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. 93
File 27
April 25 1964
Date of Application

MALE
Medical Examination Report Dated April 14, 1964
Name of Physician L. H. Ellis

FEMALE
Medical Examination Report Dated April 14, 1964
Name of Physician L. H. 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: First Robert Middle Don Last Fishback
Date of Birth: Month Feb Day 5 Year 1945
Place of Birth (State or foreign country): Lebanon Indiana
Residence Address: Street or R. R. North Salem City Hendricks County State 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: State Highway —
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? 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: Kellar Fishback
    Residence of father (if deceased so state): North Salem
    Occupation of father: Allisons Race of father: W.
    Birthplace of father (State or foreign country): Kentucky
12. Full maiden name of mother: Ernestine Alexander
    Residence of mother (if deceased so state): North Salem
    Occupation of mother: none Race of mother: W.
    Birthplace of mother (State or foreign country): Illinois

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Robert Don Fishback
New Address.....
Subscribed and sworn to before me this 25th day of April, 1964
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, County of HENDRICKS } ss:
Signed K. O. Fishback Father
Signed Ernestine Fishback Mother
Subscribed and sworn to before me this 25th day of April, 1964
Claude Hughes Clerk

FEMALE APPLICANT

Name: First Betty Middle Jo Last Russell
Date of Birth: Month Dec Day 7 Year 1947
Place of Birth (State or foreign country): Rogersville Tenn.
Residence Address: Street or R. R. R R 2 City North Salem 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: 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: Charlie Hedrick Russell
   Residence of father (if deceased so state): R R North Salem
   Occupation of father: Dawes Gas Co. Race of father: W.
   Birthplace of father (State or foreign country): Tenn.
8. Full maiden name of mother: Eula Deperl Stapleton
   Residence of mother (if deceased so state): R R N. Salem
   Occupation of mother: none Race of mother: W.
   Birthplace of mother (State or foreign country): Tenn.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Betty Jo Russell
New Address.....
Subscribed and sworn to before me this 25th day of April, 1964
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, County of HENDRICKS } ss:
Signed Charlie Russell Father
Signed Eula Russell Mother
Subscribed and sworn to before me this 25th day of April, 64
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.....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* April, 19 64, *authorizing the joining together as husband and wife* Robert Don Fishback *and* Betty Jo Russell.

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

I, Edgar Byram *hereby certify that on the* 1st *day of* May, *one thousand nine hundred and* sixty-four *at* North Salem, *County of* Hendricks, *State of Indiana, Groom* Robert Don Fishback *of* Hendricks *County, State of* Indiana *and, Bride* Betty Jo Russell *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* May, 19 64.

Signed Edgar Byram
Official Designation minister

Filed and recorded in accordance with the laws of the State of Indiana this 2nd *day of* May, 19 64.

Signed Claude Hughes *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. 94
File 27
April 25, 1964 Date of Application

MALE
Medical Examination Report Dated April 22, 1964
Name of Physician Robert A. Cornell, M.D.

FEMALE
Medical Examination Report Dated April 21, 1964
Name of Physician F. P. Jones, 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 Joseph Middle Ross Last Lewellyn
Date of Birth: Month Sept Day 30 Year 1928
Place of Birth (State or foreign country) Montgomery Co. Ind.
Residence Address: Street or R. R. 9880 W 10th #26 City Oak St County Hendricks State Ind
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 Stock Chaser Allison's
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Lovers 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? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address
David Eugene Lewellyn	14	Crawfordsville
Esther Jane Lewellyn	11	"

    (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 Wallace Delbert Lewellyn
    Residence of father (if deceased so state) E. Main St. Ladoga, Ind.
    Occupation of father Painter Race of father White
    Birthplace of father (State or foreign country) Chicago, Ills.
12. Full maiden name of mother Edna Annabell Sharp
    Residence of mother (if deceased so state) E. Main St. Ladoga, Ind.
    Occupation of mother Housewife Race of mother White
    Birthplace of mother (State or foreign country) Putnam Co. Indiana

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

Signed Joseph Ross Lewellyn
New Address

Subscribed and sworn to before me this 25 day of April, 1964
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, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Mildred Middle Lucille Last Thorne
Date of Birth: Month Aug. Day 3 Year 1924
Place of Birth (State or foreign country) Dallas, Indiana
Residence Address: Street or R. R. 404 East Main St. City Ladoga County Montgomery State 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 Secretary B.C.A. Indpls, Ind.
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 Francis Charles Thorne
   Residence of father (if deceased so state) deceased
   Occupation of father ..... Race of father White
   Birthplace of father (State or foreign country) London, England
8. Full maiden name of mother Alice Clara Krauss
   Residence of mother (if deceased so state) 2006 N. Hamlet Indpls, Ind.
   Occupation of mother Housewife Race of mother White
   Birthplace of mother (State or foreign country) Indpls, Ind.

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

Signed Mildred Lucille Thorne
New Address
Subscribed and sworn to before me this 25 day of April, 1964
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, 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 ..... 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 30 day of April, 1964, authorizing the joining together as husband and wife Joseph Ross Lewellyn and Mildred Lucille Thorne

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

I, W. C. Burnett hereby certify that on the 2 day of May, County of Hamilton, one thousand nine hundred and 64 at Carmel County, State of Indiana, State of Indiana, Groom Joseph Ross Lewellyn of Montgomery County, State of Indiana, and, Bride Mildred Lucille Thorne 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 30th day of April, 1964.

Signed W. C. Burnett
Official Designation Justice of Peace

Filed and recorded in accordance with the laws of the State of Indiana this 6 day of May, 1964.

Signed Claude Hughes 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. 95
File 27
April 27 1964
Date of Application

MALE
Medical Examination Report Dated April 24, 1964
Name of Physician W Shuster

FEMALE
Medical Examination Report Dated April 24, 1964
Name of Physician W. Shuster

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 James, Middle I., Last Day
Date of Birth: Month Sept, Day 3, Year 1945
Place of Birth (State or foreign country) North Carolina
Residence Address: Street or R. R. 423 S. College, City Indpls, County Marion, 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 Grocery Clerk.
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? 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 Joseph P Day
    Residence of father (if deceased so state) Indpls
    Occupation of father Furniture factory Race of father W.
    Birthplace of father (State or foreign country) Tenn.
12. Full maiden name of mother Edna Clark
    Residence of mother (if deceased so state) unknown
    Occupation of mother ..... Race of mother W.
    Birthplace of mother (State or foreign country) unknown

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

Signed James T. Day
New Address .....

Subscribed and sworn to before me this 27th day of April, 1964
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
Mother deserted family - 18 years ago.

State of Indiana,
County of HENDRICKS } ss:

Signed Joseph P Day Father
Signed ..... Mother
Subscribed and sworn to before me this 27th day of April, 1964
Claude Hughes Clerk

FEMALE APPLICANT

Name: First Mary, Middle A, Last Kitchens
Date of Birth: Month Sept., Day 24, Year 1947
Place of Birth (State or foreign country) Indianapolis Ind
Residence Address: Street or R. R. R R 2 Box 115, City Indpls, County ..... 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 ☐
   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 William Marion Kitchens
   Residence of father (if deceased so state) unknown
   Occupation of father ..... Race of father W
   Birthplace of father (State or foreign country) Kentucky
8. Full maiden name of mother Phyllis L. Curtis
   Residence of mother (if deceased so state) Indianapolis Ind
   Occupation of mother unemployed Race of mother W.
   Birthplace of mother (State or foreign country) Indiana

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

Signed Mary A. Kitchens
New Address .....

Subscribed and sworn to before me this 27th day of April, 1964
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
Mother given custody by Court - Marion County Court - 1950

State of Indiana,
County of HENDRICKS } ss:

Signed ..... Father
Signed Phyllis L Wheat Mother
Subscribed and sworn to before me this 27th day of April, 1964
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 4-27-64 and filed in Clerk's office, authorizes and directs the issuance of a marriage license to the above named parties. 3 days waived

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* 27 *day of* April, 19 64, *authorizing the joining together as husband and wife* James T. Day *and* Mary A. Kitchens

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

I, R B Pickard *hereby certify that on the* 27 *day of* April, *one thousand nine hundred and* Sixty Four *at* Danville, *County of* Hendricks, *State of Indiana, Groom* James T. Day *of* Marion *County, State of* Indiana, *and, Bride* Mary A Kitchens *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 27 *day of* April, 19 64.

Signed R B Pickard
Official Designation Justice of Peace

Filed and recorded in accordance with the laws of the State of Indiana this 27 *day of* April, 19 64.

Signed Claude S Hughes Clerk
Hendricks Circuit Court

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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. 96

File

April 27 1964 Date of Application

MALE
Medical Examination Report Dated 4-18-64
Name of Physician Paul Stanley Lewis

FEMALE
Medical Examination Report Dated 4-18-64
Name of Physician Paul Stanley Lewis

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 Donald Middle Arthur Last Flanders

Date of Birth: Month March Day 11 Year 1942

Place of Birth (State or foreign country) Alexandria, Indiana

Residence Address: Street or R. R. 1202 N. Eleanor City Indpls County Marion 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 Factory

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? 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 Donald Frank Flanders
    Residence of father (if deceased so state) Indpls, Indiana
    Occupation of father Allison's Race of father White
    Birthplace of father (State or foreign country) Illinois
12. Full maiden name of mother Patricia Pate
    Residence of mother (if deceased so state) Indpls, Ind.
    Occupation of mother Housewife Race of mother White
    Birthplace of mother (State or foreign country) Alex. Indiana

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

Signed Donald Arthur Flanders

New Address.....

Subscribed and sworn to before me this 27 day of April, 19 64

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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

FEMALE APPLICANT

Name: First Nancy Middle Diane Last Smith

Date of Birth: Month Sept Day 27 Year 1942

Place of Birth (State or foreign country) Indpls Indiana

Residence Address: 232 N. Mill St. Street or R. R. Plainfield City Hendricks County Ind. 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 Secretary

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 Paul Denton Smith
   Residence of father (if deceased so state) Plainfield, Indiana
   Occupation of father Lilly's Race of father white
   Birthplace of father (State or foreign country) Tipton Indiana
8. Full maiden name of mother Mildred Annette Cooper
   Residence of mother (if deceased so state) Plainfield, Ind
   Occupation of mother Housewife Race of mother white
   Birthplace of mother (State or foreign country) Plainfield, Ind

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

Signed Nancy Diane Smith

New Address.....

Subscribed and sworn to before me this 27 day of April, 19 64

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, 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.....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* 1 *day of* May, 1964, *authorizing the joining together as husband and wife* Donald Arthur Flanders *and* Nancy Diane Smith

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

I, Donald F. Mc Mahon *hereby certify that on the* 1 *day of* May *at* Plainfield, *County of* Hendricks, *one thousand nine hundred and* 64 *State of Indiana, Groom* Donald Arthur Flanders *of* Marion *County, State of* Indiana, *and, Bride* Nancy Diane Smith *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* May, 1964.

Signed Donald F. Mc Mahon

Official Designation Methodist Minister

Filed and recorded in accordance with the laws of the State of Indiana this 6 *day of* May, 1964

Signed Claude Hughes *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. 97
File 27
April 29 1964
Date of Application

MALE
Medical Examination Report Dated April 16, 1964
Name of Physician Lloyd Jerry

FEMALE
Medical Examination Report Dated April 16, 1964
Name of Physician Lloyd Jerry

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 Loyd Middle Gilliem Last
Date of Birth: Month Feb Day 2 Year 1916
Place of Birth (State or foreign country) Black Water Virginia
Residence Address: Street or R. R. RR 1 City Martinsville County Morgan State Indiana
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 State Highway —
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? 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 Dan Gilliem
    Residence of father (if deceased so state) Deceased
    Occupation of father Race of father W
    Birthplace of father (State or foreign country) Virginia
12. Full maiden name of mother Parales Lawson
    Residence of mother (if deceased so state) Deceased
    Occupation of mother Race of mother W
    Birthplace of mother (State or foreign country) Virginia

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

Signed Loyd Gilliem
New Address
Subscribed and sworn to before me this 29th day of April, 19 64
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, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Dorothy Middle B. Last Buntin
Date of Birth: Month Jan Day 3 Year 1934
Place of Birth (State or foreign country) Virginia
Residence Address: Street or R. R. R R 1 City Coatsville County Hends. State Indiana
Maiden Name if Different Dorothy Young
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 Housewife
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 James Wiley Young
   Residence of father (if deceased so state) Stilwell
   Occupation of father Retired Race of father W
   Birthplace of father (State or foreign country) Virginia
8. Full maiden name of mother Mary Jane White
   Residence of mother (if deceased so state) Stilwell
   Occupation of mother Housewife Race of mother W
   Birthplace of mother (State or foreign country) Virginia

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

Signed Dorothy Buntin
New Address
Subscribed and sworn to before me this 29th day of April, 19 64
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, 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* Hendricks *Circuit Court of Indiana dated the* 3 *day of* May, 19 64, *authorizing the joining together as husband and wife* Loyd Gilliem *and* Dorothy B Buntin
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Charles H Harod *hereby certify that on the* 21st *day of* June, *one thousand nine hundred and* 64 *at* Mooresville, *County of* Morgan, *State of Indiana, Groom* Loyd Gilliem *of* Morgan *County, State of* Indiana *and, Bride* Dorothy Buntin *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* June, 19 64.

Signed Charles H. Harod
Official Designation J.P.

Filed and recorded in accordance with the laws of the State of Indiana this 23 *day of* June, 19 64.

Signed Claude Hughes *Clerk*
Hendricks *Circuit Court*

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

507

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 98
File Book 27
May 1-1964
Date of Application

MALE
Medical Examination Report Dated April 27-1964
Name of Physician J. R. Showalter M. D.

FEMALE
Medical Examination Report Dated April 27-1964
Name of Physician J. R. Showalter 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 Dale Middle Everett Last Barkley
Date of Birth: Month November Day 7 Year 1943
Place of Birth (State or foreign country): Paris Illinois
Residence Address: Street or R. R. RR #1 City Paris County Edgar State Illinois
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).....

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? 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: Donald Eugene Barkley
    Residence of father (if deceased so state): RR #1 Paris Illinois
    Occupation of father: Laborer Race of father: W
    Birthplace of father (State or foreign country): Paris Illinois
12. Full maiden name of mother: Mary Anna Wenas
    Residence of mother (if deceased so state): RR #1 Paris Illinois
    Occupation of mother: Housewife Race of mother: W
    Birthplace of mother (State or foreign country): Paris Illinois

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

Signed: Dale Everett Barkley
New Address.....

Subscribed and sworn to before me this 1 day of May, 1964
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
By Notarized Statement

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
X Signed Mary L. Barkley Mother
Subscribed and sworn to before me this 1st day of May, 1964
Claude Hughes Clerk

FEMALE APPLICANT

Name: First Diana Middle Kay Last Gibbs
Date of Birth: Month April Day 27 Year 1944
Place of Birth (State or foreign country): Indianapolis Indiana
Residence Address: Street or R. R. RR 3 City Mooresville County Hendricks State 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: Francis Willard Gibbs
   Residence of father (if deceased so state): RR3 Mooresville
   Occupation of father: Laborer Race of father: W.
   Birthplace of father (State or foreign country): Danville Ind
8. Full maiden name of mother: Ella Jean Harlan
   Residence of mother (if deceased so state): R3 Mooresville
   Occupation of mother: Housewife Race of mother: W
   Birthplace of mother (State or foreign country): Danville Ind

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

Signed: Diana Kay Gibbs
New Address.....

Subscribed and sworn to before me this 1st day of May, 1964
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, 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.....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 14th day of May, 19 64, authorizing the joining together as husband and wife Dale Everett Barkley and Diana Kay Gibbs
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Warren A. Robbins hereby certify that on the 6th day of June, one thousand nine hundred and 64 at Plainfield, County of Hendricks, State of Illinois
State of Indiana, Groom Dale Everett Barkley of Edgar County, State of Indiana
and, Bride Diana Kay Gibbs 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 June, 1964.

Signed Warren A Robbins
Official Designation Christian Minister

Filed and recorded in accordance with the laws of the State of Indiana this 9th day of June, 1964
Signed Claude Hughes Clerk
Hendricks Circuit Court

Form Prescribed By

STATE OF INDIANA

No. 98

507

I, Don E. Barkley, R. R. 1, Paris, Illinois, father of Dale E. Barkley, give my consent to the marriage of Diana Kay Gibbs to Dale E. Barkley.

Don E Barkley

Mrs. Charlotte Kramer
Notary Public

Dated May 7, 1964

FILED

MAY 14 1964

Claude Hughes
CLERK HENDRICKS CIRCUIT COURT SUPERIOR

(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 Donald Eugene Barkley

Residence of father (if deceased so state) RR#1 Paris Illinois

Occupation of father Laborer Race of father W

Birthplace of father (State or foreign country) Paris Illinois

12. Full maiden name of mother Mary Anna Wilsons

Residence of mother (if deceased so state) RR#1 Paris Illinois

Occupation of mother Housewife Race of mother W

Birthplace of mother (State or foreign country) Paris Illinois

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

Signed Dale Everett Barkley

New Address

Subscribed and sworn to before me this 1 day of May, 19 64

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

By Notarized Statement

State of Indiana, County of HENDRICKS } ss:

Signed Father

X Signed Mary K Barkley Mother

Subscribed and sworn to before me this 1st day of May, 1964

Claude Hughes Clerk

Race of father W

Birthplace of father (State or foreign country) Danville Ind

8. Full maiden name of mother Ella Jean Haslan

Residence of mother (if deceased so state) R 3 Mooresville

Occupation of mother Housewife Race of mother W

Birthplace of mother (State or foreign country) Danville Ind

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

Signed Diana Kay Gibbs

New Address

Subscribed and sworn to before me this 1st day of May, 1964

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, 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

Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the of Indiana dated the 14th day of May, 1964, authorizing the joining together as husband and wife Dale Everett Barkley and Diana Kay Gibbs

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

I, Warren A. Robbins hereby certify that on the 6th day of June one thousand nine hundred and 64 at Plainfield, County of Hendricks State of Indiana, Groom Dale Everett Barkley of Edgar County, State of Illinois and, Bride Diana Kay Gibbs 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 June, 1964. Signed Warren A Robbins

Official Designation Christian Minister

Filed and recorded in accordance with the laws of the State of Indiana this 9th day of June, 1964

Signed Claude Hughes Clerk

Hendricks Circuit Court

508

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. 99

File

May 2-1964
Date of Application

MALE
Medical Examination Report Dated April 29-1964
Name of Physician Robert K Sterling

FEMALE
Medical Examination Report Dated April 29-64
Name of Physician Robert K Sterling

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 Roland Middle Mc Cammack Last

Date of Birth: Month May Day 5 Year 1933

Place of Birth (State or foreign country) Greencastle Ind.

Residence Address: Street or R. R. City Stilesville County State Ind.

Previous Marital Status: Never Married ☐ Number of Previous Marriages ~~One~~ Divorce

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

Usual Occupation 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 ☐
   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? No ☐ Yes ☒
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address
Tina Lynn	5	Speedway
Brenda Lee	6	"

(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 Homer Mc Cammack
    Residence of father (if deceased so state) Stilesville
    Occupation of father Merchant Race of father W
    Birthplace of father (State or foreign country) Oklahoma
12. Full maiden name of mother Helen June Hunter
    Residence of mother (if deceased so state) Stilesville
    Occupation of mother Housewife Race of mother W
    Birthplace of mother (State or foreign country) Indiana

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

Signed Roland L McCammack

New Address

Subscribed and sworn to before me this 2 day of May, 19 64

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, County of HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of, 19

Clerk

FEMALE APPLICANT

Name: First Wanda Middle Davis Last

Date of Birth: Month 8 Day 22 Year 1937

Place of Birth (State or foreign country) Orange County Indiana

Residence Address: 1710 Street or R. R. Moreland City Indpls County State Ind.

Maiden Name if Different Wanda Mc Bride

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

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

Usual Occupation Secretary

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 Charles E Mc Bride
   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 Una E Wells
   Residence of mother (if deceased so state) Indianapolis
   Occupation of mother Housekeeper Race of mother W
   Birthplace of mother (State or foreign country) Indiana

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

Signed Wanda Davis

New Address

Subscribed and sworn to before me this 2 day of May, 1964

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, 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 Hendricks County Superior Court by written order issued by Superior Court and filed in, authorizes and directs the issuance of a marriage license to the above named parties.

3 day Waived

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* May, 19 64, *authorizing the joining together as husband and wife* Roland McCammack *and* Wanda Davis

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

I, Richard E. Moore hereby certify that on the 2 day of May, one thousand nine hundred and 64 at Indianapolis, County of Hendricks, State of Indiana, Groom Roland McCammack of Hendricks County, State of Indiana, and, Bride Wanda Davis 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 4 day of May, 19 64.

Signed Richard E. Moore

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 6 day of May, 19 64.

Signed Claude Hughes Clerk

Hendricks Circuit Court

509

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 100

HENDRICKS County

File

May 2-1964
Date of Application

MALE
Medical Examination Report Dated April 28-1964
Name of Physician W. C. Stafford M.D.

