug. 24, 1962

Date of Application

## MALE

Medical Examination Report Dated Aug 22, 1962  
Name of Physician A. N. Studder

## FEMALE

Medical Examination Report Dated Aug. 22, 1962  
Name of Physician A. N. Studder

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "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 Billy R. Hill  
Date of Birth Dec. 16 1940  
Place of Birth (State or foreign country) Linn  
Residence Address 7777W. Wash. Indpls Marion Ind  
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify).....

Usual Occupation Station attendant

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) Dr. Lic.

1. Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)  
(a) List their full names, ages and addresses

Name	Age	Address

- (b) Are you supporting or contributing to their support? Yes ☐ No ☐  
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Chester Hill  
Residence of father (if deceased so state) 1001 S. Collier Indpls  
Occupation of father unemployed Race of father wh.  
Birthplace of father (State or foreign country) Linn  
12. Full maiden name of mother Effie Reader  
Residence of mother (if deceased so state) 1001 S. Collier  
Occupation of mother none Race of mother wh.  
Birthplace of mother (State or foreign country) Linn

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of.....  
Signed Billy Ray Hill

New Address.....

Subscribed and sworn to before me this 24 day of Aug., 1962  
Claude Hughes Clerk HENDRICKS 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, HENDRICKS } ss:  
County of.....

Signed..... Father

Signed..... Mother

Subscribed and sworn to before me this..... day of....., 19.....  
..... Clerk

## FEMALE APPLICANT

Name Cecilia R. Leap  
Date of Birth Nov. 1 1932  
Place of Birth (State or foreign country) Indpls. Ind.  
Residence Address 121 S. Main Broadway Ind Ind  
Maiden Name if Different Cecilia R. Conger  
Previous Marital Status: Never Married ☐ Number of Previous Marriages.....  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify).....

Usual Occupation none

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Cecil Conger  
Residence of father (if deceased so state) 4152 Hazelhatch Dr. Indpls  
Occupation of father Retired Race of father wh.  
Birthplace of father (State or foreign country) Indpls.
8. Full maiden name of mother Mary Schilling  
Residence of mother (if deceased so state) 4152 Hazelhatch Dr.  
Occupation of mother Carson Mary Co Race of mother wh.  
Birthplace of mother (State or foreign country) Indpls

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of.....

Signed Cecilia Leap

New Address.....

Subscribed and sworn to before me this 24 day of Aug., 1962  
Claude Hughes Clerk HENDRICKS 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, HENDRICKS } ss:  
County of.....

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

We It Remembered, there was filed in my office a marriage license issued by the clerk of the..... Hendricks Circuit Court of Indiana dated the 29th day of August, 1962, authorizing the joining together as husband and wife of Billy R. Hill and Cecilia R. Leap.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, George B. Kinsey, hereby certify that on the 29th day of August, one thousand nine hundred and sixty-two, at Indianapolis, County of Marion, State of Indiana, Groom Billy R. Hill and, Bride Cecilia R. Leap of Hendricks 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 Hendricks County.  
Dated this 29th day of August, 1962.

Signed Geo. B. KinseyOfficial Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 31st day of August, 1962.

Signed Claude Hughes

..... Clerk  
..... Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 597

File Book 26

August 25-1962  
Date of Application

MALE

Medical Examination Report Dated August 20-1962  
Name of Physician John Elliott Jr M.D.

FEMALE

Medical Examination Report Dated August 20-1962  
Name of Physician John Elliott Jr M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, represents-

MALE APPLICANT

Name First Middle Last  
Donald Leray Morgan  
Date of Birth Month Day Year  
July 11 1933  
Place of Birth (State or foreign country)  
Marion County Indiana  
Residence Address Street or R. R. City County State  
R R 2 Clayton Hendricks Ind.  
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Mechanic

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) Drivers License

1. Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐  
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐  
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐  
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐  
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐  
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐  
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐  
8. Are you able to support a family? Yes ☐ No ☒  
9. Are you likely to so continue? Yes ☐ No ☒  
10. Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)  
(a) List their full names, ages and addresses

Name Age Address

- (b) Are you supporting or contributing to their support? Yes ☐ No ☒  
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father William Morgan  
Residence of father (if deceased so state) R R 2 Clayton  
Occupation of father Retired Race of father W.  
Birthplace of father (State or foreign country) Marion Co. Ind.  
12. Full maiden name of mother Marie Heckman  
Residence of mother (if deceased so state) R R 2 Clayton  
Occupation of mother Housewife Race of mother W.  
Birthplace of mother (State or foreign country) Marion Co. Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Donald Morgan  
New Address