FEMALE
Medical Examination Report Dated April 27-1964
Name of Physician Frank P. Hunter 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 Dale Last Marshall

Date of Birth: Month June Day 5 Year 1932

Place of Birth (State or foreign country): Flint Michigan

Residence Address: 28 Butler Dr Street or R. R. Plainfield City Hendricks County Ind. 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: Civil Service

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? No ☐ Yes ☑
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address
Byron K. Marshall	7	Wilberington Ohio

    (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 Raymond Victor Marshall
    Residence of father (if deceased so state) deceased
    Occupation of father — Race of father W.
    Birthplace of father (State or foreign country) Connecticut
12. Full maiden name of mother Caralyn May Bryllen
    Residence of mother (if deceased so state) 1922 Copenman Blvd Michigan
    Occupation of mother housewife Race of mother W
    Birthplace of mother (State or foreign country) Michigan

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

Signed Robert Dale Marshall

New Address

Subscribed and sworn to before me this 2 day of May, 19 64

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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Wanda Middle Jean Last Shields

Date of Birth: Month May Day 27 Year 1932

Place of Birth (State or foreign country) Bloomington Indiana

Residence Address: 1308 South St Street or R. R. Lafayette City Tippecanoe County Ind. State

Maiden Name if Different Wanda Jean Day

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 Bank -

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 Lawrence Day
   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 Pearl Buck
   Residence of mother (if deceased so state) Mulberry Ind.
   Occupation of mother housewife Race of mother W.
   Birthplace of mother (State or foreign country) Missouri

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

Signed Wanda Jean Shields

New Address

Subscribed and sworn to before me this 2 day of May, 19 64

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, 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* Hendricks *Circuit Court of Indiana dated the* 6 *day of* May, 1964, *authorizing the joining together as husband and wife* Robert Dale Marshall *and* Wanda Jean Shields

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

I, Rev. John R. Booker *hereby certify that on the* 13 *day of* June, *one thousand nine hundred and* 64 *at* La Porte, *County of* La Porte, *State of* Indiana, *State of Indiana, Groom* Robert Dale Marshall *of* Clinton *County, State of* Indiana, *and, Bride* Wanda Jean Shields *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 13 *day of* June, 1964.

Signed John R. Booker

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 17 *day of* June, 1964

Signed Claude Hughes Clerk

Hendricks Circuit Court

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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. 101

File

May 2-1964
Date of Application

MALE
Medical Examination Report Dated 5-1-64
Name of Physician Walter McMannis

FEMALE
Medical Examination Report Dated 5-1-64
Name of Physician Walter McMannis

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 Paul Middle R Last Lowery Jr

Date of Birth: Month Nov Day 10 Year 1932

Place of Birth (State or foreign country) Indianapolis Ind.

Residence Address: Street or R. R. R 8 Box 302 City Indpls County Hend. State Ind.

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

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

Usual Occupation Road Driver

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? No ☐ Yes ☒
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address
Michael	13	Indpls
Roy	12	"

    (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 R Lowery Sr
    Residence of father (if deceased so state) R 8 Bx 302 Indpls
    Occupation of father Machinist Race of father W
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Sylvia Marie Margaret Creekbaum
    Residence of mother (if deceased so state) R 8 Box 302 Indpls
    Occupation of mother Housewife Race of mother W
    Birthplace of mother (State or foreign country) Indiana

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

Signed Paul R Lowery Jr

New Address

Subscribed and sworn to before me this 2 day of May, 1964

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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Rose Middle Mary Last Miller

Date of Birth: Month Aug Day 14 Year 1929

Place of Birth (State or foreign country) Jasper Ind.

Residence Address: Street or R. R. 5449 W Washington City Indpls County Hend. State Ind.

Maiden Name if Different Rose Mary Taber

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

Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐

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

Usual Occupation Waitress

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 Walter Taber
   Residence of father (if deceased so state) Jasper, Ind.
   Occupation of father Retired Race of father W
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Aurelia Frances Anderson
   Residence of mother (if deceased so state) Deceased
   Occupation of mother — Race of mother W
   Birthplace of mother (State or foreign country) Indiana

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

Signed Rose Mary Miller

New Address

Subscribed and sworn to before me this 2 day of May, 1964

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, 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 Hendricks Circuit Court of Indiana dated the 6th day of May, 1964, authorizing the joining together as husband and wife Paul R Lowery Jr. and Rose Mary Miller

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

I, Walter Bradford hereby certify that on the 8 day of May one thousand nine hundred and 64 at Indianapolis, County of Hendricks, State of Indiana, Groom Paul R. Lowery, Jr of Hendricks County, State of Indiana, and, Bride Rose Mary Miller 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 8 day of May, 1964.

Signed Walter Bradford

Official Designation Justice of Peace

Filed and recorded in accordance with the laws of the State of Indiana this 12 day of May, 1964.

Signed Claude Hughes Clerk

Hendricks Circuit Court

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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. 102
File 27
May 1 1964
Date of Application

MALE
Medical Examination Report Dated 4-28-64
Name of Physician Robert S. Forbes

FEMALE
Medical Examination Report Dated 4-28-64
Name of Physician Robert S. Forbes

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 Earlin Middle — Last Burdine

Date of Birth: Month Dec Day 6 Year 1944

Place of Birth (State or foreign country) Sqint Kentucky

Residence Address: Street or R. R. RR 1 Box 161 City Clayton County Hendricks 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 Clayton Hardware

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? 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 Chester Burdene
    Residence of father (if deceased so state) R R Clayton
    Occupation of father Retired Race of father W.
    Birthplace of father (State or foreign country) Kentucky
12. Full maiden name of mother Cora Alice Nix
    Residence of mother (if deceased so state) deceased
    Occupation of mother Race of mother W
    Birthplace of mother (State or foreign country) Kentucky

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

Signed Earlin Burdine

New Address

Subscribed and sworn to before me this 7th day of May, 1964.

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

Mother Deceased

State of Indiana, County of HENDRICKS } ss:

Signed Chester Burdine Father

Signed Mother

Subscribed and sworn to before me this 4th day of May, 1964.

Claude Hughes Clerk

FEMALE APPLICANT

Name: First Judith Middle Howard Last

Date of Birth: Month Aug Day 20 Year 1945

Place of Birth (State or foreign country) Indianapolis Ind.

Residence Address: Street or R. F. RR 2 Box 361 City Danville 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 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 Harry Howard
   Residence of father (if deceased so state) R R Danville
   Occupation of father Mechanic Race of father W.
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Eva May Parker
   Residence of mother (if deceased so state) R R Danville
   Occupation of mother nurse Race of mother W.
   Birthplace of mother (State or foreign country) Indiana

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

Signed Judith Ann Howard

New Address

Subscribed and sworn to before me this 4th day of May, 1964.

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, 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 Hendrick Circuit Court of Indiana dated the 8 day of May, 1964, authorizing the joining together as husband and wife Earlin Burdine and Judith Howard

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

I, Eugene E. Crawley hereby certify that on the 8 day of May, County of Hendricks, one thousand nine hundred and 64 at Plainfield County, State of Indiana, State of Indiana, Groom Earlin Burdine of Hendricks County, State of Indiana, and, Bride Judith Howard of Hendricks 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 8 day of May, 1964.

Signed Eugene E. Crawley
Official Designation Justice of Peace

Filed and recorded in accordance with the laws of the State of Indiana this 12 day of May, 1964.

Signed Claude Hughes 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. 103
File Bk 27
May 4 1964
Date of Application

MALE
Medical Examination Report Dated April 29-1964
Name of Physician David B. Haggard M.D.

FEMALE
Medical Examination Report Dated April 29-1964
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, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First James Middle Glen Last Brogles
Date of Birth: Month August Day 5 Year 1942
Place of Birth (State or foreign country): Indianapolis Ind
Residence Address: Street or R. R. R 2 Plainfield City Hendricks County 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: Clerk Carrier Post Office
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? 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: Glen M. Brogles
    Residence of father (if deceased so state): R 2 Plainfield
    Occupation of father: Laborer Race of father.....
    Birthplace of father (State or foreign country): Mooresburg Ind
12. Full maiden name of mother: Esther Marie Barlow
    Residence of mother (if deceased so state): R 2 Plainfield
    Occupation of mother: housewife Race of mother: W.
    Birthplace of mother (State or foreign country): Hendricks Co. Ind

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

Signed: James Glen Brogles
New Address.....

Subscribed and sworn to before me this 4 day of May, 1964
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, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Anita Middle Eileen Last Blanton
Date of Birth: Month June Day 24 Year 1944
Place of Birth (State or foreign country): Plainfield Ind.
Residence Address: Street or R. R. R #1 Box 203 City Plainfield 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: Standard Oil.
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: Robert Joshua Blanton
   Residence of father (if deceased so state): Plainfield Indiana
   Occupation of father: Laborer Race of father: W.
   Birthplace of father (State or foreign country): Danville, Indiana
8. Full maiden name of mother: Geneva Louise Wood
   Residence of mother (if deceased so state): Plainfield Ind
   Occupation of mother: Housewife Race of mother: W.
   Birthplace of mother (State or foreign country): Carterasburg Ind

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

Signed: Anita Eileen Blanton
New Address.....

Subscribed and sworn to before me this 4 day of May, 1964
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, 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* Hendricks *Circuit Court of Indiana dated the* 13 *day of* May, 19 64, *authorizing the joining together as husband and wife* James Glen Brogles *and* Anita Eileen Blanton
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Conley Bowman *hereby certify that on the* 15 *day of* May, *one thousand nine hundred and* 64 *at* Plainfield, *County of* Hendricks, *State of Indiana, Groom* James Glen Brogles *of* Hendricks *County, State of* Indiana, *and, Bride* Anita Blanton *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 12 *day of* May, 19 64.

Signed Conley Bowman
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 14 *day of* May, 19 64.

Signed Claude Hughes *Clerk*
Hendricks *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 104

HENDRICKS County

File

May 11 1964
Date of Application

MALE
Medical Examination Report Dated April 22, 1964
Name of Physician Fred P. Warbinton

FEMALE
Medical Examination Report Dated April 22, 1964
Name of Physician Fred P. Warbinton

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 Ronald Middle Everett Last Shumaker

Date of Birth: Month April Day 4 Year 1947

Place of Birth (State or foreign country): Phillips Indiana

Residence Address: Street or R. R. 122 Hanley City Plainfield County Hend 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: Helper's Plainfield

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

☐ Other (Specify) Record

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? 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 Enos Earl Shumaker
    Residence of father (if deceased so state) Plainfield, Indiana
    Occupation of father Dyers Race of father White
    Birthplace of father (State or foreign country) Putnam Co.
12. Full maiden name of mother Betty Jane Prentice
    Residence of mother (if deceased so state) Plainfield, Indiana
    Occupation of mother Housewife Race of mother White
    Birthplace of mother (State or foreign country) Colorado

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

Signed Ronald Everett Shumaker

New Address.....

Subscribed and sworn to before me this 11 day of May, 19 64.

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,
County of HENDRICKS } ss:

Signed Enos E. Shumaker Father

Signed See attached Mother

Subscribed and sworn to before me this 11 day of May, 19 64.

Claude Hughes Clerk

FEMALE APPLICANT

Name: First Sheila Middle Patricia Last Hale

Date of Birth: Month September Day 24 Year 1947

Place of Birth (State or foreign country) Clark County Ohio

Residence Address: Street or R. R. 1195 E. Buchanan City Plainfield County Hend 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 Student

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 Robert Jesse Hale
   Residence of father (if deceased so state) Plainfield, Indiana
   Occupation of father Allison Race of father white
   Birthplace of father (State or foreign country) West Milton, Ohio
8. Full maiden name of mother Hannah Laura Agnett
   Residence of mother (if deceased so state) Plainfield, Indiana
   Occupation of mother Housewife Race of mother White
   Birthplace of mother (State or foreign country) Miami Co., Ohio

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

Signed Sheila Patricia Hale

New Address.....

Subscribed and sworn to before me this 11 day of May 19 64

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,
County of HENDRICKS } ss:

Signed Robert Jesse Hale Father

Signed Hannah Laura Hale Mother

Subscribed and sworn to before me this 11 day of May 19 64

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 May 11 1964 and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties. Waived boys aged 3 days waiting period.

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* 11 *day of* May, 19 64, *authorizing the joining together as husband and wife* Ronald Everett Shumaker *and* Sheila Patricia Hale

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

I, Donald F. McMahan hereby certify that on the 16 day of May, County of Hendricks, one thousand nine hundred and 64 at Plainfield County, State of Indiana, State of Indiana, Groom Ronald Everett Shumaker of Hendricks County, State of Indiana, and, Bride Sheila Patricia Hale of Hendricks 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 May, 19 64.

Signed Donald F. McMahan
Official Designation Methodist Minister

Filed and recorded in accordance with the laws of the State of Indiana this 20 *day of* May, 19 64

Signed Claude Hughes Clerk
Hendricks Circuit Court

TO WHOM IT MAY CONCERN:

I, Betty Shumaker, hereby give my consent for Ronald Everett Shumaker, who is 17years old,(April 4) to be married to Sheila Hale.

Subscribed and sworn this 9th day of May,1964

STATE OF INDIANA } SS
COUNTY OF MARION }

SIGNED Betty Shumaker

MY COMMISSION EXPIRES SEPT. 15 1964

M B Smith
NOTARY PUBLIC

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☐ Other (Specit

1. Are you now or have you been adjudged, diag
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? 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 Enos Earl Shumaker
Residence of father (if deceased so state) Plainfield, Indiana
Occupation of father Buyer Race of father white
Birthplace of father (State or foreign country) Putnam Co.
12. Full maiden name of mother Betty Jane Prentice
Residence of mother (if deceased so state) Plainfield, Indiana
Occupation of mother Housewife Race of mother white
Birthplace of mother (State or foreign country) Colorado

State of Indiana, County of HENDRICKS } ss:
I depose and state the information given in this application is true and correct.
Signed Ronald Everett Shumaker
New Address
Subscribed and sworn to before me this 11 day of May, 19 64
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, County of HENDRICKS } ss:
Signed Enos E. Shumaker Father
Signed See attached Mother
Subscribed and sworn to before me this 11 day of May, 19 64
Claude Hughes Clerk

☐ 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 Robert Jesse Hale
Residence of father (if deceased so state) Plainfield, Indiana
Occupation of father Salesman Race of father white
Birthplace of father (State or foreign country) West Milton, Ohio
8. Full maiden name of mother Hannah Laura Arnett
Residence of mother (if deceased so state) Plainfield, Indiana
Occupation of mother Housewife Race of mother White
Birthplace of mother (State or foreign country) Miami Co, Ohio

State of Indiana, County of HENDRICKS } ss:
I depose and state the information given in this application is true and correct.
Signed Sheila Patricia Hale
New Address
Subscribed and sworn to before me this 11 day of May, 19 64
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, County of HENDRICKS } ss:
Signed Robert Jesse Hale Father
Signed Hannah Laura Hale Mother
Subscribed and sworn to before me this 11 day of May, 19 64
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 May 11 1964 and filed in authorizes and directs the issuance of a marriage license to the above named parties. Waived boys of age 3 days waiting period.

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* 11 *day of* May, 19 64, *authorizing the joining together as husband and wife* Ronald Everett Shumaker *and* Sheila Patricia Hale

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

I, Donald F. McMahan *hereby certify that on the* 16 *day of* May, *at* Plainfield, *County of* Hendricks, *State of* Indiana, *one thousand nine hundred and* 64, Ronald Everett Shumaker *of* Hendricks *County, State of* Indiana *State of Indiana, Groom and,* Sheila Patricia Hale *Bride 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 day of May, 19 64.

Signed Donald F McMahan
Official Designation Methodist Minister

Filed and recorded in accordance with the laws of the State of Indiana this 20 day of May, 19 64.

Signed Claude Hughes Clerk
Hendricks Circuit Court

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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. 105

File

May 14 1964
Date of Application

MALE
Medical Examination Report Dated May 2, 1964
Name of Physician A. N. Saudders

FEMALE
Medical Examination Report Dated May 2, 1964
Name of Physician A. N. Saudders

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 Steven Middle J. Last Reynolds

Date of Birth: Month August Day 21 Year 1947

Place of Birth (State or foreign country): Indianapolis

Residence Address: Street or R.R. RR Box 20 City Pittsboro County Hendricks 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: Farmer

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? 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 George Julian Reynolds
    Residence of father (if deceased so state) Pittsboro
    Occupation of father Farmer Race of father White
    Birthplace of father (State or foreign country) Hendricks Co. Ind.
12. Full maiden name of mother Lucy Elizabeth Jessie
    Residence of mother (if deceased so state) Pittsboro
    Occupation of mother Housewife Race of mother White
    Birthplace of mother (State or foreign country) Indianapolis, Ind.

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

Signed Steven J Reynolds

New Address.....

Subscribed and sworn to before me this 14 day of May, 1964.

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 Circuit Court Judge by order waived consent & signing of consent of Mother

State of Indiana, County of HENDRICKS } ss:

Signed George Julian Reynolds Father

Signed..... Mother

Subscribed and sworn to before me this 14 day of May, 19 64

Claude Hughes Clerk

FEMALE APPLICANT

Name: First Sharon Middle Lee Last Wagner

Date of Birth: Month March Day 17 Year 1946

Place of Birth (State or foreign country): Crawfordsville Indiana

Residence Address: Street or R. R. New Ross City Montgomery County State 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: Housewife

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 Jack Leston Wagner
   Residence of father (if deceased so state) Angola, Indiana
   Occupation of father State Highway Race of father White
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Emma Lou Cottrell
   Residence of mother (if deceased so state) Angola, Indiana
   Occupation of mother Housewife Race of mother White
   Birthplace of mother (State or foreign country) Indiana

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

Signed Sharon L. Wagner

New Address.....

Subscribed and sworn to before me this 14 day of May, 1964.

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, 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 Clerk Hendricks County Circuit Court by written order issued by Judge Hend Circuit Court and filed in Clerks 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* 14 *day of* May, 1964, *authorizing the joining together as husband and wife* Steven J Reynolds *and* Sharon Lee Wagner

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

I, Rev. George A. Harris *hereby certify that on the* 14 *day of* May, *one thousand nine hundred and* 64 *at* Danville Christian Church, *County of* Hendricks, *State of Indiana, Groom* Steven J. Reynolds *of* Hendricks *County, State of* Indiana *and, Bride* Sharon Lee Wagner *of* Montgomery *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 14 *day of* May, 1964.

Signed Rev. George A. Harris

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 14 *day of* May, 19 64.

Signed Claude Hughes Clerk

Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 106

File

May 14-1964
Date of Application

MALE
Medical Examination Report Dated May 12-1964
Name of Physician Joseph O Flora M.D.

FEMALE
Medical Examination Report Dated May 12-1964
Name of Physician Joseph O. Flora 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 Ronald Middle Lee Last Murphy

Date of Birth: Month 4 Day 30 Year 1938

Place of Birth (State or foreign country) Indianapolis Ind

Residence Address: Street or R. R. 1537 N Tibbs City Indianapolis County Marion State Ind.

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

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

Usual Occupation Chevrolet Commercial Body

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? No ☐ Yes ☒
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address
Michael	5	Indpls
Mark	3	Indpls

    (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 Murphy
    Residence of father (if deceased so state) 305 A Big Pints Indpls.
    Occupation of father Chevrolet Race of father W
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Josephine Carolyn Ramsey
    Residence of mother (if deceased so state) Indpls
    Occupation of mother housewife Race of mother W
    Birthplace of mother (State or foreign country) Indiana

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

Signed Ronald Murphy

New Address

Subscribed and sworn to before me this 14 day of May, 1964

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, County of HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of, 19

Clerk

FEMALE APPLICANT

Name: First Eileen Middle Jeannette Last Fish

Date of Birth: Month Sept Day 30 Year 1947

Place of Birth (State or foreign country) Indianapolis Ind.

Residence Address: Street or R. R. 615 W Mill St, City Danville County Hend. 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 ☐
   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 Irvin Warren Fish
   Residence of father (if deceased so state) Danville
   Occupation of father Allisons Race of father W
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Mary Frances Curran
   Residence of mother (if deceased so state) Danville
   Occupation of mother Hend. Co Hospital Race of mother W
   Birthplace of mother (State or foreign country) Indiana

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

Signed Eileen Fish

New Address

Subscribed and sworn to before me this 14 day of May, 1964

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, County of HENDRICKS } ss:

Signed Irvin W. Fish Father

Signed Mary F. Fish 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* 18 *day of* May, 1964, *authorizing the joining together as husband and wife* Ronald Lee Murphy *and* Eileen Jeannette Fish

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

I, John M Greene *hereby certify that on the* 23 *day of* May, *one thousand nine hundred and* 64 *at* Indianapolis, *County of* Marion, *State of* Indiana, Groom Ronald Lee Murphy *of* Marion *County, State of* Indiana, *and, Bride* Eileen Jeannette Fish *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 23 day of May, 1964

Signed John M Greene

Official Designation Justice of Peace

Filed and recorded in accordance with the laws of the State of Indiana this 26 *day of* May, 1964

Signed Claude Hughes 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. 107

File

May 16, 1964
Date of Application

MALE
Medical Examination Report Dated May 12, 1964
Name of Physician Irving Cohen

FEMALE
Medical Examination Report Dated May 12, 1964
Name of Physician Irving Cohen

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 Floyd Middle Louis Last Baker

Date of Birth: Month March Day 30 Year 1922

Place of Birth (State or foreign country): Trollbridge, Indp. Indiana

Residence Address: Street or R. R. Route #2 Box 442 City Bridgeport County Hend. State 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 Welder

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? 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 William A. Baker
    Residence of father (if deceased so state) deceased
    Occupation of father..... Race of father White
    Birthplace of father (State or foreign country) Arkansas
12. Full maiden name of mother Stella Flora Vernon
    Residence of mother (if deceased so state) Bridgeport, Indiana
    Occupation of mother housewife Race of mother White
    Birthplace of mother (State or foreign country) Kentucky

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

Signed Floyd Louis Baker

New Address.....

Subscribed and sworn to before me this 16 day of May, 19 64

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,
County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

FEMALE APPLICANT

Name: First Barbara Middle Ruth Last Buskirk

Date of Birth: Month June Day 6 Year 1934

Place of Birth (State or foreign country): Indianapolis, Indiana

Residence Address: Street or R. R. 514 Roosevelt City Plainfield County Hend. 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 Telephone Company

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 Herschel Vane Buskirk
   Residence of father (if deceased so state) Monrovia Indiana
   Occupation of father Trucker Race of father White
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Ruth Victoria Burton
   Residence of mother (if deceased so state) Plainfield Indiana
   Occupation of mother Ayers Race of mother White
   Birthplace of mother (State or foreign country) Indiana

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

Signed Barbara Ruth Buskirk

New Address.....

Subscribed and sworn to before me this 16 day of May, 19 64

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,
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* Hendricks *Circuit Court of Indiana dated the* 23 *day of* May, 19 64, *authorizing the joining together as husband and wife* Floyd Louis Baker *and* Barbara Ruth Buskirk

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

I, O. J. Hancock *hereby certify that on the* 26th *day of* May, *one thousand nine hundred and* 64 *at* Plainfield, *County of* Hendricks, *State of Indiana, Groom* Floyd Louise Baker *of* Hendricks *County, State of* Indiana, *and, Bride* Barbara Ruth Buskirk *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* May, 19 64.

Signed O. J. Hancock

Official Designation J. of Peace

Filed and recorded in accordance with the laws of the State of Indiana this 1 *day of* June, 19 1.

Signed Claude Hughes *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

517

No. 108

HENDRICKS County

File May 16 1964
Date of Application

MALE
Medical Examination Report Dated May 13, 1964
Name of Physician David B. Haggard

FEMALE
Medical Examination Report Dated May 13, 1964
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: First Robert Middle H. Last Burton, Jr.

Date of Birth: Month February Day 3 Year 1937

Place of Birth (State or foreign country) Bedford Indiana

Residence Address: Street or R. R. 610 W. Main City Plainfield County Hend. 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 Plumbing & Heating Company

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? 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 H. Burton, Sr.
    Residence of father (if deceased so state) Plainfield, Indiana
    Occupation of father Plumber Race of father White
    Birthplace of father (State or foreign country) Illinois
12. Full maiden name of mother Lewella Baugh
    Residence of mother (if deceased so state) Plainfield, Indiana
    Occupation of mother Clerk Race of mother White
    Birthplace of mother (State or foreign country) Indiana

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

Signed Robert H. Burton Jr.

New Address.....

Subscribed and sworn to before me this 16 day of May, 1964.

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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

FEMALE APPLICANT

Name: First Mary Middle Lou Last Lane

Date of Birth: Month March Day 25 Year 1943

Place of Birth (State or foreign country) Missouri

Residence Address: Street or R. R. 1612 Franklin Dr. City Plainfield County Hend. 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 Lab Tec. P. R. Mallory.

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 Noel Everett Lane
   Residence of father (if deceased so state) Plainfield Indiana
   Occupation of father Illinois Race of father White
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Lucy Vonetta Hall
   Residence of mother (if deceased so state) Plainfield, Ind.
   Occupation of mother receptionist Race of mother white
   Birthplace of mother (State or foreign country) Dadps, Indiana

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

Signed Mary Lou Lane

New Address.....

Subscribed and sworn to before me this 16 day of May, 1964

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, 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* Hendricks *Circuit Court of Indiana dated the* 22 *day of* May, 1964, *authorizing the joining together as husband and wife* Robert H. Burton Jr. *and* Mary Lou Lane

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

I, Warren A Robbins hereby certify that on the 6th day of June, 1964, at Plainfield, County of Hendricks, State of Indiana, Groom Robert H Burton, Jr. of Hendricks County, State of Indiana, and, Bride Mary Lou Lane of Hendricks 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 June, 1964. Signed Warren A Robbins

Official Designation Christian Minister

Filed and recorded in accordance with the laws of the State of Indiana this 9th day of June, 1964.

Signed Claude Hughes 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. 109 #8

File

May 16, 1964
Date of Application

MALE
Medical Examination Report Dated May 8, 1764
Name of Physician R. John Sanders, M.D.

FEMALE
Medical Examination Report Dated May 13, 1964
Name of Physician R. John Sanders, 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 Daniel Middle R Last Polus

Date of Birth: Month February Day 20 Year 1937

Place of Birth (State or foreign country): Mc Mechen West Virginia

Residence Address: Street or R. R. RR 8 Box 242 City Indpls County Hend. 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 Allison's

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Identification Card Allison's

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? 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 Michael Polus
    Residence of father (if deceased so state) deceased
    Occupation of father ____ Race of father White
    Birthplace of father (State or foreign country) Elmwood West Va.
12. Full maiden name of mother Anna Marie Kvaternic
    Residence of mother (if deceased so state) 347 3rd St., McMechen, W. Va.
    Occupation of mother Housewife Race of mother White
    Birthplace of mother (State or foreign country) Richwood, West Va.

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

Signed Daniel R Polus

New Address

Subscribed and sworn to before me this 16 day of May, 19 64
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,
County of HENDRICKS } ss:

Signed ____ Father

Signed ____ Mother

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

____ Clerk

FEMALE APPLICANT

Name: First Stella Middle B. Last Watkins

Date of Birth: Month March Day 12 Year 1936

Place of Birth (State or foreign country): Jackson, Tenn

Residence Address: Street or R. R. 1300 W. Michigan City Indpls County Marion 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 Reg. Nurse

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 Geoffrey Bernard Watkins
   Residence of father (if deceased so state) South Bend, Indiana
   Occupation of father Abel Race of father White
   Birthplace of father (State or foreign country) Aldershot, England
8. Full maiden name of mother Ruth Theakstone
   Residence of mother (if deceased so state) South Bend, Indiana
   Occupation of mother Lab Tec. Race of mother White
   Birthplace of mother (State or foreign country) Brighton, England

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

Signed Stella B Watkins

New Address

Subscribed and sworn to before me this 16 day of May, 19 64
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,
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* Hendricks *Circuit Court of Indiana dated the* 23 *day of* May, 1964, *authorizing the joining, together as husband and wife* Daniel R Polus *and* Stella B. Watkins

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

I, Rev. Clark E Hobby *hereby certify that on the* 5th *day of* June, *one thousand nine hundred and* 64 *at* Indianapolis, *County of* Marion, *State of Indiana, Groom* Daniel R. Polus *of* Hendricks *County, State of* Indiana *and, Bride* Stella B. Watkins *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 23rd *day of* May, 1964.

Signed Rev. Clark B Hobby

Official Designation Pastor - Methodist Church

Filed and recorded in accordance with the laws of the State of Indiana this 9th *day of* June, 1964.

Signed Claude Hughes Clerk
Hendricks Circuit Court

519

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 110

HENDRICKS County

File Book 7

May 18-1964
Date of Application

MALE
Medical Examination Report Dated May 9- 1964

Name of Physician James Black M.D

FEMALE
Medical Examination Report Dated May 9-1964

Name of Physician James Black. 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 Merrill Middle C. Last Denny

Date of Birth: Month April Day 20 Year 1892.

Place of Birth (State or foreign country): Hendricks County Indiana

Residence Address: Street or R. R. RR #1 Box 294 City Brownsburg County Hendricks State 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 retired

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

☐ Other (Specify) Drivers Licence

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? 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 Vence Denny
    Residence of father (If deceased so state) deceased
    Occupation of father Race of father W
    Birthplace of father (State or foreign country) Kentucky
12. Full maiden name of mother Eva Brady
    Residence of mother (if deceased so state)
    Occupation of mother Race of mother W
    Birthplace of mother (State or foreign country) Indiana

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

Signed Merrill C. Denny

New Address

Subscribed and sworn to before me this 18 day of May, 1964

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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Helen Middle Mary Last Amick

Date of Birth: Month December Day 25 Year 1909

Place of Birth (State or foreign country) Marion Co. Indiana

Residence Address: Street or R. R. R3 City Danville County Hendricks State Indiana

Maiden Name if Different Helen Mary Brunes

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) Drivers Licence

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 George Brunes
   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 Lula Stewart
   Residence of mother (if deceased so state) deceased
   Occupation of mother Race of mother W
   Birthplace of mother (State or foreign country) Kentucky

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

Signed Helen Mary Amick.

New Address

Subscribed and sworn to before me this 18 day of May, 19 64

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, 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 ..... 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 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 21 day of May, 19 64, authorizing the joining together as husband and wife Merrill C. Denny and Helen Mary Amick

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

I, James L. Shockley hereby certify that on the 23 day of May, one thousand nine hundred and 64 at Danville, County of Hendricks, State of Indiana, Groom Merrill C. Denny of Hendricks County, State of Indiana, and, Bride Helen Mary Amick of Hendricks 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 23 day of May, 19 64. Signed James L. Shockley

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 28 day of May, 19 64

Signed Claude Hughes Clerk

Hendricks Circuit Court

520

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. 111
File Book 27
May 19-1964
Date of Application

MALE
Medical Examination Report Dated May 18-1964
Name of Physician Carl L. Heinlein MD.

FEMALE
Medical Examination Report Dated May 18-1964
Name of Physician Carl L. Heinlein MD.

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

(not a re-marriage) (no relation - same last name)

Name: First David Middle Richard Last Edwards
Date of Birth: Month August Day 2 Year 1941
Place of Birth (State or foreign country): Indianapolis Marion Co- Ind.
Residence Address: Street or R. R. Coatesville RR1 City Hendricks County 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 U.S. Armed Service - Air force
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? 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 M. Edwards
    Residence of father (if deceased so state) R#1 Coatesville
    Occupation of father Laborer Race of father W.
    Birthplace of father (State or foreign country) Hendricks Co Ind.
12. Full maiden name of mother Frances E Larison
    Residence of mother (if deceased so state) R#1 Coatesville
    Occupation of mother Homemaker Race of mother W
    Birthplace of mother (State or foreign country) Hendricks Co. Ind.

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

* Signed David Richard Edwards
New Address.....

Subscribed and sworn to before me this 19 day of May, 1964.
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, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Sherry Middle Ann Last Edwards
Date of Birth: Month January Day 20 Year 1946
Place of Birth (State or foreign country): Indianapolis Marion Co Indiana
Residence Address: Street or R. R. North Salem R#1 City Hendricks County 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 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 Fayette Franklin Edwards
   Residence of father (if deceased so state) North Salem R#1
   Occupation of father Laborer Race of father W.
   Birthplace of father (State or foreign country) La Grange Co Texas.
8. Full maiden name of mother Mary Elizabeth Hooper
   Residence of mother (if deceased so state) North Salem R#1
   Occupation of mother housewife Race of mother W.
   Birthplace of mother (State or foreign country) Hendricks Co Ind.

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

* Signed Sherry Ann Edwards
New Address.....

Subscribed and sworn to before me this 19 day of May, 1964
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, 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* Hendricks *Circuit Court of Indiana dated the* 23 *day of* May, 19 64, *authorizing the joining together as husband and wife* David Richard Edwards *and* Sherry Ann Edwards
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Morris King *hereby certify that on the* 24 *day of* May, *one thousand nine hundred and* 64 *at* Coatesville, *County of* Hendricks, *State of Indiana, Groom* David Richard Edwards *of* Hendricks *County, State of* Indiana *and, Bride* Sherry Ann Edwards *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 23 *day of* May, 19 64.

Signed Morris King
Official Designation Methodist Minister

Filed and recorded in accordance with the laws of the State of Indiana this 26 *day of* May, 19 64.

Signed Claude Hughes Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 112

HENDRICKS County

File May 21-1964
Date of Application

MALE
Medical Examination Report Dated May 16-1964
Name of Physician A. N. Scudder M.D.

FEMALE
Medical Examination Report Dated May 16-1964
Name of Physician A. N. 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: First Eugene Middle E. Last Ellis

Date of Birth: Month 2 Day 18 Year 1928

Place of Birth (State or foreign country) Pittsboro Ind.

Residence Address: Street or R. R. R1 Box 1 City Brownsburg County Hend. State Ind.

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

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

Usual Occupation Assistant Credit Mgr.

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Operators 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? 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 Fred F. Ellis
    Residence of father (if deceased so state) Brownsburg
    Occupation of father Letter Carrier Race of father W
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Leonora Pet R. Beaman
    Residence of mother (if deceased so state) Brownsburg
    Occupation of mother Housewife Race of mother W
    Birthplace of mother (State or foreign country) Indiana

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

Signed Eugene E. Ellis

New Address

Subscribed and sworn to before me this 21 day of May, 19 64.

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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Lynn Middle A. Last Steele

Date of Birth: Month 7 Day 28 Year 1939

Place of Birth (State or foreign country) Alton Illinois

Residence Address: 9405 Park Street or R. R. Indianapolis City Marion County State Ind.

Maiden Name if Different Lynn A. Whitsitt

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

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

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 Robert F. Whitsitt
   Residence of father (if deceased so state) Indianapolis
   Occupation of father Soil Conservation Race of father W
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Grace M Tschudin
   Residence of mother (if deceased so state) Indianapolis
   Occupation of mother Secretary Race of mother W
   Birthplace of mother (State or foreign country) Illinois

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

Signed Lynn A Steele

New Address

Subscribed and sworn to before me this 21 day of May, 19 64

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, 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 ..... 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 25 day of May, 19 64, authorizing the joining together as husband and wife Eugene E. Ellis and Lynn A. Steele

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

I, James F. Heady hereby certify that on the 28th day of May, one thousand nine hundred and 64 at Indianapolis, County of Indiana, State of Indiana, Groom Eugene E. Ellis of Hendricks County, State of Indiana, and, Bride Lynn A. Steele 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 28th day of May, 19 64. Signed James F. Heady

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 1 day of June, 19 64. Signed Claude Hughes 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. 113
File Book 7
May 21-1964
Date of Application

MALE
Medical Examination Report Dated May 18-1964
Name of Physician Mac C. Roller M.D.

FEMALE
Medical Examination Report Dated May 18-1964
Name of Physician Mac C. Roller 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 Coy Middle Herman Last Vincent
Date of Birth: Month May Day 5 Year 1940
Place of Birth (State or foreign country): Park City Kentucky
Residence Address: Street or R. R. 1612 Buchanan City Plainfield County Hendr. 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: United Oil Co.
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? 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 Wilson Vincent
    Residence of father (if deceased so state) Brownsville Ky
    Occupation of father Laborer Race of father W.
    Birthplace of father (State or foreign country) Kentucky
12. Full maiden name of mother Classie Brown
    Residence of mother (if deceased so state) Brownsville Kentucky
    Occupation of mother Housewife Race of mother W.
    Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Coy Herman Vincent
New Address
Subscribed and sworn to before me this 21 day of May, 1964.
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, County of HENDRICKS } ss:
Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19....
..... Clerk

FEMALE APPLICANT

Name: First Mary Middle Madeline Last Parrish
Date of Birth: Month April Day 17 Year 1946
Place of Birth (State or foreign country): Indianapolis Marion Co Indpls
Residence Address: Street or R. R. RR2 Box 349 City Plainfield County Hendr. 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: Waitress
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 Edgar Parrish
   Residence of father (if deceased so state) RR2 Plainfield
   Occupation of father Laborer Race of father W.
   Birthplace of father (State or foreign country) Indianapolis Ind
8. Full maiden name of mother Betty Jane Tabler
   Residence of mother (if deceased so state) RR2 Plainfield
   Occupation of mother Housewife Race of mother W.
   Birthplace of mother (State or foreign country) Indianapolis Ind

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Mary Madeline Parrish
New Address
Subscribed and sworn to before me this 21 day of May, 1964.
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, 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* Hendricks *Circuit Court of Indiana dated the* 25 *day of* May, 19 64, *authorizing the joining together as husband and wife* Coy Herman Vincent *and* Mary Madeline Parrish
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, R. B. Pickard *hereby certify that on the* 25 *day of* May, *one thousand nine hundred and* 64 *at* Danville, *County of* Hendricks, *State of Indiana, Groom* Coy Herman Vincent *of* Hendricks *County, State of* Indiana, *and, Bride* Mary Madeline Parrish *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 27 *day of* May, 19 64.

Signed R. B. Pickard
Official Designation Justice of Peace

Filed and recorded in accordance with the laws of the State of Indiana this 27 *day of* May, 19 64.
Signed Claude Hughes *Clerk*
Hendricks *Circuit Court*

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 114
File 27
May 22 1964
Date of Application

MALE
Medical Examination Report Dated 5-19-64
Name of Physician Lloyd Terry

FEMALE
Medical Examination Report Dated 5-19-64
Name of Physician Lloyd Terry

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 Harry Middle William Last Templin
Date of Birth: Month July Day 1 Year 1942
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address: Street or R. R. RR 2 Box 86 City Danville County Hendricks 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: Student
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? 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 Harold Henry Templin
Residence of father (if deceased so state) R 1 Wadesville
Occupation of father Postal Clerk Race of father W
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Dorothy E. Blair
Residence of mother (if deceased so state) R 2 Danville
Occupation of mother None Race of mother W.
Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Harry W. Templin
New Address
Subscribed and sworn to before me this 22 day of May, 19 64
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, County of HENDRICKS } ss:
Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Sarah Middle Jane Last Myers
Date of Birth: Month July Day 27 Year 1942
Place of Birth (State or foreign country) Boone Co. Hospital Lebanon, Ind.
Residence Address: Street or R. R. RR #2 City Danville County Hendricks State 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: Student
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 Henry Alvin Myers
Residence of father (if deceased so state) RR #2 Danville, Ind.
Occupation of father Farmer Race of father White
Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Pearl Alice Berkingham
Residence of mother (if deceased so state) RR #2 Danville, Ind.
Occupation of mother Housewife Race of mother White
Birthplace of mother (State or foreign country) Illinois

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Sarah Jane Myers
New Address
Subscribed and sworn to before me this 22 day of May, 19 64
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, 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 ..... 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 28th day of May, 1964, authorizing the joining together as husband and wife Harry William Templin and Sarah Jane Myers

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

I, George A Harris hereby certify that on the 7th day of June, one thousand nine hundred and 64 at the Danville Christian Church County of Hendricks State of Indiana, Groom Harry William Templin of Hendricks County, State of Indiana, and, Bride Sarah Jane Myers 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 7th day of June, 1964

Signed Rev. George A Harris
Official Designation Minister, 1964

Filed and recorded in accordance with the laws of the State of Indiana this 8th day of June, 1964
Signed Claude Hughes 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. 115

File

May 23-1964
Date of Application

MALE
Medical Examination Report Dated May 11-1964
Name of Physician Mac C. Roller M D

FEMALE
Medical Examination Report Dated May 11-1964
Name of Physician Mac C Roller 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 Tracy Middle L Last Scott

Date of Birth: Month Oct Day 5 Year 1942

Place of Birth (State or foreign country) Indianapolis Ind.

Residence Address: Street or R. R. R2 Box 181 L City Plainfield County Hend. 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 Lab. Technician

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? 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 Ivan Scott
    Residence of father (if deceased so state) Plainfield
    Occupation of father Transmission mechanic Race of father W
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Ruth Evelyn Blair
    Residence of mother (if deceased so state) Plainfield
    Occupation of mother Secretary-Albion Race of mother W
    Birthplace of mother (State or foreign country) Indiana

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

Signed Tracy L. Scott

New Address.....

Subscribed and sworn to before me this 23 day of May, 1964

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,
County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

FEMALE APPLICANT

Name: First Norma Middle Jean Last Schmidt

Date of Birth: Month Jan Day 20 Year 1944

Place of Birth (State or foreign country) Indianapolis Ind.

Residence Address: Street or R. R. 608 E Main City Plainfield County Hend. 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 Key Punch op. Eli Lilly

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 Fred Schmidt
   Residence of father (if deceased so state) Plainfield
   Occupation of father Allisons Asst Treas. Race of father W
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Madeline Mabel Smith
   Residence of mother (if deceased so state) Plainfield
   Occupation of mother Housewife Race of mother W
   Birthplace of mother (State or foreign country) Oregon

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

Signed Norma Jean Schmidt

New Address.....

Subscribed and sworn to before me this 23 day of May, 1964

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,
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 Hendricks Circuit Court of Indiana dated the 27 day of May, 1964, authorizing the joining together as husband and wife Tracy L. Scott and Norma Jean Schmidt

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

I, Warren A. Robbins hereby certify that on the 31st day of May, one thousand nine hundred and 64 at Plainfield, County of Hendricks, State of Indiana, Groom Tracy L. Scott of Hendricks County, State of Indiana, and, Bride Norma Jean Schmidt 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 May, 1964.

Signed Warren A. Robbins

Official Designation Christian Minister

Filed and recorded in accordance with the laws of the State of Indiana this 2 day of June, 1964.