Subscribed and sworn to before me this 25 day of August, 1962  
Claude Hughes Clerk HENDRICKS 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, HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 1962

Clerk

FEMALE APPLICANT

Name First Middle Last  
Georgina Mae Thompson  
Date of Birth Month Day Year  
May 29 1942  
Place of Birth (State or foreign country)  
Marion County Indiana  
Residence Address Street or R. R. City County State  
5211 So Cordes Indpls Marion Ind.  
Maiden Name if Different

Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Bookkeeper

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) Drivers License

1. Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☐ Yes ☐  
Of Unsound Mind? No ☐ Yes ☐  
2. Are you under guardianship as a person of unsound mind? No ☐ Yes ☐  
3. Are you afflicted with a transmissible disease? No ☐ Yes ☐  
4. Are you related to the groom closer than second cousin? No ☐ Yes ☐  
5. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐  
6. Are you now under the influence of a narcotic drug? No ☐ Yes ☐  
7. Full name of father John Thompson  
Residence of father (if deceased so state) 5211 So Cordes Indpls  
Occupation of father Laborer Race of father W.  
Birthplace of father (State or foreign country) Mitchell Indiana

8. Full maiden name of mother Esther Marbach  
Residence of mother (if deceased so state) 5211 So Cordes Indpls  
Occupation of mother Housewife Race of mother W.  
Birthplace of mother (State or foreign country) Marion Co. Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Georgina M Thompson  
New Address

Subscribed and sworn to before me this 25 day of August, 1962  
Claude Hughes Clerk HENDRICKS 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, HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 1962

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 Hendricks Circuit Court

of Indiana dated the 29 day of August, 1962, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit: Donald Leray Morgan and Georgina Mae Thompson

I, Jewell Reed, hereby certify that on the 16 day of September

one thousand nine hundred and Sixty-Two at Clayton Hendricks County, State of Indiana

State of Indiana, Groom Donald Leray Morgan of Hendricks County, State of Indiana

and, Bride Georgina Mae Thompson of Marion 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

County.

Dated this 16 day of September, 1962

Signed Jewell Reed

Official Designation Minister

16 day of September, 1962

Signed Claude Hughes Clerk

Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this



Form Prescribed By  
Indiana State Board of  
Health under Authority  
Chap. 126, Ind. Acts 1905

STATE OF INDIANA  
**APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS County

No. 598  
File Book 26  
Date of Application August 25-1962

**MALE**

Medical Examination Report Dated Aug 25-1962  
Name of Physician Lloyd Terry M.D.

**FEMALE**

Medical Examination Report Dated August 7-1962  
Name of Physician Lloyd M. Terry M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "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 Donald Roy Akers  
Date of Birth March 14 1943  
Place of Birth (State or foreign country) Indianapolis Indiana  
Residence Address 1933 Cunningham Rd. Speedway Mar. Ind.  
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) \_\_\_\_\_

Usual Occupation armed services

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) Driver's License

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)  
(a) List their full names, ages and addresses

Name Age Address

- (b) Are you supporting or contributing to their support? Yes ☐ No ☐  
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father John N. Akers  
Residence of father (if deceased so state) 1933 Cunningham Rd. Speedway  
Occupation of father Asst. Mgr. Race of father W.  
Birthplace of father (State or foreign country) Washington Indiana
12. Full maiden name of mother C. Maxine Hamilton  
Residence of mother (if deceased so state) 1933 Cunningham Rd. Speedway  
Occupation of mother housewife Race of mother W.  
Birthplace of mother (State or foreign country) Brockton Ills.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Donald Roy Akers

New Address \_\_\_\_\_

Subscribed and sworn to before me this 25 day of August, 1962  
Claude Hughes Clerk HENDRICKS 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.

Notarized Statement of Mother  
attached

State of Indiana, HENDRICKS } ss:

Signed John N. Akers Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this 25 day of August, 1962  
Claude Hughes Clerk

**FEMALE APPLICANT**

Name Sandra Kay Gentry  
Date of Birth September 16 1943  
Place of Birth (State or foreign country) Hendricks County Indiana  
Residence Address 192 no 7 High St. Danville Hendr. Ind.  
Maiden Name if Different \_\_\_\_\_

Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) \_\_\_\_\_

Usual Occupation Clerk

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) Driver's License

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father Buren E. Gentry  
Residence of father (if deceased so state) 192 no 7 High Danville  
Occupation of father laborer Race of father W.  
Birthplace of father (State or foreign country) Indianapolis Ind.
8. Full maiden name of mother Maxine Wallis  
Residence of mother (if deceased so state) 192 no 7 High Danville  
Occupation of mother Clerk Race of mother W.  
Birthplace of mother (State or foreign country) Indianapolis Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Sandra Kay Gentry

New Address \_\_\_\_\_

Subscribed and sworn to before me this 25 day of August, 1962  
Claude Hughes Clerk HENDRICKS 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, HENDRICKS } 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 \_\_\_\_\_ Circuit Court of Indiana dated the 28 day of August, 1962, authorizing the joining together as husband and wife of Donald Roy Akers and Sandra Kay Gentry.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Robert B. Clayton, hereby certify that on the 2nd day of September, one thousand nine hundred and Sixty-two, at Danville, County of Hendricks, State of Indiana, Groom Donald Roy Akers of Mason County, State of Indiana, and, Bride Sandra Kay Gentry of Hendricks 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 Hendricks County.  
Dated this 2nd day of September, 1962.

Signed Robert B. Clayton

Official Designation Methodist Minister  
4th day of September, 1962

Signed Claude Hughes Clerk  
Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_







STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 599

File 183

MALE

Medical Examination Report Dated Aug 27-62

Name of Physician David B. Haggard

FEMALE

Medical Examination Report Dated Aug 16-1962

Name of Physician David B. Haggard

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name First Warren Middle Frederick Last Parsons Jr.  
Date of Birth Month 11 Day 21 Year 1939  
Place of Birth (State or foreign country) St. Louis

Residence Address Street or R. R. 334 Serrawood Ave. City Webster Grove County Mo. State Mo.

Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Bank Trust Employee

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐

2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐

3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐

If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐

4. Are you afflicted with a transmissible disease? No ☒ Yes ☐

5. Are you related to the bride closer than second cousin? No ☒ Yes ☐

6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐

7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐

8. Are you able to support a family? Yes ☒ No ☐

9. Are you likely to so continue? Yes ☒ No ☐

10. Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)

(a) List their full names, ages and addresses

Name Age Address

(b) Are you supporting or contributing to their support? Yes ☐ No ☐

(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Warren Frederick Parsons

Residence of father (if deceased so state) Webster Grove Mo.

Occupation of father Real Estate Race of father W

Birthplace of father (State or foreign country) Minnesota

12. Full maiden name of mother Jane Ann Stevens

Residence of mother (if deceased so state) Webster Grove Mo.

Occupation of mother Housewife Race of mother W

Birthplace of mother (State or foreign country) Missouri

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.

County of Signed Warren Frederick Parsons

New Address

Subscribed and sworn to before me this 25 day of Aug 1962

Clerk HENDRICKS 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, Hendricks } ss:

County of Signed

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 1962

Clerk

FEMALE APPLICANT

Name First Sandra Middle Karen Last Trakes

Date of Birth Month Jan Day 14 Year 1940

Place of Birth (State or foreign country) New Albany

Residence Address 1625 Forrest Dr. City Plainfield County Ind. State Ind.

Maiden Name if Different

Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation none

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐

2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐

3. Are you afflicted with a transmissible disease? No ☒ Yes ☐

4. Are you related to the groom closer than second cousin? No ☒ Yes ☐

5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐

6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father Freddie Trakes

Residence of father (if deceased so state) Plainfield

Occupation of father Contractor Race of father W

Birthplace of father (State or foreign country) Indiana

8. Full maiden name of mother Margaret Trind

Residence of mother (if deceased so state) Plainfield

Occupation of mother Housewife Race of mother W

Birthplace of mother (State or foreign country) Indiana

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.

County of Signed Sandra Karen Trakes

New Address

Subscribed and sworn to before me this 25 day of Aug 1962

Clerk HENDRICKS 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, Hendricks } ss:

County of Signed

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 1962

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 Hendricks Circuit Court

of Indiana dated the 30 day of August 1962, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit: Warren Frederick Parsons Jr. and Sandra Karen Trakes

I, George H. Smith hereby certify that on the 1st day of September

one thousand nine hundred and sixty-two at Plainfield County, State of Indiana

State of Indiana, Groom Warren Frederick Parsons Jr. of St. Louis County, State of Missouri

and, Bride Sandra Karen Trakes of Hendricks 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 Hendricks

County. Dated this 1st day of September 1962. Signed George H. Smith

Official Designation Minister day of September 1962

Signed Claude Hughes Clerk

Filed and recorded in accordance with the laws of the State of Indiana this Hendricks Circuit Court