Signed Claude Hughes Clerk

Hendricks Circuit Court

525

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. 116

File

May 23, 1964 Date of Application

MALE
Medical Examination Report Dated May 22, 1964
Name of Physician Irving Cohen

FEMALE
Medical Examination Report Dated May 22, 1964
Name of Physician Irving Cohen

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 Donald Middle Lewise Last Wright

Date of Birth: Month Dec Day 21 Year 1937

Place of Birth (State or foreign country) Indpls. Ind

Residence Address: Street or R. R. 270 Indiana st City Plainfield County Hend. 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 Draftsman

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? 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 Arthur Charles Wright
    Residence of father (if deceased so state) 392 1/2 Ave Indpls.
    Occupation of father Filing clerk Race of father White
    Birthplace of father (State or foreign country) Paoli Indiana
12. Full maiden name of mother Sylvia Pearl Newlin
    Residence of mother (if deceased so state) 392 1/2 Ave Indpls.
    Occupation of mother housewife Race of mother White
    Birthplace of mother (State or foreign country) Paoli, Indiana

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

Signed Donald L. Wright

New Address

Subscribed and sworn to before me this 23 day of May, 19 64.

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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Janet Middle Louise Last Ellis

Date of Birth: Month October Day 16, Year 1939

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 615 West Township City Plainfield County Hend. State Ind.

Maiden Name if Different Hendricks Co. 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 Stenographer

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 Ogden Wilbur Ellis
   Residence of father (if deceased so state) 615 W. Township Rd.
   Occupation of father Contractor Race of father White
   Birthplace of father (State or foreign country) Hendricks Co., Ind.
8. Full maiden name of mother Lillian Lovenie Block
   Residence of mother (if deceased so state) 615 W. Township Rd.
   Occupation of mother housewife Race of mother White
   Birthplace of mother (State or foreign country) Indiana

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

Signed Janet Louise Ellis

New Address

Subscribed and sworn to before me this 23 day of May, 19 64

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, 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* Hendricks *Circuit Court of Indiana dated the* 1st *day of* June, 19 64, *authorizing the joining together as husband and wife* Donald Lewise Wright *and* Janet Louise Ellis

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

I, Donald F. Mc Mahan hereby certify that on the 6th day of June, County of Hendricks, one thousand nine hundred and 64 at Plainfield, County, State of Indiana, State of Indiana, Groom Donald L. Wright of Hendricks County, State of Indiana, and, Bride Janet Louise Ellis of Hendricks County, State of Hendricks 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 June, 19 64. Signed Donald F. Mc Mahan

Official Designation minister

Filed and recorded in accordance with the laws of the State of Indiana this 10th day of June, 19 64.

Signed Claude Hughes 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. 117

File

May 23 1964
Date of Application

MALE
Medical Examination Report Dated May 19, 1964
Name of Physician Lloyd Terry, M.D.

FEMALE
Medical Examination Report Dated May 19, 1964
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: First Charles Middle Robert Last Wynn

Date of Birth: Month April Day 21 Year 1944

Place of Birth (State or foreign country): Indianapolis Indiana

Residence Address: Street or R. R. 482 E. Main St City Danville County Hend. 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: State Highways

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? 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 Raymond Irvin Wynn
    Residence of father (if deceased so state) 482 East Main Street
    Occupation of father Coffee Cup Race of father White
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Margaret Louise Stuart
    Residence of mother (if deceased so state) 482 East Main St.
    Occupation of mother Coffee Cup Race of mother White
    Birthplace of mother (State or foreign country) Hendricks Co. Indiana

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

Signed Charles Robert Wynn

New Address.....

Subscribed and sworn to before me this 23 day of May, 1964

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, County of HENDRICKS } ss:

Signed Raymond Wynn Father

Signed Louise Wynn Mother

Subscribed and sworn to before me this 23 day of May, 1964

Claude Hughes Clerk

FEMALE APPLICANT

Name: First Marcia Middle Jo Last Miller

Date of Birth: Month Feb. Day 12 Year 1946

Place of Birth (State or foreign country) Indianapolis Indiana

Residence Address: Street or R. R. RR #2 Box 53A City Danville County Hend. 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 ☐
   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 Clarence Miller
   Residence of father (if deceased so state) RR #2 Box 53A Danville
   Occupation of father State Highway Race of father White
   Birthplace of father (State or foreign country) Kentucky
8. Full maiden name of mother Dais Louise Nickels
   Residence of mother (if deceased so state) RR #2 Box 53A Danville
   Occupation of mother Hospital Race of mother White
   Birthplace of mother (State or foreign country) Indiana

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

Signed Marcia Jo Miller

New Address.....

Subscribed and sworn to before me this 23 day of May, 19 64

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, 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* Hendricks *Circuit Court of Indiana dated the* 27 *day of* May, 1964, *authorizing the joining together as husband and wife* Charles Robert Wynn *and* Marcia Jo Miller

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

I, Rev. George A. Harris *hereby certify that on the* 29th *day of* May, *one thousand nine hundred and* 64 *at* Danville, *County of* Hendricks *State of Indiana, Groom* Charles Robert Wynn *of* Hendricks *County, State of* Indiana, *and, Bride* Marcia Jo Miller *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 29 *day of* May, 19 64.

Signed Rev. George A. Harris

Official Designation Minister Christian Church

Filed and recorded in accordance with the laws of the State of Indiana this 1 *day of* June, 19 64.

Signed Claude Hughes *Clerk*
Hendricks *Circuit Court*

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 118

HENDRICKS County

File

May 23, 1964
Date of Application

MALE
Medical Examination Report Dated May 14, 1964
Name of Physician Fred P. Warburton

FEMALE
Medical Examination Report Dated May 14, 1964
Name of Physician Fred P. Warburton

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 Roy Middle Gene Last Salatin

Date of Birth: Month Dec Day 30 Year 1938

Place of Birth (State or foreign country) Batesville Indiana

Residence Address: Street or R. R. 315 Longdon City Greenwood County Johnson 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 Teacher - Coach

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 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 Harold Salatin
Residence of father (if deceased so state) Morris Indiana, Box 20
Occupation of father Inspector - Atomic Plant Race of father White
Birthplace of father (State or foreign country) St. Peters, Indiana
12. Full maiden name of mother Eileen Ann Estel
Residence of mother (if deceased so state) Morris, Ind Box 20
Occupation of mother housewife Race of mother White
Birthplace of mother (State or foreign country) St. Peters, Indiana

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

Signed Roy G. Salatin

New Address

Subscribed and sworn to before me this 23 day of May, 1964.

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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Diana Middle Louise Last Coleman

Date of Birth: Month June Day 6 Year 1946

Place of Birth (State or foreign country) Indpls, Ind.

Residence Address: Street or R. R. RR #2 City Clayton County Hendricks State 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 Student

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 Earl Hatton Coleman
Residence of father (if deceased so state) RR #2 Clayton, Ind.
Occupation of father Mech. Race of father White
Birthplace of father (State or foreign country) Ewing, Indiana
8. Full maiden name of mother Harriet Mildred Brown
Residence of mother (if deceased so state) RR #2 Clayton, Ind.
Occupation of mother housewife Race of mother White
Birthplace of mother (State or foreign country) Kurtz, Indiana

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

Signed Dianne Coleman

New Address

Subscribed and sworn to before me this 23 day of May, 19 64

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, County of HENDRICKS } ss:

Signed Harriett Coleman Father

Signed Earl Coleman Mother

Subscribed and sworn to before me this 23 day of May, 19 64

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 ..... 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 27 day of May, 1964, authorizing the joining together as husband and wife Roy Gene Salatin and Diana Louise Coleman

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

I, Rev. Joseph Foster hereby certify that on the 6th day of June, one thousand nine hundred and 64 at Morris, County of Ripley, State of Indiana, Groom Roy Gene Salatin of Johnson County, State of Indiana, and, Bride Dianna Louise Coleman 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 6 day of June, 1964.

Signed Rev Joseph Foster
Official Designation Pastor: St. Anthony

Filed and recorded in accordance with the laws of the State of Indiana this 8th day of June, 1964

Signed Claude Hughes Clerk
Hendricks Circuit Court

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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. 119

File

May 23, 1964
Date of Application

MALE
Medical Examination Report Dated May 5, 1964
Name of Physician A. N. Scudder, M.D.

FEMALE
Medical Examination Report Dated May 5, 1964
Name of Physician A. N. 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: First John Middle Charles Last English

Date of Birth: Month Feb. Day 28 Year 1940

Place of Birth (State or foreign country) Hendricks Co Ind.

Residence Address: Street or R. R. RR #2 Box 65A City Brownsburg County Hend 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 Army

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? 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 Leonard Charles English
    Residence of father (if deceased so state) RR #2 Brownsburg Ind
    Occupation of father Contractor Race of father White
    Birthplace of father (State or foreign country) Hendricks Co Indiana
12. Full maiden name of mother Anna Francis Everhart
    Residence of mother (if deceased so state) RR #2 Brownsburg Ind.
    Occupation of mother Housewife Race of mother White
    Birthplace of mother (State or foreign country) Montgomery Co.

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

Signed John Charles English

New Address.....

Subscribed and sworn to before me this 23 day of May, 1964

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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

FEMALE APPLICANT

Name: First Lynda Middle Ann Last Blue

Date of Birth: Month November Day 20 Year 1945

Place of Birth (State or foreign country) Dallas, Texas

Residence Address: Street or R. R. 5801 Cadillac Drive City Speedway County Marion 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 Secretary

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 Daniel William Blue, Jr.
   Residence of father (if deceased so state) Speedway, Indiana
   Occupation of father Mechanic Race of father White
   Birthplace of father (State or foreign country) Corsacana, Texas
8. Full maiden name of mother Harriet Kathryn Parrish
   Residence of mother (if deceased so state) Speedway, Ind.
   Occupation of mother Secretary Race of mother White
   Birthplace of mother (State or foreign country) Cleburn, Texas

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

Signed Lynda Ann Blue

New Address.....

Subscribed and sworn to before me this 23 day of May, 1964

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, 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 Hendricks County Circuit Court by written order issued 5-23-64 and filed in Clerk's office authorizes and directs the issuance of a marriage license to the above named parties. Waived three days.

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* 23 *day of* May, 1964, *authorizing the joining together as husband and wife* John Charles English *and* Lynda Ann Blue.

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

I, R. Richmond Blake, hereby certify that on the 24 day of May, one thousand nine hundred and 64, at Speedway, County of Marion, State of Indiana, Groom John Charles English of Hendricks County, State of Indiana, and, Bride Lynda Ann Blue 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 May, 1964.

Signed R. Richmond Blake

Official Designation Minister Speedway Methodist Church

Filed and recorded in accordance with the laws of the State of Indiana this 26 *day of* May, 1964.

Signed Claude Hughes Clerk

Hendricks Circuit Court

529

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. 120

File

May 23 1964 Date of Application

MALE
Medical Examination Report Dated May 20, 1964
Name of Physician Jos. E. Walther M.D.

FEMALE
Medical Examination Report Dated May 20, 1964
Name of Physician Jos. E. Walther 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 Jackson Middle Murry Last Edwards

Date of Birth: Month April Day 21 Year 1939

Place of Birth (State or foreign country) Indianapolis, Indiana

Residence Address: Street or R. R. 974 Woodruff Place City Indpls County Marion State 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 Operation Supervisor

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? No ☐ Yes ☑
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address
Bradley Jackson Edwards	2 yrs.	Indpls.

(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 Julian Jackson Edwards
    Residence of father (if deceased so state) 974 Woodruff Place, Indpls.
    Occupation of father Bar tender Race of father white
    Birthplace of father (State or foreign country) Missouri
12. Full maiden name of mother Marian Virginia Colvin
    Residence of mother (if deceased so state) 974 Woodruff Place, Indpls
    Occupation of mother housewife Race of mother white
    Birthplace of mother (State or foreign country) Pa.

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

Signed Jackson M. Edwards

New Address

Subscribed and sworn to before me this 23 day of May, 19 64

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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Judy Middle Kay Last Crowe

Date of Birth: Month Jan. Day 7 Year 1941

Place of Birth (State or foreign country) Indpls Ind.

Residence Address: Street or R. R. Carterburg City Hendricks County Indiana 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 clerk-typist

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 Clifford Herchel Crowe
   Residence of father (if deceased so state) Carterburg Indiana
   Occupation of father Masonary Contractor Race of father white
   Birthplace of father (State or foreign country) Dale Ind.
8. Full maiden name of mother Mildred Estep Pearcy
   Residence of mother (if deceased so state) Carterburg, Ind
   Occupation of mother housewife Race of mother white
   Birthplace of mother (State or foreign country) Avon, Indiana

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

Signed Judy Crowe

New Address

Subscribed and sworn to before me this 23 day of May, 19 64

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, 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 ..... 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 27 day of May, 19 64, authorizing the joining together as husband and wife Jackson Murry Edwards and Judy Kay Crowe

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

I, Leif Erikson hereby certify that on the 27 day of May one thousand nine hundred and 64 at Clayton County of Hendricks State of Indiana, Groom Jackson Murry Edwards of Marion County, State of Indiana and, Bride Judy Kay Crowe 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 27 day of May, 19 64. Signed Leif Erikson

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 2 day of June, 19 64

Signed Claude Hughes Clerk
Hendricks Circuit Court

530

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. 121

File

May 23, 1964
Date of Application

MALE
Medical Examination Report Dated 5-18-64
Name of Physician L. H. Ellis

FEMALE
Medical Examination Report Dated 5-18-64
Name of Physician L. H. 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: First William · Middle Victor · Last Grooms

Date of Birth: Month Jan · Day 21 · Year 1943

Place of Birth (State or foreign country): Cossey Co. Ky.

Residence Address: Street or R. R. Liston · City Hendricks · County Indiana · 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: Army

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Certified copy from School Records

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? 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 William T. Grooms
    Residence of father (if deceased so state) Liston, Ind.
    Occupation of father Farm + Filling Station Race of father White
    Birthplace of father (State or foreign country) Cossey Co. Ky.
12. Full maiden name of mother Leona Imogene Chelf
    Residence of mother (if deceased so state) Liston, Ind.
    Occupation of mother housewife Race of mother White
    Birthplace of mother (State or foreign country) Kentucky

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

Signed William Victor Grooms

New Address.....

Subscribed and sworn to before me this 23 day of May, 1964.

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,
County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

FEMALE APPLICANT

Name: First Jane · Middle Kendall · Last Leak

Date of Birth: Month Aug · Day May · Year 1944

Place of Birth (State or foreign country): Lebanon, Indiana

Residence Address: Street or R. R. Liston · City Hendricks · County Indiana · 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: Office

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 James Kendall Leak
   Residence of father (if deceased so state) Liston, Indiana
   Occupation of father Allis's Race of father White
   Birthplace of father (State or foreign country) Hendricks Co. Ind.
8. Full maiden name of mother Mary Francis Brown
   Residence of mother (if deceased so state) Liston, Ind.
   Occupation of mother housewife Race of mother white
   Birthplace of mother (State or foreign country) Boone Co. Ind.

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

Signed Jane Kendall Leak

New Address.....

Subscribed and sworn to before me this 23 day of May, 1964.

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,
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* Hendricks *Circuit Court of Indiana dated the* 27 *day of* May, 19 64, *authorizing the joining together as husband and wife* William Victor Grooms *and* Jane Kendall Leak

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

I, Donald A. Larrison *hereby certify that on the* 31st *day of* May, *one thousand nine hundred and* 64 *at* Liston Indiana, *County of* Hendricks, *State of Indiana, Groom* William Victor Grooms *of* Hendricks *County, State of* Indiana *and, Bride* Jane K. Leak *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* May, 19 64.

Signed Donald A. Larrison

Official Designation Minister Liston Christian Church

Filed and recorded in accordance with the laws of the State of Indiana this 20 *day of* June, 19 64.

Signed Claude Hughes *Clerk*

Hendricks *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 122

HENDRICKS County

File

May 25-1964 Date of Application

MALE
Medical Examination Report Dated May 22-64
Name of Physician Thomas P. Chace

FEMALE
Medical Examination Report Dated May 22-64
Name of Physician Thomas P Chace

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 Richard Middle E. Last Raver

Date of Birth: Month aug Day 4 Year 1938

Place of Birth (State or foreign country) Wabash Ind.

Residence Address 342 Ky Street or R. R. Danville City County State Ind.

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

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

Usual Occupation medical Lab Tech

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? 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 Elvin Edwin Raver
    Residence of father (if deceased so state) R 5 Wabash, Ind.
    Occupation of father Rr Repairman Race of father W
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Ida Lucille Allman
    Residence of mother (if deceased so state) Wabash, Ind.
    Occupation of mother Factory Race of mother W
    Birthplace of mother (State or foreign country) Indiana

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

Signed Richard Raver

New Address

Subscribed and sworn to before me this 25 day of May, 1964.

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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Shirley Middle L. Last Stinger

Date of Birth: Month April Day 9 Year 1935

Place of Birth (State or foreign country) Indianapolis Ind.

Residence Address 5 Street or R. R. Michael Dr. City Plainfield County State Ind

Maiden Name if Different Shirley L. Stinger

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

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

Usual Occupation Office General

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 George E Stinger
   Residence of father (if deceased so state) Plainfield
   Occupation of father Mechanic Allison Race of father W
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Geneva D Stevens
   Residence of mother (if deceased so state) Plainfield
   Occupation of mother Saleswoman WH Block Race of mother W
   Birthplace of mother (State or foreign country) Ohio

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

Signed Shirley L. Stinger

New Address

Subscribed and sworn to before me this 25 day of May, 1964

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, 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* Hendricks *Circuit Court of Indiana dated the* 27 *day of* May, 19 64, *authorizing the joining together as husband and wife* Richard E. Raver *and* Shirley L. Stinger

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

I, Joe B. Thompson hereby certify that on the 4th day of June, 19 64, at Plainfield County of Hendricks, State of Indiana, one thousand nine hundred and 64 State of Indiana Groom Richard E Raver of Hendricks County, State of Indiana and, Bride Shirley L. Stinger 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 4th day of June, 1964.

Signed Joe B Thompson

Official Designation Minister - Plainfield Christian

Filed and recorded in accordance with the laws of the State of Indiana this 6th day of June, 1964

Signed Claude Hughes 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. 123
File Book 27
May 25-1964
Date of Application

MALE
Medical Examination Report Dated May 20-1964
Name of Physician Thomas Walker M.D.

FEMALE
Medical Examination Report Dated May 14-1964
Name of Physician Janice Black 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 Jerry Middle Michael Last Williams
Date of Birth: Month February Day 25 Year 1945
Place of Birth (State or foreign country): Boone Co. Lebanon Indiana
Residence Address: Street or R. R. R R # 1 City North Salem County Hendricks 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 Weir Cook Airport
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? 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 Orcel E. Williams
    Residence of father (if deceased so state) RR 1 north Salem
    Occupation of father Laborer Race of father White.
    Birthplace of father (State or foreign country) Hendricks Co. Ind.
12. Full maiden name of mother Geneva Catteron Redford
    Residence of mother (if deceased so state) RR 1 north Salem
    Occupation of mother At Medical Center Race of mother W
    Birthplace of mother (State or foreign country) Ladoga Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Jerry Michael Williams
New Address.....
Subscribed and sworn to before me this 25 day of May, 19 64
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, County of HENDRICKS } ss:
Signed Orcel E. Williams Father
Signed Catteron Williams Mother
Subscribed and sworn to before me this 25 day of May, 1964.
Claude Hughes Clerk

FEMALE APPLICANT

Name: First Jill Middle K (Judy) Last Gleason
Date of Birth: Month February Day 16 Year 1946
Place of Birth (State or foreign country) Indianapolis Marion Co. Indiana
Residence Address: Street or R. R. Box 66 - North Salem City Hendricks County Ind. 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).....

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 K Gleason
   Residence of father (if deceased so state) North Salem Ind
   Occupation of father Laborer Race of father W.
   Birthplace of father (State or foreign country) New Ross Ind
8. Full maiden name of mother Jeanne Smith
   Residence of mother (if deceased so state) Not L Salem Ind.
   Occupation of mother Housewife Race of mother
   Birthplace of mother (State or foreign country) North Salem Ind

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Jill K. Gleason
New Address.....
Subscribed and sworn to before me this 25 day of May, 1964
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, 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* Hendricks *Circuit Court of Indiana dated the* 29 *day of* May, 19 64, *authorizing the joining together as husband and wife* Jerry Michael Williams *and* Jill K. Gleason
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Delmar D. Smith *hereby certify that on the* 31st *day of* May, *one thousand nine hundred and* Sixty Four *at* North Salem, *County of* Hendricks, *State of Indiana, Groom* Michael Williams *of* Hendricks *County, State of* Indiana *and, Bride* Jill K. 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.....County.*
Dated this 31st *day of* May, 19 64.

Signed Delmar D. Smith
Official Designation Methodist Minister

Filed and recorded in accordance with the laws of the State of Indiana this 2nd *day of* June, 19 64.
Signed Claude Hughes 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. 124
File Book 27
May 26- 1964
Date of Application

MALE
Medical Examination Report Dated May 22- 1964
Name of Physician R. W. Kistley M D

FEMALE
Medical Examination Report Dated May 21- 1964
Name of Physician R. W. Kistley 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 Delbert Middle Anderson Last Hobson
Date of Birth: Month October Day 4 Year 1904
Place of Birth (State or foreign country) Mooresville Morgan Ind.
Residence Address: Street or R. R. Mooresville R R 7 City Hendricks County Ind. 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 State Highway Dept.
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? 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 Marcus Hobson
    Residence of father (if deceased so state) Mooresville Ind
    Occupation of father ..... Race of father W
    Birthplace of father (State or foreign country) North Carolina
12. Full maiden name of mother Ora Joyner
    Residence of mother (if deceased so state) deceased
    Occupation of mother ..... Race of mother W
    Birthplace of mother (State or foreign country) North Carolina

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

Signed Delbert Anderson Hobson

New Address .....

Subscribed and sworn to before me this 26 day of May, 19 64

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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Estherine Middle Jane Last Brewer
Date of Birth: Month August Day 29 Year 1905
Place of Birth (State or foreign country) Hendricks County Indiana
Residence Address: Street or R. R. Amo City Hendricks County Indiana State
Maiden Name if Different Estherine Jane Atkins
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 Typist
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 Everett Atkins
   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
8. Full maiden name of mother Ada Carter
   Residence of mother (if deceased so state) deceased
   Occupation of mother ..... Race of mother W
   Birthplace of mother (State or foreign country) Hendricks Co Ind

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

Signed Estherine Jane Brewer

New Address .....

Subscribed and sworn to before me this 26 day of May, 19 64

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, 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 ..... 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* 30 *day of* May, 19 64, *authorizing the joining together as husband and wife* Delbert Anderson Hobson *and* Estherine Jane Brewer

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

I, Russell E. Rees hereby certify that on the 30th day of May, 19 64 at Mooresville, County of Morgan, State of Indiana, one thousand nine hundred and 64 Groom Delbert Anderson Hobson of Hendricks County, State of Indiana, and, Bride Estherine Jane Brewer 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 30th day of May, 19 64.

Signed Russell E. Rees
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 1 *day of* June, 19 64

Signed Claude Hughes Clerk
Hendricks Circuit Court

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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. 125

File

May 26, 1964
Date of Application

MALE
Medical Examination Report Dated May 20, 1964
Name of Physician John B. Yonan, M.D.

FEMALE
Medical Examination Report Dated May 8, 1964
Name of Physician John B. Yonan, 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 Thomas Middle David Last Porter

Date of Birth: Month December Day 27 Year 1940

Place of Birth (State or foreign country): Cook County Illinois

Residence Address: Street or R. R. 318 East 143rd City Harvey County Cook State Illinois

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).....

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? 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 Alexander Porter
    Residence of father (if deceased so state) deceased
    Occupation of father..... Race of father white
    Birthplace of father (State or foreign country) Divernon, Illinois
12. Full maiden name of mother Rose Marie DiSanto
    Residence of mother (if deceased so state) 318 East 143rd St. Harvey, Ill.
    Occupation of mother housewife Race of mother white
    Birthplace of mother (State or foreign country) Chicago, Illinois

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

Signed Thomas David Porter

New Address.....

Subscribed and sworn to before me this 26 day of May, 19 64
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,
County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

FEMALE APPLICANT

Name: First Patricia Middle Ann Last Leavitt

Date of Birth: Month June Day 18 Year 1943

Place of Birth (State or foreign country): Clinton, Indiana

Residence Address: Street or R. R. 741 N. Morgan City Danville County Hend. 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: Student

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 Franklin Arnold Leavitt
   Residence of father (if deceased so state) Danville, Indiana
   Occupation of father Teacher Race of father White
   Birthplace of father (State or foreign country) Bloomfield, Ind.
8. Full maiden name of mother Anna Bernadette Dean
   Residence of mother (if deceased so state) Danville, Ind.
   Occupation of mother Teller - Bank Race of mother White
   Birthplace of mother (State or foreign country) Pa.

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

Signed Patricia Ann Leavitt

New Address.....

Subscribed and sworn to before me this 26 day of May, 19 64.
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,
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* Hendricks *Circuit Court of Indiana dated the* 4th *day of* June, 19 64, *authorizing the joining together as husband and wife* Thomas David Porter *and* Patricia Ann Leavitt

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

I, J. Gary Gloster *hereby certify that on the* 6th *day of* June, *one thousand nine hundred and* 64 *at* St Augustines Eps. Church *County of* Hendricks, *State of Indiana, Groom* Thomas David Porter *of* Cook *County, State of* Illinois *and, Bride* Patricia Ann Leavett *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* June, 1964.

Signed J. Gary Gloster

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 9th *day of* June, 1964.

Signed Claude Hughes Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 126

File Book 27

May 26-1964
Date of Application

MALE
Medical Examination Report Dated May 25-1964

Name of Physician A. W. Kirkley

FEMALE
Medical Examination Report Dated May 25-1964

Name of Physician

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 Charles Middle Edward Last Burnett

Date of Birth: Month February Day 23 Year 1946

Place of Birth (State or foreign country) Knox County Kentucky

Residence Address: Street or R. R. 217 W. Main City Danville County Hendrick 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 Horn Lumber Co.

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

☐ Other (Specify) Chauff. License Permit

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? 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 Delbert Burnett
    Residence of father (if deceased so state) 217 W Main Danville
    Occupation of father Farmer Race of father W.
    Birthplace of father (State or foreign country) Knox Co. Kentucky
12. Full maiden name of mother Bertha Mae Campbell
    Residence of mother (if deceased so state) 217 W Main Danville
    Occupation of mother Housewife Race of mother W.
    Birthplace of mother (State or foreign country) Knox Co. Kentucky

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

Signed Charles Edward Burnett

New Address

Subscribed and sworn to before me this 26 day of May, 1964.

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, County of HENDRICKS } ss:

Signed Delbert Burnett Father

Signed Bertha Mae Burnett Mother

Subscribed and sworn to before me this 26 day of May, 1964.

Claude Hughes Clerk

FEMALE APPLICANT

Name: First Susan Middle Leigh Last Harvey

Date of Birth: Month May Day 26 Year 1946.

Place of Birth (State or foreign country) Putnam County Indiana

Residence Address: Street or R. R. 334 So Washington City Danville County Hendrick 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 Clerk Typist

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

☐ Other (Specify) Birth Certificate

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 Neal Harvey
   Residence of father (if deceased so state) 334 So. Washington St.
   Occupation of father Producers Mkt. Race of father W.
   Birthplace of father (State or foreign country) Marion Co. Indiana
8. Full maiden name of mother Martha Lee Hanneman
   Residence of mother (if deceased so state) 334 So. Washington St.
   Occupation of mother Clerk License Br. Race of mother W.
   Birthplace of mother (State or foreign country) North Vernon Ind.

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

Signed Susan Leigh Harvey

New Address

Subscribed and sworn to before me this 26 day of May, 1964.

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, 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 Hendricks County Circuit Court by written order issued May 28-1964 and filed in Circuit authorizes and directs the issuance of a marriage license to the above named parties. Age Waiver Consent Father and Mother for

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* 28 *day of* May, 1964, *authorizing the joining together as husband and wife* Charles Edward Burnett *and* Susan Leigh Harvey.

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

I, Rev. Paul M. Robinson *hereby certify that on the* 29 *day of* May, *one thousand nine hundred and* 64 *at* Greencastle, *County of* Hendricks, *State of Indiana,* Groom Charles Edward Burnett *of* Hendricks *County, State of* Indiana, *and,* Bride Susan Leigh Harvey *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 29 day of May, 1964.

Signed Rev. Paul M Robinson

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 2 *day of* June, 1964.

Signed Claude Hughes 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. 127

File

May 26, 1964
Date of Application

MALE
Medical Examination Report Dated May 20, 1964
Name of Physician J. M. Miller, M.D.

FEMALE
Medical Examination Report Dated May 20, 1964
Name of Physician J. M. Miller 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 James Middle Arthur Last Schnell

Date of Birth: Month 12 Day 1 Year 1942

Place of Birth (State or foreign country) Indpls, Ind.

Residence Address: Street or R. R. 23 Greencore City Brownsburg County Hend. 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 Student

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Indiana University Identification

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? 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 Carlton Cleon Schnell
    Residence of father (if deceased so state) deceased
    Occupation of father..... Race of father White
    Birthplace of father (State or foreign country) Ohio
12. Full maiden name of mother Joy Kathryn Tomlinson
    Residence of mother (if deceased so state) 23 Greencore Brownsburg.
    Occupation of mother Teacher Race of mother White
    Birthplace of mother (State or foreign country) Indpls, Indiana

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

Signed James Arthur Schnell

New Address.....

Subscribed and sworn to before me this 26 day of May, 19 64

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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

FEMALE APPLICANT

Name: First Katherine Middle Evelyn Last Gorrell

Date of Birth: Month October Day 13 Year 1942.

Place of Birth (State or foreign country) Fort Wayne Indiana

Residence Address: Street or R. R. Box 202 City Harlan County Allen State 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 Student

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) I. U. Identification Card.

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 Harley Joseph Gorrell
   Residence of father (if deceased so state) Harlan, Indiana
   Occupation of father Business Mgr. Race of father White
   Birthplace of father (State or foreign country) Fort Wayne, Ind.
8. Full maiden name of mother Katherine Louise Walden
   Residence of mother (if deceased so state) Harlan, Indiana
   Occupation of mother Teacher Race of mother White
   Birthplace of mother (State or foreign country) Goshen, Indiana

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

Signed Katherine Evelyn Gorrell

New Address.....

Subscribed and sworn to before me this 26 day of May, 1964

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, 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* Hendricks *Circuit Court of Indiana dated the* 2 *day of* June, 19 64, *authorizing the joining together as husband and wife* James Arthur Schnell *and* Katherine Evelyn Gorrell

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

I, Hadel L. Klyfenstein & Lewon H. King *hereby certify that on the* 6 *day of* June, *one thousand nine hundred and* 64 *at* Harlan, *County of* Allen, *State of Indiana, Groom* James Arthur Schnell *of* Hendricks *County, State of* Indiana *and, Bride* Katherine Evelyn Gorrell *of* Allen *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 6 *day of* June, 19 64.

Signed Hadel L. Klyfenstein & Lewon H. King

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 12 *day of* June, 19 64.

Signed Claude Hughes *Clerk*

Hendricks *Circuit Court*

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

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STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 128
File Book 27
May 27-1964
Date of Application

MALE
Medical Examination Report Dated May 13-1964
Name of Physician David Haggard M.D.

FEMALE
Medical Examination Report Dated May 13-1964
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, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Mark Middle Thomas Last Milhorn
Date of Birth: Month June Day 25 Year 1940
Place of Birth (State or foreign country) Indianapolis Marion Co. Indiana
Residence Address: Street or R. R. 2230 Mellon St City Indianapolis County Marion 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 Allison D. mac
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? 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 J Maurice Milhorn
    Residence of father (if deceased so state) 2230 Mellon Ind fls Ind.
    Occupation of father Laborer Race of father W.
    Birthplace of father (State or foreign country) Marion Co. Indiana
12. Full maiden name of mother Grace Davis
    Residence of mother (if deceased so state) 2230 Mellon Ind fls.
    Occupation of mother Housewife Race of mother W
    Birthplace of mother (State or foreign country) Morgan Co. Indiana

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

Signed Mark Thomas Milhorn
New Address.....

Subscribed and sworn to before me this 27 day of May, 19 64
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, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Gloria Middle Jean Last Stigall
Date of Birth: Month March Day 29 Year 1944
Place of Birth (State or foreign country) Indianapolis Marion Co. Indiana
Residence Address: Street or R. R. RR 2 Box 327 City Plainfield 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 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 Morris A. Stigall
   Residence of father (if deceased so state) RR 2 Plainfield
   Occupation of father Laborer Race of father W
   Birthplace of father (State or foreign country) Kentucky
8. Full maiden name of mother Velma Louise Stubbs
   Residence of mother (if deceased so state) RR 2 Plainfield
   Occupation of mother Housewife Race of mother W
   Birthplace of mother (State or foreign country) Marion Co. Indiana

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

Signed Gloria Jean Stigall
New Address.....

Subscribed and sworn to before me this 27 day of May, 19 64
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, 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.....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* 2 *day of* June, 19 64, *authorizing the joining together as husband and wife* Mark Thomas Milhorn *and* Gloria Jean Stigall

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

I, Corley Bowman hereby certify that on the 6 day of June, 19 64, at Plainfield, County of Hendricks, State of Indiana, Groom Mark Thomas Milhorn of Marion County, State of Indiana, and, Bride Gloria Jean Stigall 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 6 day of June, 19 64. Signed Corley Bowman
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 11 day of June, 19 64. Signed Claude Hughes 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. 129

File

May 29, 1964
Date of Application

MALE
Medical Examination Report Dated May 28, 1964
Name of Physician Dr. M. O. Scamahorn, M.D.

FEMALE
Medical Examination Report Dated May 28, 1964
Name of Physician Dr. M. O. Scamahorn

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 Eugene, Middle Dale, Last Pope

Date of Birth: Month December, Day 10, Year 1941

Place of Birth (State or foreign country) Hope, Indiana

Residence Address: Street or R. R. 512 Highschool Drive, City Edinburg, County Johnson, 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 —

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? 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 Emil Leroy Pope
    Residence of father (if deceased so state) Edinburg, Ind.
    Occupation of father Auto Plastics Race of father white
    Birthplace of father (State or foreign country) Hope, Indiana
12. Full maiden name of mother Nettie Louise Briddle
    Residence of mother (if deceased so state) Edinburg Ind.
    Occupation of mother housewife Race of mother white
    Birthplace of mother (State or foreign country) Indpls, Ind.

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

Signed Eugene Dale Pope

New Address

Subscribed and sworn to before me this 29 day of May, 1964

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, County of HENDRICKS } ss:

Signed .....Father

Signed .....Mother

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

.....Clerk

FEMALE APPLICANT

Name: First Odette, Middle Joyce, Last Blankenship

Date of Birth: Month Feb., Day 12, Year 1946

Place of Birth (State or foreign country) Laurel Kentucky

Residence Address: Street or R. R. Liston, City Hendricks, County, State 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 —

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 Levi Henderson Blankenship
   Residence of father (if deceased so state) Liston, Ind.
   Occupation of father farmer Race of father white
   Birthplace of father (State or foreign country) Kentucky
8. Full maiden name of mother Evelyn George
   Residence of mother (if deceased so state) Liston, Ind.
   Occupation of mother 2nd Co. Hospital Race of mother white
   Birthplace of mother (State or foreign country) Kentucky

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

Signed Odetta Joyce Blankenship

New Address

Subscribed and sworn to before me this 29 day of May, 19 64.

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, 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* Hendricks *Circuit Court of Indiana dated the* 2 *day of* June, 19 64, *authorizing the joining together as husband and wife* Eugene Dale Pope *and* Odette Joyce Blankenship
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Robert R. Smythe *hereby certify that on the* 2nd *day of* June, *one thousand nine hundred and* 64 *at* Indianapolis, *County of* Marion, *State of Indiana, Groom* Eugene Dale Pope, *of* Johnson *County, State of* Indiana, *and, Bride* Odetta Joyce Blankenship *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* June, 19 64.

Signed Rev. Robert R. Smythe, B.D.

Official Designation Ordained Clergyman

Filed and recorded in accordance with the laws of the State of Indiana this 3 *day of* June, 19 64.

Signed Claude Hughes Clerk

Hendricks Circuit Court

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

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STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 130

File

May 29, 1964 Date of Application

MALE
Medical Examination Report Dated 5-27-64
Name of Physician Thomas Walker

FEMALE
Medical Examination Report Dated 5-27-64
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: First Stephen Middle Michael Last Carter

Date of Birth: Month November Day 9 Year 1944

Place of Birth (State or foreign country): Kansas City Missouri

Residence Address: 523 Main Road, Brownsburg Hend. 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 —

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? 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 Charles Curtis Carter
    Residence of father (if deceased so state) RR #2 Box 138 Indlps, Ind.
    Occupation of father Dietitian Race of father white
    Birthplace of father (State or foreign country) Missouri
12. Full maiden name of mother Peggy O'Donnell
    Residence of mother (if deceased so state) RR #2 Box 138 Indlps, Ind
    Occupation of mother housewife Race of mother White
    Birthplace of mother (State or foreign country) Kansas City, Missouri

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

Signed Stephen Michael Carter

New Address

Subscribed and sworn to before me this 29 day of May, 19 64.

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, County of HENDRICKS } ss:

Signed Charles Curtis Carter Father

Signed Peggy O'Donnell Carter Mother

Subscribed and sworn to before me this 29 day of May, 19 64.

Claude Hughes Clerk

FEMALE APPLICANT

Name: First Shenna Middle Gay Last Mosier

Date of Birth: Month May Day 21 Year 1948

Place of Birth (State or foreign country): Indlps, Indiana

Residence Address: 593 Main Manor Brownsburg Hend 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 —

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 Marvin Lee Mosier
   Residence of father (if deceased so state) Brownsburg, Ind.
   Occupation of father Power House doesn't Race of father white
   Birthplace of father (State or foreign country) Kentucky
8. Full maiden name of mother Rosemary Judith Fallmer
   Residence of mother (if deceased so state) Brownsburg, Ind.
   Occupation of mother housewife Race of mother white
   Birthplace of mother (State or foreign country) Millersville, Ind.

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

Signed Shenna Gay Mosier

New Address

Subscribed and sworn to before me this 29 day of May, 19 64

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, County of HENDRICKS } ss:

Signed Marvin Lee Mosier Father

Signed Rosemary Judith Fallmer Mosier Mother

Subscribed and sworn to before me this 29 day of May, 19 64

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 ..... 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* 2 *day of* June, 1964, *authorizing the joining together as husband and wife* Stephen Michael Carter *and* Shenna Gay Mosier

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

I, Francis R. Tuohy, *hereby certify that on the* 6th *day of* June, *one thousand nine hundred and* 64, *at* Danville, *County of* Hendricks, *State of* Indiana, Groom Stephen Michael Carter, *of* Hendricks *County, State of* Indiana, *and,* Bride Shenna Gay Mosier, *of* Hendricks *County, State of* Hendricks, *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* June, 1964.

Signed Francis R. Tuohy

Official Designation Roman Catholic Priest

Filed and recorded in accordance with the laws of the State of Indiana this 8th *day of* June, 1964.

Signed Claude Hughes *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. 131

File

May 30, 1964
Date of Application

MALE
Medical Examination Report Dated May 20, 1964
Name of Physician Irving Cohen

FEMALE
Medical Examination Report Dated May 20, 1964
Name of Physician Irving Cohen

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 Herald Middle Edwin Last Russell

Date of Birth: Month Dec. Day 4 Year 1940

Place of Birth (State or foreign country) Cooperstown New York

Residence Address: Street or R. R. 933 E. Maplehurst City Ferndale County Oakland State Mich.

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 Entomologist U.S. Food & Drug Adm.

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? 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 Herbert Edwin Russell
    Residence of father (if deceased so state) 310 East Clark Crown Point, Ind.
    Occupation of father Retail Store Race of father White
    Birthplace of father (State or foreign country) Arkansas
12. Full maiden name of mother Hermina Lehman
    Residence of mother (if deceased so state) same Crown Point, Ind.
    Occupation of mother Housewife Race of mother White
    Birthplace of mother (State or foreign country) Crown Point, Indiana

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

Signed Gerald E. Russell

New Address

Subscribed and sworn to before me this 29 day of May, 1964

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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Jean Middle Marie Last DeLong

Date of Birth: Month May Day 3 Year 1942

Place of Birth (State or foreign country) Indianapolis Ind.

Residence Address: Street or R. R. RR #2 Box 13 City Clayton 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 Teacher

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 Marion Francis DeLong
   Residence of father (if deceased so state) RR #2 Clayton, Ind.
   Occupation of father Farmer Race of father White
   Birthplace of father (State or foreign country) New Augusta, Ind.
8. Full maiden name of mother Helen Marion Edmondson
   Residence of mother (if deceased so state) Clayton, Indiana
   Occupation of mother Housewife Race of mother White
   Birthplace of mother (State or foreign country) Clayton, Indiana

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

Signed Jean DeLong

New Address

Subscribed and sworn to before me this 29 day of May, 1964

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, 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 Hendricks Circuit Court of Indiana dated the 6th day of June, 1964, authorizing the joining together as husband and wife Gerald Edwin Russell and Jean Marie DeLong

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

I, Lief Edward Erickson hereby certify that on the 13 day of June, one thousand nine hundred and 64, at Clayton, County of Hendricks, State of Indiana, Groom Herald Edwin Russell of Oakland County, State of Michigan, and, Bride Jean Marie DeLong 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 13 day of June, 1964.

Signed Lief Edward Erickson

Official Designation Pastor, United Presby. Church

Filed and recorded in accordance with the laws of the State of Indiana this 13 day of June, 1964

Signed Claude Hughes Clerk

Hendricks Circuit Court

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

541

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 132

HENDRICKS County

File Book 27

June 1-1964 Date of Application

MALE
Medical Examination Report Dated May 25-1964
Name of Physician Jay S. Reese M.D.

FEMALE
Medical Examination Report Dated May 25-1964
Name of Physician Jay S Reese 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 Jose Middle — Last Briones

Date of Birth: Month February Day 4 Year 1926

Place of Birth (State or foreign country) Pharr Texas

Residence Address: Street or R. R. Stilesville City Hendricks County Indiana State

Previous Marital Status: Never Married ☐ Number of Previous Marriages 2

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Color or Race: White ☐ Negro ☐ Other ☐ (specify) Mexican

Usual Occupation Welder

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? No ☐ Yes ☑
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address
Marie - 12 yrs.	Julian 8	Robert 4
Richard 10	Gonzalo 7	John 2
Rodolfo 9	Concha 5	Janie 4 mo.

    (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 Julian Briones
    Residence of father (if deceased so state) deceased
    Occupation of father ..... Race of father W.
    Birthplace of father (State or foreign country) Mexico
12. Full maiden name of mother Marie Guzman
    Residence of mother (if deceased so state) Pharr Texas
    Occupation of mother ..... Race of mother W.
    Birthplace of mother (State or foreign country) Mexico

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

Signed Jose Briones

New Address .....

Subscribed and sworn to before me this 1 day of June, 1964

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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Sara Middle Jane Last Hamman

Date of Birth: Month July Day 28 Year 1938

Place of Birth (State or foreign country) Bloomfield Indiana

Residence Address: Street or R. R. Stilesville City Hendricks County Indiana State

Maiden Name if Different Sara Jane Hayes

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'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 Joseph Hayes
   Residence of father (if deceased so state) deceased
   Occupation of father ..... Race of father W.
   Birthplace of father (State or foreign country) Bedford Ind.
8. Full maiden name of mother Mary E. Turner
   Residence of mother (if deceased so state) Salsbury Indiana
   Occupation of mother Housewife Race of mother W
   Birthplace of mother (State or foreign country) Bedford Ind.

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

Signed Sara Jane Hamman

New Address .....

Subscribed and sworn to before me this 1 day of June, 1964

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, 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 Hendricks Circuit Court of Indiana dated the 5th day of June, 1964, authorizing the joining together as husband and wife Jose Briones and Sara Jane Hamman

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

I, Floyd Neal hereby certify that on the 5th day of June, one thousand nine hundred and 64 at Martinsville, County of Morgan, State of Indiana, Groom Jose Briones of Hendricks County, State of Indiana, and, Bride Sara Jane Hamman of Hendricks County, State of Hendricks 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 5th day of June, 1964.

Signed Floyd Neal

Official Designation Justice of Peace

Filed and recorded in accordance with the laws of the State of Indiana this 8th day of June, 1964

Signed Claude Hughes 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. 133

File

June 2-1964
Date of Application

MALE
Medical Examination Report Dated 5-25-64
Name of Physician R W Kirtley M.D.

FEMALE
Medical Examination Report Dated 5-25-64
Name of Physician R W Kirtley 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 Paul Middle [illegible] Last Jones

Date of Birth: Month March Day 14 Year 1906

Place of Birth (State or foreign country): Glasgow Kentucky

Residence Address: Street or R. R. R#2 City Plainfield County [illegible] 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: Farmer

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Operator 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? 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 J. P. Jones
    Residence of father (if deceased so state) Coatsville Ind.
    Occupation of father Farmer Race of father W
    Birthplace of father (State or foreign country) Kentucky
12. Full maiden name of mother Ennie Boards
    Residence of mother (if deceased so state) Deceased
    Occupation of mother — Race of mother W
    Birthplace of mother (State or foreign country) Kentucky

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

Signed Paul Jones

New Address

Subscribed and sworn to before me this 2 day of June, 1964.

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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

FEMALE APPLICANT

Name: First Stella Middle [illegible] Last Flanagan

Date of Birth: Month Aug Day 26 Year 1907

Place of Birth (State or foreign country): Rogersville Tenn.

Residence Address: Street or R. R. R2 City Plainfield County [illegible] State Ind.

Maiden Name if Different Stella Mayo

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

Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐

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

Usual Occupation: Cafeteria

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 William Mayo
   Residence of father (if deceased so state) Deceased
   Occupation of father — Race of father W
   Birthplace of father (State or foreign country) Tenn.
8. Full maiden name of mother Martha Ellen Pipley
   Residence of mother (if deceased so state) Deceased
   Occupation of mother — Race of mother W
   Birthplace of mother (State or foreign country) Tenn.

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

Signed Stella Flanagan

New Address

Subscribed and sworn to before me this 2 day of June, 1964.

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, 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* Hendricks *Circuit Court of Indiana dated the* 6th *day of* June, 1964, *authorizing the joining together as husband and wife* Paul Jones *and* Stella Flanagan

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

I, Carol M. Tudor *hereby certify that on the* 7th *day of* June, *one thousand nine hundred and* 64, *at* Hill Top Haven, *County of* Hendricks, *State of Indiana, Groom* Paul Jones *of* Hendricks *County, State of* Indiana, *and, Bride* Stella Flanagan *of* Hendrick *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* [illegible] *County.*

Dated this 7th *day of* June, 1964.

Signed Carol M. Tudor

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 9th *day of* June, 1964.

Signed Claude Hughes

Hendrick .....Clerk

.....Circuit Court

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

543

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 134

HENDRICKS County

File June 2, 1964 Date of Application

MALE
Medical Examination Report Dated 6-1-64
Name of Physician Paul Stanley Lewis

FEMALE
Medical Examination Report Dated 6-1-64
Name of Physician Paul Stanley Lewis

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 Michael Middle Stuart Last Hughes

Date of Birth: Month July Day 30 Year 1941

Place of Birth (State or foreign country) Plainfield Ind.

Residence Address: Street or R. R. 1298 North Western Dr. City Adlps County Marion State 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 Machine operator allisons

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? 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 Leslie Emmett Hughes
    Residence of father (if deceased so state) Adlps, Ind.
    Occupation of father Pattern Maker Race of father white
    Birthplace of father (State or foreign country) Allisons Indiana
12. Full maiden name of mother Mable Lois Tingley
    Residence of mother (if deceased so state) Adlps, Ind.
    Occupation of mother Cashier-asst Mgr. Race of mother white
    Birthplace of mother (State or foreign country) Indiana

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

Signed Michael S Hughes

New Address

Subscribed and sworn to before me this 2 day of June, 1964

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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Marlene Middle Shields Last

Date of Birth: Month Sept Day 9 Year 1945

Place of Birth (State or foreign country) Lebanon Indiana

Residence Address: Street or R. R. RR #1 Box 71 City Danville 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 Cashier

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 Robert Shields
   Residence of father (if deceased so state) RR #1 Danville
   Occupation of father Furnace Instalation Race of father white
   Birthplace of father (State or foreign country) Kentucky
8. Full maiden name of mother Martha Jane Stewart
   Residence of mother (if deceased so state) RR #1 Danville
   Occupation of mother Housewife Race of mother white
   Birthplace of mother (State or foreign country) Kentucky

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

Signed Marlene Shields

New Address

Subscribed and sworn to before me this 2 day of June, 19 64

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, 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 Hendricks County Circuit Court by written order issued June 2, 1964 and filed in Clerks 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 2 day of June, 1964, authorizing the joining together as husband and wife Michael Stuart Hughes and Marlene Shields

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

I, Walter Bradford hereby certify that on the 5 day of June, one thousand nine hundred and 64 at Indianapolis, County of Marion, State of Indiana, Groom Michael Stuart Hughes of Marion County, State of Indiana and, Bride Marlene Shields of Hendricks 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 5 day of June, 1964.

Signed Walter Bradford

Official Designation Justice of Peace

Filed and recorded in accordance with the laws of the State of Indiana this 10th day of June, 1964

Signed Claude Hughes Clerk

Hendricks Circuit Court

544

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. 135

File

June 2, 1964
Date of Application

MALE
Medical Examination Report Dated 5-13-64
Name of Physician David B. Haggard, M.D.

FEMALE
Medical Examination Report Dated 5-13-64
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, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Ivan Middle Harris Last Summerlot

Date of Birth: Month Sept. Day 2 Year 1944

Place of Birth (State or foreign country) Indianapolis, Indiana

Residence Address: Street or R. R. RR #2. Box 436 City Plainfield County Hend. 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 Steel Worker

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? 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 Lewis Raymond Summerlot
    Residence of father (if deceased so state) RR Plainfield, Ind.
    Occupation of father Farmer Race of father White
    Birthplace of father (State or foreign country) Owen County, Indiana
12. Full maiden name of mother Jewell June Cooper
    Residence of mother (if deceased so state) RR Plainfield, Ind.
    Occupation of mother Housewife Race of mother White
    Birthplace of mother (State or foreign country) Hendricks Co. Ind.

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

Signed Ivan Summerlot

New Address.....

Subscribed and sworn to before me this 2 day of June, 19 64

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,
County of HENDRICKS } ss:

Signed Lewis Summerlot Father

Signed June Summerlot Mother

Subscribed and sworn to before me this 2 day of June, 19 64

Claude Hughes Clerk

FEMALE APPLICANT

Name: First Linda Middle Carol Last Rushton

Date of Birth: Month May Day 28 Year 1945

Place of Birth (State or foreign country) Indpls, Ind.

Residence Address: Street or R. R. RR # 2 Box 248 City Plainfield County Hend. 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 ☐
   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 Raymond C. Rushton
   Residence of father (if deceased so state) RR #2 Plainfield, Ind.
   Occupation of father Steel Worker Race of father White
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Martha Ellen Merritt
   Residence of mother (if deceased so state) RR #2 Plainfield, Ind.
   Occupation of mother Steel Worker Race of mother White
   Birthplace of mother (State or foreign country) Hendricks Co. Indiana

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

Signed Linda Carol Rushton

New Address.....

Subscribed and sworn to before me this 2 day of June, 19 64

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,
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* Hendricks *Circuit Court of Indiana dated the* 6 *day of* June, 19 64, *authorizing the joining together as husband and wife* Ivan Harris Summerlot *and* Linda Carol Rushton

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

I, Rev. David L. Barnett *hereby certify that on the* 6th *day of* June, *one thousand nine hundred and* 64 *at* Bartlett Chapel Methodist Church *County of* Hendricks, *State of Indiana, Groom* Ivan Harris Summerlot *of* Hendricks *County, State of* Indiana, *and, Bride* Linda Carol Rushton *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* June, 19 64.

Signed David L. Barnett

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 9th *day of* June, 19 64.

Signed Claude Hughes 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. 136
File Book 27
June 4-1964 Date of Application

MALE
Medical Examination Report Dated May 15-1964
Name of Physician F. R. Dettloff M.D.

FEMALE
Medical Examination Report Dated May 15-1964
Name of Physician F. R. Dettloff 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 Frank Middle Eugene Last Langdon

Date of Birth: Month February Day 20 Year 1932

Place of Birth (State or foreign country) Poland Owen Co. Indiana

Residence Address: Street or R. R. Stilesville RR 2 City Hendricks County 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 Self Employed

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

☑ Other (Specify) Champion Insurance

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? 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 John C Langdon
    Residence of father (if deceased so state) Poland Indiana
    Occupation of father Laborer Race of father W
    Birthplace of father (State or foreign country) Owen Co. Ind.
12. Full maiden name of mother Nellia Wilson
    Residence of mother (if deceased so state) deceased
    Occupation of mother ..... Race of mother W
    Birthplace of mother (State or foreign country) Owen Co. Ind.

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

Signed Frank Eugene Langdon

New Address.....

Subscribed and sworn to before me this 4 day of June, 1964

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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

FEMALE APPLICANT

Name: First Charlene Middle — Last Minnick

Date of Birth: Month May Day 24 Year 1933

Place of Birth (State or foreign country) Morgan Co. Indiana

Residence Address: Street or R. R. Stilesville RR 2 City Hendricks County State Indiana

Maiden Name if Different Charlene Gray

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 Self employed

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

☐ Other (Specify) Locke

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 Harley Gray
   Residence of father (if deceased so state) deceased
   Occupation of father ..... Race of father W
   Birthplace of father (State or foreign country) Morgan Co. Ind
8. Full maiden name of mother Della Brummett
   Residence of mother (if deceased so state) Belle Union Ind.
   Occupation of mother housewife Race of mother W
   Birthplace of mother (State or foreign country) Morgan Co. Ind.

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

Signed Charlene Minnick

New Address.....

Subscribed and sworn to before me this 4 day of June, 1964

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, 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 Hendricks Circuit Court of Indiana dated the 15 day of June, 1964, authorizing the joining together as husband and wife Frank Eugene Langdon and Charlene Minnick

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

I, George A. Harris hereby certify that on the 15 day of June, one thousand nine hundred and 64 at Danville, County of Hendricks State of Indiana, Groom Frank Eugene Langdon of Owen County, State of Indiana, and, Bride Charlene Minnicks 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 15 day of June, 1964 Signed Rev. George A. Harris

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 15 day of June, 1964

Signed Claude Hughes Clerk

Hendricks Circuit Court

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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. 137
File 27
June 6 - 1964
Date of Application

MALE
Medical Examination Report Dated June 2 - 1964
Name of Physician M. M. Aiken M.D.

FEMALE
Medical Examination Report Dated June 2 1964
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, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Fredric Middle William Last Decker

Date of Birth: Month February Day 21 Year 1942.

Place of Birth (State or foreign country): Indianapolis Marion Co. Ind.

Residence Address: Street or R. R. 1008 Raymond St City Plainfield County Hendricks 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: Management Training

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

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? 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 George W. Decker
    Residence of father (if deceased so state) 1008 Raymond Plainfield
    Occupation of father Laborer Race of father W.
    Birthplace of father (State or foreign country) Broad Head Kentucky
12. Full maiden name of mother Opal May Shepherd
    Residence of mother (if deceased so state) 1008 Raymond Plainfield
    Occupation of mother Housewife Race of mother W
    Birthplace of mother (State or foreign country) Terre Haute Ind.

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

Signed Fredric William Decker

New Address.....

Subscribed and sworn to before me this 6 day of June, 1964

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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

FEMALE APPLICANT

Name: First Dianne Middle Kaye Last Rushton

Date of Birth: Month October Day 7 Year 1943

Place of Birth (State or foreign country): Indianapolis Marion Co. Indiana

Residence Address: 521 So. Center Street or R. R. Plainfield City Hendrick County Indiana 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: Steno

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 Lorin C. Rushton
   Residence of father (if deceased so state) 521 So. Center Plainfield
   Occupation of father Laborer Race of father W.
   Birthplace of father (State or foreign country) Indianapolis Ind
8. Full maiden name of mother Bonnie Heath
   Residence of mother (if deceased so state) 521 So Center Plainfield
   Occupation of mother Housewife Race of mother W.
   Birthplace of mother (State or foreign country) Indianapolis Ind.

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

Signed Dianne Kaye Rushton

New Address.....

Subscribed and sworn to before me this 6 day of June, 1964

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, 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* Hendricks *Circuit Court of Indiana dated the* 10 *day of* June, 1964, *authorizing the joining together as husband and wife* Fredric William Decker *and* Dianne Kaye Rushton

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

I, Donald F. McMahon *hereby certify that on the* 13 *day of* June, *one thousand nine hundred and* 64 *at* Plainfield, *County of* Hendricks, *State of Indiana, Groom* Fredric William Decker *of* Hendricks *County, State of* Indiana, *and, Bride* Dianne Kaye Rushton *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 13 *day of* June, 1964.

Signed Donald F. McMahon

Official Designation Methodist Minister

Filed and recorded in accordance with the laws of the State of Indiana this 16 *day of* June, 1964.

Signed Claude Hughes 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

No. 138

HENDRICKS County

File 27

June 6 1964 Date of Application

MALE
Medical Examination Report Dated June 2, 1964
Name of Physician Robert W Kirtley

FEMALE
Medical Examination Report Dated June 2 1964
Name of Physician Robert W Kirtley

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 Herman Middle L. Last Loposso

Date of Birth: Month Dec Day 1 Year 1943

Place of Birth (State or foreign country) New Augusta Indiana

Residence Address: Street or R. R. RR 1 City Stilesville County Hendricks 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 Eagle's Sanitation Dept.

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Various 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? 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 Ralph Emerson Loposso
    Residence of father (if deceased so state) Morgan Co. Ind.
    Occupation of father Public Servant Race of father W
    Birthplace of father (State or foreign country) Morgan Co. Ind.
12. Full maiden name of mother Pearl Thompson
    Residence of mother (if deceased so state) RR 1 Stilesville
    Occupation of mother Restaurant Race of mother W.
    Birthplace of mother (State or foreign country) Kentucky

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

Signed Herman F. Loposso

New Address .....

Subscribed and sworn to before me this 6th day of June, 1964

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, County of HENDRICKS } ss:

Signed Ralph E Loposso Father

Signed Pearl Loposso Mother

Subscribed and sworn to before me this 6th day of June, 1964

Claude Hughes Clerk

FEMALE APPLICANT

Name: First Joyce Ann Middle Last Shover

Date of Birth: Month Sept Day 13 Year 1945

Place of Birth (State or foreign country) Indianapolis Indiana

Residence Address: Street or R. R. RR 1 Box 174 City Clayton County Hendricks State 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 Peoples Home Life Ins Co

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 Harry LeRoy Shover
   Residence of father (if deceased so state) Clayton RR 1 Box 174
   Occupation of father Interstate Serv. Race of father W.
   Birthplace of father (State or foreign country) Mooresville, Ind.
8. Full maiden name of mother Ruth Hall
   Residence of mother (if deceased so state) Clayton RR 1 Box 174
   Occupation of mother Harding + Wallace Race of mother W.
   Birthplace of mother (State or foreign country) Portsmouth, Ohio

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

Signed Joyce A. Shover

New Address .....

Subscribed and sworn to before me this 6th day of June, 1964

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, 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 ..... 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 10 day of June, 1964, authorizing the joining together as husband and wife Herman Loposso and Joyce ann Shover

Be it further remembered, the following marriage certificate was filed in my office, to-wit: I, Edward O Roberts hereby certify that on the 13th day of June, one thousand nine hundred and 64 at Stilesville, County of Hendricks, State of Indiana, Groom Herman Loposso of Hendricks County, State of Indiana, and, Bride Joyce Ann Shover of Hendricks County, 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 13 day of June, 1964.

Signed Edward O Roberts

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 22 day of June, 1964

Signed Claude Hughes Clerk
Hendricks Circuit Court

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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. 139

File

June 6, 1964
Date of Application

MALE
Medical Examination Report Dated May 27, 1964
Name of Physician David B. Haggard

FEMALE
Medical Examination Report Dated May 27, 1964
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: First Bernard, Middle Roscoe, Last Edwards Jr.

Date of Birth: Month 2, Day 23, Year 1943

Place of Birth (State or foreign country): Indianapolis Indiana

Residence Address: Street or R. R. 708 Harlan St, City Plainfield, County Hendricks, State 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 Phillips Motors

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? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address
Sherrie Lynn Edward	3	Bellville, Ind.

    (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 Bernard Roscoe Edwards, Jr.
    Residence of father (if deceased so state) 411 Conduit, Mooresville
    Occupation of father Public Service Race of father White
    Birthplace of father (State or foreign country) Ind., Indiana
12. Full maiden name of mother Helen Roena Angrick
    Residence of mother (if deceased so state) 411 Conduit Mooresville
    Occupation of mother Teacher Race of mother White
    Birthplace of mother (State or foreign country) Indpls, Indiana

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

Signed Bernard R. Edwards Jr.

New Address

Subscribed and sworn to before me this 6 day of June, 1964.

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, County of HENDRICKS } ss:

Signed Bernard R. Edwards Sr. Father

Signed Helen R. Edwards Mother

Subscribed and sworn to before me this 6 day of June, 1964.

Claude Hughes Clerk

FEMALE APPLICANT

Name: First Donna, Middle Jean, Last Davis

Date of Birth: Month 3, Day 24, Year 46

Place of Birth (State or foreign country): Lebanon Indiana

Residence Address: Street or R. R. 3011 Clover Dr., City Indpls, County Marion, 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) 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 John L. Daves
   Residence of father (if deceased so state) 3011 Clover Dr. Indpls.
   Occupation of father Richardson is w/ Kaiser Co. Race of father white
   Birthplace of father (State or foreign country) Michigan
8. Full maiden name of mother Mildred Elizabeth Shoemaker
   Residence of mother (if deceased so state) 3011 Clover Dr. Indpls.
   Occupation of mother Housewife Race of mother white
   Birthplace of mother (State or foreign country) Lebanon, Indiana

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

Signed Donna Jean Davis

New Address

Subscribed and sworn to before me this 6 day of June, 1964.

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, 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* Hendricks *Circuit Court of Indiana dated the* 10 *day of* June, 19 64, *authorizing the joining together as husband and wife* Bernard Roscoe Edwards, Jr. *and* Donna Jean Davis

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

I, Conley Bowman hereby certify that on the 13 day of June, one thousand nine hundred and 64 at Plainfield, County of Hendricks, State of Indiana, Groom Bernard Roscoe Edwards Jr. of Hendricks County, State of Indiana, and, Bride Donna Jean Davis 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 13 day of June, 19 64.

Signed Conley Bowman

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 18 day of June, 19 64.

Signed Claude Hughes Clerk

Hendricks Circuit Court

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

549

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 140

File

June 6 1964
Date of Application

MALE
Medical Examination Report Dated 6-3-64
Name of Physician William S. Sobat, M.D.

FEMALE
Medical Examination Report Dated 6-3-64
Name of Physician William S. Sobat, 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 James, Middle Leroy, Last Laser

Date of Birth: Month 11, Day 29, Year 1943

Place of Birth (State or foreign country) Indianapolis, Ind.

Residence Address: Street or R. R. RR #2 Box 227C, City Plainfield, County Hend, 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 Stock Welder

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? 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 Addison Laser
    Residence of father (if deceased so state) RR #2 Plainfield Ind.
    Occupation of father Dennis Oil Co. Race of father White
    Birthplace of father (State or foreign country) Galion Ohio
12. Full maiden name of mother Mary Bell Miller
    Residence of mother (if deceased so state) RR #2 Plainfield Ind.
    Occupation of mother Link Belt Co. Race of mother White
    Birthplace of mother (State or foreign country) Tennessee

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

Signed James Laser

New Address.....

Subscribed and sworn to before me this 6 day of June, 19 64.

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, County of HENDRICKS } ss:

Signed Addison Laser Father

Signed Mary L Laser Mother

Subscribed and sworn to before me this 6 day of June, 19 64.

Claude Hughes Clerk

FEMALE APPLICANT

Name: First Sandra, Middle Kay, Last arterburn

Date of Birth: Month Feb., Day 20, Year 1946

Place of Birth (State or foreign country) Indianapolis, Ind.

Residence Address: Street or R. R. 2271 Hendricks Pl., City Indpls, County Hendr, 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 Indiana Bell Telephone

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 Lucian H. Arterburn
   Residence of father (if deceased so state) Indpls, Ind.
   Occupation of father Dean Brothers Race of father White
   Birthplace of father (State or foreign country) Kentucky
8. Full maiden name of mother Ruby L. Sullivan
   Residence of mother (if deceased so state) Indpls, Ind.
   Occupation of mother Morrow's Nut House Race of mother White
   Birthplace of mother (State or foreign country) Martinsville Ind.

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

Signed Sandra K. Arterburn

New Address.....

Subscribed and sworn to before me this 6 day of June, 19 64.

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.....

Of age

State of Indiana, County of HENDRICKS } ss:

Signed..... Father

Signed..... Mother

Subscribed and sworn to before me this 6 day of June, 19 64.

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 Hendricks 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* 11 *day of* June, 19 64, *authorizing the joining together as husband and wife* James Leroy Laser *and* Sandra Kay arterburn

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

I, William Forest Hill hereby certify that on the 13 day of June one thousand nine hundred and 64 at Indianapolis, County of Marion, State of Indiana, Groom James LeRoy Laser of Hendricks County, State of Indiana, and, Bride Sandra Kay Arterburn 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 11 day of June, 19 64.

Signed Wm. F. Hill

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 16 day of June, 19 64.

Signed Claude Hughes Clerk

Hendricks Circuit Court

550

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. 141

File

June 6, 1964
Date of Application

MALE
Medical Examination Report Dated June 3, 1964
Name of Physician A. N. Sudder, M.D.

FEMALE
Medical Examination Report Dated June 3, 1964
Name of Physician A. N. Sudder, 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 James Middle Leonard Last English

Date of Birth: Month 3 Day 21 Year 1944

Place of Birth (State or foreign country) Indianapolis, Ind.

Residence Address: Street or R. R. RR #2 Box 65A City Brownsburg County Hend 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) 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? 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 Leonard Charles English
    Residence of father (if deceased so state) Brownsburg, Ind.
    Occupation of father Carpenter - Contractor Race of father White
    Birthplace of father (State or foreign country) Pittsboro, Ind.
12. Full maiden name of mother Anna Frances Everhart
    Residence of mother (if deceased so state) Brownsburg, Ind.
    Occupation of mother Housewife Race of mother White
    Birthplace of mother (State or foreign country) Ladoga, Indiana

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

Signed James Leonard English

New Address.....

Subscribed and sworn to before me this 6 day of June, 19 64

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, County of HENDRICKS } ss:

Signed Leonard Charles English Father

Signed Anna Frances English Mother

Subscribed and sworn to before me this 6 day of June, 19 64

Claude Hughes Clerk

FEMALE APPLICANT

Name: First Linda Middle Lee Last Reynolds

Date of Birth: Month March Day 3 Year 1945

Place of Birth (State or foreign country) Indianapolis, Indiana

Residence Address: Street or R. R. 733 North Meridian City Indianapolis County Marion 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 Keypunch operator

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 James Lewis Reynolds
   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 Margret Logan Crawford
   Residence of mother (if deceased so state) Indianapolis, Ind.
   Occupation of mother Secretary Race of mother White
   Birthplace of mother (State or foreign country) Indianapolis, Ind.

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

Signed Linda Lee Reynolds

New Address.....

Subscribed and sworn to before me this 6 day of June, 19 64

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, 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* Hendricks *Circuit Court of Indiana dated the* 11 *day of* June, 19 64, *authorizing the joining together as husband and wife* James Leonard English *and* Linda Lee Reynolds

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

I, Rev. Bernard E. Shea *hereby certify that on the* 13 *day of* June, *one thousand nine hundred and* 64 *at* Indianapolis, *State of Indiana, Groom* James L. English *of* Hendricks *County, State of* Indiana, *and, Bride* Linda Lee Reynolds *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 13 *day of* June, 19 64.

Signed B E. Shea

Official Designation Priest

Filed and recorded in accordance with the laws of the State of Indiana this 15 *day of* June, 19 64

Signed Claude Hughes Clerk

Hendricks Circuit Court

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

551

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 142

HENDRICKS County

File

June 6, 1964 Date of Application

MALE
Medical Examination Report Dated 6-1-64
Name of Physician L. H. Ellis

FEMALE
Medical Examination Report Dated 6-1-64
Name of Physician L. H. 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: First Wendell Middle Joel Last Bridges

Date of Birth: Month Jan. Day 14 Year 1940

Place of Birth (State or foreign country) Huron, Ind.

Residence Address: Street or R. R. 6161 E. 43 Place City Indpls County Marion 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 Engineer

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? 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 William Byron Bridges
Residence of father (if deceased so state) RR #1 Mitchell Ind.
Occupation of father Teacher Race of father White
Birthplace of father (State or foreign country) Sloans, Ind.
12. Full maiden name of mother Mary Elizabeth King
Residence of mother (if deceased so state) RR #1 Mitchell, Ind.
Occupation of mother Teacher Race of mother White
Birthplace of mother (State or foreign country) Indiana

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

Signed Wendell J. Bridges

New Address

Subscribed and sworn to before me this 6 day of June, 1964

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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Linda Middle Lee Last Evans

Date of Birth: Month Jan. Day 7 Year 1941

Place of Birth (State or foreign country) Indpls Ind.

Residence Address: Street or R. R. 128 S. Maple City Pittsboro County Hend 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 Teacher

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 Joseph Oliver Evans
Residence of father (if deceased so state) Pittsboro, Ind.
Occupation of father Bus Driver - Greyhound Race of father white
Birthplace of father (State or foreign country) Shirley, Indiana
8. Full maiden name of mother Ondah Juanita Sprong
Residence of mother (if deceased so state) Pittsboro Ind
Occupation of mother Teacher Race of mother white
Birthplace of mother (State or foreign country) Elwood, Ind.

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

Signed Linda Lee Evans

New Address

Subscribed and sworn to before me this 6 day of June, 1964

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, 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 Hendricks Circuit Court of Indiana dated the 10 day of June, 19 64, authorizing the joining together as husband and wife Wendell Joel Bridges and Linda Lee Evans

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

I, Thomas R. Stratton hereby certify that on the 21 day of June, County of Hendricks one thousand nine hundred and 64 at Pittsboro County, State of Indiana, State of Indiana, Groom Wendell J. Bridges of Marion County, State of Indiana, and, Bride Linda Lee Evans 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 21 day of June, 19 64.

Signed Thomas R. Stratton

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 26 day of June, 19 64

Signed Claude Hughes Clerk

Hendricks Circuit Court

552

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. 143
File Book 27
June 6-1964
Date of Application

MALE
Medical Examination Report Dated May 25-1964
Name of Physician William B. Kriel M.D.

FEMALE
Medical Examination Report Dated May 25-1964
Name of Physician William B. Kriel MD

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 Eugene Last Williams

Date of Birth: Month May Day 11 Year 1940

Place of Birth (State or foreign country): Marion County Indiana

Residence Address: Street or R. R. 1419 South Kiel Ave City Indianapolis County Marion 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: Stock clerk

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Registration Certificate Selective Service

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? 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 Eugene Williams
    Residence of father (if deceased so state) 1419 So Kiel Ave, Indpls
    Occupation of father Laborer Race of father W
    Birthplace of father (State or foreign country) Monroe Co Indiana
12. Full maiden name of mother Verna Faris Brasnn
    Residence of mother (if deceased so state) 1419 So Kiel ave, Indpls
    Occupation of mother Housewife Race of mother W.
    Birthplace of mother (State or foreign country) Kentucky

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

Signed Carl Eugene Williams

New Address .....

Subscribed and sworn to before me this 6 day of June, 19 64

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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Ginger Middle Bethe Last Cogswell

Date of Birth: Month September Day 26 Year 1943

Place of Birth (State or foreign country): Marion County Indiana

Residence Address: Street or R. R. R R 1 Box 216 City Brownsburg 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: Ind. Bell Telephone

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 Robert V. Cogswell
   Residence of father (if deceased so state) R R 1 Box 216 - Brownsburg
   Occupation of father Laborer Race of father W
   Birthplace of father (State or foreign country) Marion Co. Ind
8. Full maiden name of mother Sylvia Ramona Mosher
   Residence of mother (if deceased so state) R R 1 Box 216 Brownsburg
   Occupation of mother Housewife Race of mother W.
   Birthplace of mother (State or foreign country) New York, N. Y.

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

Signed Ginger Bethe Cogswell

New Address .....

Subscribed and sworn to before me this 6 day of June, 19 64

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, 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* Hendricks *Circuit Court of Indiana dated the* 10 *day of* June, 19 64, *authorizing the joining together as husband and wife* Carl Eugene Williams *and* Ginger Bethe Cogswell

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

I, Lester B. Yearick *hereby certify that on the* 13 *day of* June, *one thousand nine hundred and* 64 *at* Brownsburg, *State of Indiana, Groom* Carl Eugene Williams *of* Marion *County, State of* Indiana *and, Bride* Ginger Bethe Cogswell *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 13 *day of* June, 19 64.

Signed Lester B. Yearick

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 16 *day of* June, 19 64.

Signed Claude Hughes 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

553

No. 144

File Book 27

June 6-1964
Date of Application

MALE
Medical Examination Report Dated June 2-1964
Name of Physician Samuel Goldman M.D.

FEMALE
Medical Examination Report Dated June 2-1964
Name of Physician Samuel Goldman 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 Charles Middle Richard Last Beard

Date of Birth: Month April Day 18 Year 1923

Place of Birth (State or foreign country) Hamilton Ohio

Residence Address: Street or R. R. RR 8 Box 309 City Indianapolis County 31-Hendricks State Ind.

Previous Marital Status: Never Married ☐ Number of Previous Marriages 3

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify)

Usual Occupation Truck Driver

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Chauffeurs 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? No ☐ Yes ☑
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address
Judith Ann Beard	17	RR 8 Indpls
Danny Lee Beard	13	" "

Father has Custody of children

    (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 Harry Leroy Beard Sr.
    Residence of father (if deceased so state) Hendricks County Home
    Occupation of father ____ Race of father W.
    Birthplace of father (State or foreign country) Middleton Ohio.
12. Full maiden name of mother Lena B. Hunsberger
    Residence of mother (if deceased so state) deceased
    Occupation of mother ____ Race of mother W
    Birthplace of mother (State or foreign country) Middletown Ohio.

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

Signed Charles Richard Beard

New Address ____

Subscribed and sworn to before me this 6 day of June, 19 64

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, County of ____ } ss:

Signed ____ Father

Signed ____ Mother

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

____ Clerk

FEMALE APPLICANT

Name: First Mary Middle Belle Last Alexander

Date of Birth: Month December Day 26 Year 1925

Place of Birth (State or foreign country) Hancock Co. Indiana

Residence Address: Street or R. R. 2916 W. Wash. City Indianapolis County Marion State Ind.

Maiden Name if Different Mary Belle Gebhart

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 Billing Truck Line

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 Gebhart
   Residence of father (if deceased so state) deceased
   Occupation of father ____ Race of father W
   Birthplace of father (State or foreign country) Hancock Co Ind.
8. Full maiden name of mother Elizabeth Nelson
   Residence of mother (if deceased so state) 929 No. England Indpls
   Occupation of mother ____ Race of mother W
   Birthplace of mother (State or foreign country) Rush Co Indiana.

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

Signed Mary Belle Alexander

New Address ____

Subscribed and sworn to before me this 6 day of June, 19 64

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, 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 ____ 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* 11 *day of* June, 19 64, *authorizing the joining together as husband and wife* Charles Richard Beard *and* Mary Belle Alexander

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

I, David L. Barnett *hereby certify that on the* 20th *day of* June, *one thousand nine hundred and* 64 *at* Avon, *County of* Hendricks, *State of Indiana, Groom* Charles Richard Beard *of* Hendricks *County, State of* Indiana, *and, Bride* Mary Belle Alexander *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 20 *day of* June, 19 64.

Signed David L. Barnett

Official Designation Methodist Minister

Filed and recorded in accordance with the laws of the State of Indiana this 22 *day of* June, 19 64

Signed Claude Hughes *Clerk*
Hendricks *Circuit Court*

554

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. 145

File

June 6, 1964
Date of Application

MALE
Medical Examination Report Dated May 25, 1964
Name of Physician John Ellett Jr. M.D.

FEMALE
Medical Examination Report Dated May 25, 1964
Name of Physician John Ellett 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, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Richard Middle Laurence Last Scotten

Date of Birth: Month 10 Day 26 Year 1945

Place of Birth (State or foreign country) Plainfield Ind.

Residence Address: Street or R. R. RR #1 City North Salem County Hendr 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

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? 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 Clarence Harlan Scotten
    Residence of father (if deceased so state) RR #1 North Salem
    Occupation of father Allison's Race of father white
    Birthplace of father (State or foreign country) Hendrs Co. Ind.
12. Full maiden name of mother Edna Grace Montooth
    Residence of mother (if deceased so state) RR #1 North Salem
    Occupation of mother housewife Race of mother white
    Birthplace of mother (State or foreign country) Monrovia, Indiana

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

Signed Richard L. Scotten

New Address.....

Subscribed and sworn to before me this 6 day of June, 19 64.
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,
County of HENDRICKS } ss:

Signed [signature] Father
Signed Edna Grace Scotten Mother
Subscribed and sworn to before me this 6 day of June, 19 64
Claude Hughes Clerk

FEMALE APPLICANT

Name: First Sandra Middle Louise Last Fruits

Date of Birth: Month June Day 13 Year 1945

Place of Birth (State or foreign country) Wolpe, Ind

Residence Address: Street or R. R. RR #1 City Clayton 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

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 Walter Allen Fruits
   Residence of father (if deceased so state) RR Clayton
   Occupation of father Link Belt Race of father white
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Marjorie Irene Sanders
   Residence of mother (if deceased so state) RR Clayton
   Occupation of mother housewife Race of mother white
   Birthplace of mother (State or foreign country) Indiana

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

Signed Sandra Louise Fruits

New Address.....

Subscribed and sworn to before me this 6 day of June, 19 64
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,
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* Hendricks *Circuit Court of Indiana dated the* 10 *day of* June, 19 64, *authorizing the joining together as husband and wife* Richard Laurence Scotten *and* Sandra Louise Fruits

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

I, C. N. Stevenson *hereby certify that on the* 12th *day of* June, *one thousand nine hundred and* 64 *at* Stilesville, *County of* Hendricks *State of Indiana, Groom* Richard Laurence Scotten *of* Hendricks *County, State of* Indiana *and, Bride* Sandra Louise Fruits *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 12th *day of* June, 19 64.

Signed C. N. Stevenson
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 22nd *day of* June, 19 64.

Signed Claude Hughes Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 146
File 27

HENDRICKS County

June 8 1964
Date of Application

MALE
Medical Examination Report Dated 5-11-64
Name of Physician Neal E Baxter

FEMALE
Medical Examination Report Dated 5-11-64
Name of Physician Neal E Baxter

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 Heath Middle K. Last Raper, Jr.
Date of Birth: Month July Day 30 Year 1942
Place of Birth (State or foreign country) Indianapolis Indiana
Residence Address: Street or R. R. 643 Harlan City Plainfield County Hends 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 Student
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? 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 Heath Knox Raper
    Residence of father (If deceased so state) Plainfield
    Occupation of father Allisons State of father W.
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Vilia Rhamayu Nutter
    Residence of mother (If deceased so state) Plainfield
    Occupation of mother Public Servic State of mother W.
    Birthplace of mother (State or foreign country) Indiana

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

Signed Heath K. Raper, Jr.
New Address
Subscribed and sworn to before me this 8th day of June, 19 64
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, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Pimonpan Middle Prasertwong Last
Date of Birth: Month Nov. Day 4 Year 1937
Place of Birth (State or foreign country) Chaiyapoom, Thailand
Residence Address: Street or R. R. Johnson Hall City Bloomington County Monroe 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) Thai
Usual Occupation Student
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Pass Port -

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 Muk Prasertwong
   Residence of father (if deceased so state) Thailand
   Occupation of father Retired Race of father Thai
   Birthplace of father (State or foreign country) Thailand
8. Full maiden name of mother Panee Sitiwong
   Residence of mother (if deceased so state) Thailand
   Occupation of mother none - Race of mother Thai
   Birthplace of mother (State or foreign country) Thailand

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

Signed Pimonpan Prasertwong.
New Address
Subscribed and sworn to before me this 8th day of June, 19 64
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, 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 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* 12 *day of* June, 1964, *authorizing the joining together as husband and wife* Heath K Raper, Jr *and* Pimonpan Prasertwong

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

I, ... *hereby certify that on the* ..... *day of* ....., *one thousand nine hundred and* ..... *at* ....., *County of* ....., *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* ....., 19.....

Signed .....
Official Designation .....

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

Signed ..... *Clerk*
..... *Circuit Court*

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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. 147
File 21
June 9 1964
Date of Application

MALE
Medical Examination Report Dated June 4, 1964
Name of Physician Dr. Lloyd Terry

FEMALE
Medical Examination Report Dated June 4, 1964
Name of Physician Dr. Lloyd Terry

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 Lowell Middle Dean Last Petree
Date of Birth: Month May Day 27 Year 1945
Place of Birth (State or foreign country) Clermont Indiana
Residence Address: Street or R. R. 147 S. Wayne City Danville County Hends 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 Filling Station Attendant
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? 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 Edward Petree
    Residence of father (if deceased so state) Danville
    Occupation of father Filling Station Race of father W.
    Birthplace of father (State or foreign country) London Ky.
12. Full maiden name of mother Ethel Hybarger
    Residence of mother (if deceased so state) Dandill
    Occupation of mother nursing home Race of mother W.
    Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Lowell Dean Petree
New Address
Subscribed and sworn to before me this 9th day of June, 1964
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, County of HENDRICKS } ss:
Signed Robert Edward Petree Father
Signed Ethel Petree Mother
Subscribed and sworn to before me this 9th day of June, 1964
Claude Hughes Clerk

FEMALE APPLICANT

Name: First Sharon Middle Lee Last Swope
Date of Birth: Month Jan Day 18 Year 1945
Place of Birth (State or foreign country) Flint Michigan
Residence Address: Street or R. R. 763 Sunset Dr. City Danville County Hends 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) 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 W. Swope
   Residence of father (if deceased so state) RR 2 - Danville
   Occupation of father American Bearing Race of father W.
   Birthplace of father (State or foreign country) Penn.
8. Full maiden name of mother Lena Mae Cook
   Residence of mother (if deceased so state) RR2 - Danville
   Occupation of mother none Race of mother W.
   Birthplace of mother (State or foreign country) N. Carolena

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Sharon Lee Swope
New Address
Subscribed and sworn to before me this 9th day of June, 19 64
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, 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 Hendricks Circuit Court of Indiana dated the 13th day of June, 19 64, authorizing the joining together as husband and wife Lowell Dean Petree and Sharon Lee Swope
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Leon Davis hereby certify that on the 13 day of June, one thousand nine hundred and 64 at Danville, County of Hendricks, State of Indiana, Groom Lowell Dean Petree of Hendricks County, State of Indiana, and, Bride Sharon Lee Swope 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 13 day of June, 19 64.

Signed Leon Davis
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 16 day of June, 19 64.
Signed Claude Hughes Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 148

HENDRICKS County

File

June 10, 1964 Date of Application

MALE
Medical Examination Report Dated June 8, 1964
Name of Physician J. A. Torella, M.D

FEMALE
Medical Examination Report Dated June 8, 1964
Name of Physician J. A. Torella, 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 Donald Middle Eugene Last Overholser, Jr.

Date of Birth: Month July Day 5 Year 1942

Place of Birth (State or foreign country) Norfolk, Virginia

Residence Address: Street or R. R. 30 North Tremont City Indpls County Marion State 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 Line Belt

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

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? 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 Donald Eugene Overholser, Sr.
Residence of father (if deceased so state) Indpls, Ind.
Occupation of father Chrysler Race of father White
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Joan Thompson
Residence of mother (if deceased so state) —
Occupation of mother — Race of mother White
Birthplace of mother (State or foreign country) —

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

Signed Donald Eugene Overholser Jr.

New Address

Subscribed and sworn to before me this 10 day of June, 19 64.
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, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Mary Middle Jo Last Thompson

Date of Birth: Month January Day 30 Year 1939

Place of Birth (State or foreign country) Indpls, Ind.

Residence Address: Street or R. R. RR #2, Box 79, City Brownsburg County Hend. State Ind.

Maiden Name if Different

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 Post Office

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 Brainard Fredrick Cooper
Residence of father (if deceased so state) 6108 Estate Indpls, Ind.
Occupation of father Allison's Race of father White
Birthplace of father (State or foreign country) Indpls, Ind.
8. Full maiden name of mother Chestine Priscilla Potter
Residence of mother (if deceased so state) Indpls, Ind
Occupation of mother Housewife Race of mother White
Birthplace of mother (State or foreign country) Illinois

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

Signed Mary Jo Thompson

New Address

Subscribed and sworn to before me this 10 day of June, 19 64
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, 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 Hendricks Circuit Court of Indiana dated the 14 day of June, 19 64 authorizing the joining together as husband and wife Donald Eugene Overholser Jr. and Mary Jo Thompson

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

I, Carl C. Moman hereby certify that on the 14 day of June one thousand nine hundred and 64 at Bloomington, County of Monroe, State of Indiana, Groom Donald Eugene Overholser, Jr of Marion County, State of Indiana, and, Bride Mary Jo Thompson 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 14 day of June, 19 64. Signed Rev. Carl C. Moman
Official Designation Baptist Minister

Filed and recorded in accordance with the laws of the State of Indiana this 16 day of June, 19 64
Signed Claude Hughes 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. 149

File

June 11, 1964
Date of Application

MALE
Medical Examination Report Dated June 4, 1964
Name of Physician Chester L. Waits

FEMALE
Medical Examination Report Dated June 4, 1964
Name of Physician ~~Chester L. Waits~~ David B. Hayward

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 Charles Middle Harrison Last Brown

Date of Birth: Month January Day 7 Year 1941

Place of Birth (State or foreign country) New Castle, Indiana

Residence Address: Street or R. R. 143 Halsey Dr. West City Lafayette, Tipp. County 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 Laborer.

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? 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 Prentice Raymond Brown
    Residence of father (if deceased so state) New Castle, Indiana
    Occupation of father Carpenter Race of father White
    Birthplace of father (State or foreign country) Albany, Kentucky
12. Full maiden name of mother Lula Edith Paige
    Residence of mother (if deceased so state) New Castle, Ind.
    Occupation of mother Fire Store Race of mother White
    Birthplace of mother (State or foreign country) Illinois

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

Signed Charles Harrison Brown

New Address.....

Subscribed and sworn to before me this 11 day of June, 19 64

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,
County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

FEMALE APPLICANT

Name: First Mary Middle Elizabeth Last Andrews

Date of Birth: Month April Day 28 Year 1944

Place of Birth (State or foreign country) Lebanon, Tennessee

Residence Address: Street or R. R. 514 Simmons St. City Plainfield ~~Hend.~~ County Hend. 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 Clerk - Teller

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 William Jesse Andrews
   Residence of father (if deceased so state) Plainfield, Ind.
   Occupation of father Civil Engineer Race of father White
   Birthplace of father (State or foreign country) Lebanon, Tennessee
8. Full maiden name of mother Mae Frances Carr
   Residence of mother (if deceased so state) Plainfield, Ind.
   Occupation of mother Watson's Race of mother White
   Birthplace of mother (State or foreign country) Lebanon, Tenn.

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

Signed Mary Elizabeth Andrews

New Address.....

Subscribed and sworn to before me this 11 day of June, 19 64.

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,
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* 15 *day of* June, 19 64, *authorizing the joining together as husband and wife* Charles Harrison Brown *and* Mary Elizabeth Andrews

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

I, John T. Smithson III *hereby certify that on the* 22nd *day of* June, *one thousand nine hundred and* 64 *at* Indianapolis, *County of* Hendricks, *State of Indiana, Groom* Charles Harrison Brown *of* Tippecanoe *County, State of* Indiana *and, Bride* Mary Elizabeth Andrews *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 27 *day of* June, 19 64.

Signed John T Smithson III

Official Designation Minister - Church of Christ

Filed and recorded in accordance with the laws of the State of Indiana this 1 *day of* July, 19 64.

Signed Claude Hughes *Clerk*

Hendricks *Circuit Court*

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 150

HENDRICKS County

File June 12-1964 Date of Application

MALE
Medical Examination Report Dated June 9-1964
Name of Physician Oscar Kouraay M.D.

FEMALE
Medical Examination Report Dated June 9-1964
Name of Physician Oscar Kouraay 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 R. Middle Dean Last Cooper

Date of Birth: Month Jan Day 27 Year 1942

Place of Birth (State or foreign country) Indianapolis Ind.

Residence Address: Street or R. R. 401 Dunn St City Plainfield County Hend. 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 Lab Tech.

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? 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 Harold Louis Cooper
    Residence of father (if deceased so state) Plainfield
    Occupation of father Plainfield Bowl Race of father W
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Dorothy Lenore Powell
    Residence of mother (if deceased so state) Plainfield
    Occupation of mother Secretary Race of mother W
    Birthplace of mother (State or foreign country) Indiana

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

Signed ☒ R. Dean Cooper

New Address .....

Subscribed and sworn to before me this 12 day of June, 19 64.

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, County of 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 Noble

Date of Birth: Month Dec Day 12 Year 1942

Place of Birth (State or foreign country) Jeffersonville Ind.

Residence Address: Street or R. R. 202 Hadley St. City Mooresville County Morgan 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 Secretary Receptionist

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 John Ralph Noble
   Residence of father (if deceased so state) Mooresville
   Occupation of father Office Mgr. Race of father W
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Ollie Aileen Lewis
   Residence of mother (if deceased so state) Mooresville
   Occupation of mother housewife Race of mother W
   Birthplace of mother (State or foreign country) Indiana

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

Signed ☒ Barbara Ann Noble

New Address .....

Subscribed and sworn to before me this 12 day of June, 19 64

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, 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 ..... 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 16th day of June, 19 64, authorizing the joining together as husband and wife R. Dean Cooper and Barbara Ann Noble

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

I, James L. Ray hereby certify that on the 20 day of June one thousand nine hundred and 64 at Mooresville, County of Morgan, State of Indiana, Groom R. Dean Cooper of Morgan County, State of Indiana, and, Bride Barbara Ann Noble of Morgan 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 20 day of June, 19 64. Signed James L. Ray

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 23 day of June, 19 64

Signed Claude Hughes 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. 151

File

June 13-1964
Date of Application

MALE
Medical Examination Report Dated June 8-1964
Name of Physician Norman E Whitney

FEMALE
Medical Examination Report Dated June 8-1964
Name of Physician Norman E Whitney

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 Jerry Middle Wayne Last Cooper

Date of Birth: Month Nov Day 30 Year 1945

Place of Birth (State or foreign country) Greencastle Ind.

Residence Address: Street or R. R. 406 avon ave City Plainfield County (Hend.) 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: Parts Dept Hatfield motor

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? 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 Kenneth Wayne Cooper
    Residence of father (if deceased so state) Mooresville
    Occupation of father Allisons Race of father W
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Mary Ruth Rippy
    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, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Jerry Wayne Cooper

New Address.....

Subscribed and sworn to before me this 13 day of June, 1964

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 Has Full Custody

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed Mary Ruth Cooper Mother

Subscribed and sworn to before me this 13 day of June, 1964

Claude Hughes Clerk

FEMALE APPLICANT

Name: First Debbie Middle Jo Last Medsker

Date of Birth: Month May Day 26 Year 1946

Place of Birth (State or foreign country) Indianapolis Ind.

Residence Address: Street or R. R. 315 Lockerbie City Mooresville County (Morgan) 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) 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 E. Medsker
   Residence of father (if deceased so state) Mooresville
   Occupation of father Self Employed Race of father W
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Elma Frances Paddock
   Residence of mother (if deceased so state) Mooresville
   Occupation of mother Housewife Race of mother W
   Birthplace of mother (State or foreign country) Indiana

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

Signed Debbie Jo Medsker

New Address.....

Subscribed and sworn to before me this 13 day of June, 64

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, 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* Hendricks *Circuit Court of Indiana dated the* 17th *day of* June 19 64, *authorizing the joining together as husband and wife* Jerry Wayne Cooper *and* Debbie Jo Medsker

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

I, James L. Bays hereby certify that on the 26 day of June, one thousand nine hundred and 64 at Mooresville, County of Morgan, State of Indiana, Groom Jerry Wayne Cooper of Hendricks County, State of Indiana, and, Bride Debbie Jo Medsker of Morgan 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 17 day of June, 19 64.

Signed James L. Bays

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 30 day of June, 19 64.

Signed Claude Hughes Clerk

Hendricks Circuit Court

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

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STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 152
File 27
June 13 1964 Date of Application

MALE
Medical Examination Report Dated June 10, 1964
Name of Physician David B Haggard

FEMALE
Medical Examination Report Dated June 10, 1964
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: First Scott Middle Shadwick Last
Date of Birth: Month July Day 20, Year 1942
Place of Birth (State or foreign country) Hill City Indiana
Residence Address: Street or R. R. 123 N West St City Plainfield County Hendricks 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 Public Service
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? 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 Esthma Otto Shadwick
    Residence of father (if deceased so state) Plainfield
    Occupation of father Camp School Race of father W
    Birthplace of father (State or foreign country) Kentucky
12. Full maiden name of mother Rosetta Violet Coultas
    Residence of mother (if deceased so state) Plainfield
    Occupation of mother None Race of mother W.
    Birthplace of mother (State or foreign country) Kentucky

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

Signed.....
New Address.....
Subscribed and sworn to before me this 13th day of June, 19 64
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, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Joyce Middle Mee Last
Date of Birth: Month Sept Day 21 Year 1944
Place of Birth (State or foreign country) Greencastle Indiana
Residence Address: Street or R. R. 126 N. West City Plainfield 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 Public Service
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 Dora Robert Mee
   Residence of father (if deceased so state) RR 3 - Clarendale
   Occupation of father Farmer-Trucker Race of father W.
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Velda Rose Ray
   Residence of mother (if deceased so state) RR 3 Clarendale
   Occupation of mother None Race of mother W.
   Birthplace of mother (State or foreign country) Indiana

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

Signed.....
New Address.....
Subscribed and sworn to before me this 13th day of June, 1964
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, 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 Hendricks County Superior Court by written order issued June 13-1964 and filed in Clerks office authorizes and directs the issuance of a marriage license to the above named parties. 3 days Waived

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* 13th *day of* June, 1964, *authorizing the joining together as husband and wife* Scott Shadwick *and* Joyce Mees

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

I, Warren A. Robbins *hereby certify that on the* 13 *day of* June *one thousand nine hundred and* 64 *at* Plainfield, *County of* Hendricks *State of Indiana, Groom* Scott Shadwick *of* Hendricks *County, State of* Indiana *and, Bride* Joyce Mees *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 13 day of June, 1964. Signed Warren A. Robbins
Official Designation Christian Minister

Filed and recorded in accordance with the laws of the State of Indiana this 16 *day of* June, 1964
Signed Claude Hughes Clerk
Hendricks Circuit Court

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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. 153

File

June 13, 1964
Date of Application

MALE
Medical Examination Report Dated 5-29-64
Name of Physician R. W. Kertley, M.D.

FEMALE
Medical Examination Report Dated 5-27-64
Name of Physician Earl Hill 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 Joe Middle Lee Last Ousler

Date of Birth: Month August Day 17 Year 1936

Place of Birth (State or foreign country) Attica Indiana

Residence Address: Street or R. R. 302 S. Washington City Danville County Hend 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 Teacher

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? 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 Maurice O. Ousler
    Residence of father (if deceased so state) Williamsport, Ind.
    Occupation of father Truck Driver Race of father White
    Birthplace of father (State or foreign country) Putnam Co. Indiana
12. Full maiden name of mother Virginia Maryann Timmons
    Residence of mother (if deceased so state) Indiana
    Occupation of mother Telephone Operator Race of mother White
    Birthplace of mother (State or foreign country) Indiana

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

Signed Joe Lee Ousler

New Address.....

Subscribed and sworn to before me this 13 day of June, 19 64

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,
County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

FEMALE APPLICANT

Name: First Beverly K. Middle Threlkeld Last

Date of Birth: Month July Day 6 Year 1938

Place of Birth (State or foreign country) Wolfs, Indiana

Residence Address: Street or R. R. 4522 West 36½ City Minneapolis County Hennepin State Minn.

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 Teacher

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 Lester M. Threlkeld
   Residence of father (if deceased so state) Bosstick, Danville
   Occupation of father Retired Race of father White
   Birthplace of father (State or foreign country) Boone Co., Ind.
8. Full maiden name of mother Opha Mae Tanner
   Residence of mother (if deceased so state) Bosstick, Danville
   Occupation of mother Housewife Race of mother White
   Birthplace of mother (State or foreign country) Lynn Co., Missouri

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

Signed Beverly K. Threlkeld

New Address.....

Subscribed and sworn to before me this 13 day of June, 19 64

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,
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* Hendricks *Circuit Court of Indiana dated the* 17 *day of* June, 19 64, *authorizing the joining together as husband and wife* Joe Lee Ousler *and* Beverly K. Threlkeld

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

I, Floyd B. King *hereby certify that on the* 21 *day of* June, *one thousand nine hundred and* 64 *at* Danville, *County of* Hendricks *State of Indiana, Groom* Joe Lee Ousler *of* Hendricks *County, State of* Indiana *and, Bride* Beverly K. Threlkeld *of* Hennepin *County, State of* Minnesota, *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 21 *day of* June, 19 64.

Signed Floyd B. King

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 26 *day of* June, 19 64.

Signed Claude Hughes Clerk

Hendricks Circuit Court

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

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STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 154

HENDRICKS County

File

June 13 1964
Date of Application

MALE
Medical Examination Report Dated 6-10-64
Name of Physician J. Weis

FEMALE
Medical Examination Report Dated 6-10-64
Name of Physician J. Weis

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 Casey Middle Sams Last

Date of Birth: Month August Day 4 Year 1942

Place of Birth (State or foreign country) Oneida, Kentucky

Residence Address: Street or R. R. RR #1 Box 244 City Brownsburg County Hend. 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 Labor

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? 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 Otis Sams
    Residence of father (if deceased so state) Brownsburg, Ind.
    Occupation of father Bryans Race of father white
    Birthplace of father (State or foreign country) Kentucky
12. Full maiden name of mother Alice Smith
    Residence of mother (if deceased so state) Brownsburg, Ind.
    Occupation of mother Factory Race of mother white
    Birthplace of mother (State or foreign country) Kentucky

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

Signed Casey Sams

New Address

Subscribed and sworn to before me this 13 day of June, 1964

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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Lauren Middle Lee Last May

Date of Birth: Month July Day 6 Year 1945

Place of Birth (State or foreign country) Indpls. Ind.

Residence Address: Street or R. R. 818 S. Waldemere City Indpls. County Marion 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

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 Marion Edgar May
   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 Florence Elizabeth Pratt
   Residence of mother (if deceased so state) Indpls, Ind.
   Occupation of mother housewife Race of mother white
   Birthplace of mother (State or foreign country) Indpls, Indiana

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

Signed Lauren May

New Address

Subscribed and sworn to before me this 13 day of June, 1964

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, 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 ..... 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* 19 *day of* June, 1964, *authorizing the joining together as husband and wife* Casey Sams *and* Lauren Lee May

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

I, R. B. Pickard *hereby certify that on the* 19 *day of* June *one thousand nine hundred and* 64 *at* Danville, *County of* Hendricks *State of Indiana, Groom* Casey Sams *of* Hendricks *County, State of* Indiana *and, Bride* Lauren Lee May *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 20 *day of* June, 1964.

Signed R. B. Pickard

Official Designation J. P.

Filed and recorded in accordance with the laws of the State of Indiana this 22 *day of* June, 1964

Signed Claude Hughes Clerk
Hendricks Circuit Court

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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. 155
File 27
June 13, 1964
Date of Application

MALE
Medical Examination Report Dated June 3, 1964
Name of Physician Fred P Warbenton

FEMALE
Medical Examination Report Dated June 3, 1964
Name of Physician Fred P. Warbenton

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 Harold Middle W. Last Alexander
Date of Birth: Month June Day 7 Year 1944
Place of Birth (State or foreign country): Greencastle Indiana
Residence Address: Street or R. R. R R 1 City Clayton County Hends 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: Mechanic
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? 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 Harold Delaney Alexander
    Residence of father (if deceased so state) deckased
    Occupation of father..... Race of father W.
    Birthplace of father (State or foreign country) Indiana -
12. Full maiden name of mother Helen Tucker -
    Residence of mother (if deceased so state) R R Clayton
    Occupation of mother None Race of mother W.
    Birthplace of mother (State or foreign country) Indiana -

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Harold W. Alexander
New Address.....
Subscribed and sworn to before me this 13th day of June, 1964
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, County of HENDRICKS } ss:
Signed Helen A. Alexander Father
Signed ..... Mother
Subscribed and sworn to before me this 13th day of June, 1964
Claude Hughes - Clerk

FEMALE APPLICANT

Name: First Priscilla Middle A. Last Yaden
Date of Birth: Month May Day 14 Year 1944
Place of Birth (State or foreign country): Indianapolis Indiana
Residence Address: Street or R. R. 210 N. Center City Plainfield County Hends 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: Lilly -
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 L. Yaden
   Residence of father (if deceased so state) Little Rock Ark
   Occupation of father Army Race of father W.
   Birthplace of father (State or foreign country) Montana
8. Full maiden name of mother Helen Park -
   Residence of mother (if deceased so state) Plainfield
   Occupation of mother Ind. Bell Race of mother W.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Priscilla A. Yaden
New Address.....
Subscribed and sworn to before me this 13th day of June, 1964
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, 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* Hendricks *Circuit Court of Indiana dated the* 17 *day of* June, 19 64, *authorizing the joining together as husband and wife* Harold W. Alexander *and* Priscilla Yaden
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Norval E. Webb *hereby certify that on the* 26 *day of* June, *one thousand nine hundred and* 64 *at* Plainfield, *County of* Hendricks, *State of Indiana, Groom* Harold W. Alexander *of* Hendricks *County, State of* Indiana, *and, Bride* Priscilla Yaden, *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 26 *day of* June, 19 64.

Signed Norval E. Webb
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 30 *day of* June, 19 64.
Signed Claude Hughes *Clerk*
Hendricks *Circuit Court*

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 156

File

June 13, 1964
Date of Application

MALE
Medical Examination Report Dated 6-6-64
Name of Physician John F. Ling, M.D.

FEMALE
Medical Examination Report Dated 6-6-64
Name of Physician John F. Ling, 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 Floyd Middle L. Last Cotner

Date of Birth: Month Nov. Day 12 Year 1925

Place of Birth (State or foreign country) Miami Ohio

Residence Address: Street or R. R. 417 So. Jose City Dayton County Montgomery State Ohio

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 Dispatcher

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? No ☐ Yes ☑
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address
Robert William Cotner	17	Sidney, Ohio
Randolph Joseph Cotner	11	" "

(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 Leroy Cotner
    Residence of father (if deceased so state) Washington Court House, Ohio
    Occupation of father ——— Race of father White
    Birthplace of father (State or foreign country) Lemar, Ohio
12. Full maiden name of mother Florence Una Dalsbury
    Residence of mother (if deceased so state) Fort Jennings, Ohio
    Occupation of mother Housewife Race of mother White
    Birthplace of mother (State or foreign country) Vaughnsville, Ohio

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

Signed Floyd L. Cotner Jr.

New Address

Subscribed and sworn to before me this 13 day of June, 1964

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, County of HENDRICKS } ss:

Signed ——— Father

Signed ——— Mother

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

——— Clerk

FEMALE APPLICANT

Name: First Carol Middle Louise Last Focht

Date of Birth: Month Aug. Day 14 Year 1935

Place of Birth (State or foreign country) Brookville, Ohio

Residence Address: Street or R.R. 228 Zeigler City Dayton County Montgomery State Ohio

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)

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 Gilbert Focht
   Residence of father (if deceased so state) deceased
   Occupation of father ——— Race of father White
   Birthplace of father (State or foreign country) Dayton Ohio
8. Full maiden name of mother Della Mae Coon
   Residence of mother (if deceased so state) Lewisburg, Ohio
   Occupation of mother housewife Race of mother white
   Birthplace of mother (State or foreign country) Dayton, Ohio

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

Signed Carol L Focht

New Address

Subscribed and sworn to before me this 13 day of June, 1964

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, 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 ——— 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 20 day of June, 1964, authorizing the joining together as husband and wife Floyd L. Cotner and Carol Louise Focht

Be it further remembered, the following marriage certificate was filed in my office, to-wit: I, R. B. Pickard hereby certify that on the 20 day of June one thousand nine hundred and 64 at Dayville, County of Hendricks State of Indiana, Groom Floyd L Cotner of Montgomery County, State of Ohio and, Bride Carol L. Focht of Montgomery County, State of Ohio 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 20 day of June, 1964. Signed R. B. Pickard

Official Designation J. P. 1964

Filed and recorded in accordance with the laws of the State of Indiana this 22 day of June, 1964

Signed Claude Hughes Clerk Hendricks Circuit Court

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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. 157
File 27
June 15 1964
Date of Application

MALE
Medical Examination Report Dated June 10, 1964
Name of Physician William S Sobat, M.D.

FEMALE
Medical Examination Report Dated June 10, 1964
Name of Physician William S. Sobat, 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 Larry Middle S. Last Freeman
Date of Birth: Month June Day 13 Year 1939
Place of Birth (State or foreign country) Bloomington Indiana
Residence Address: Street or R. R. 3800 W. 86th. City Indianapolis County Marion State Ind.
Previous Marital Status: Never Married ☒ ~~Married~~ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☒ ~~Negro~~ ☐ Other ☐ (specify).....
Usual Occupation Allisons
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? 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 Hurschell Freeman
    Residence of father (if deceased so state) Bloomington
    Occupation of father R.C.A. Race of father W
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Oneta Stephenson
    Residence of mother (if deceased so state) Deceased -
    Occupation of mother ..... Race of mother W.
    Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Larry S. Freeman
New Address.....
Subscribed and sworn to before me this 15th day of June, 1964
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, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Susan Middle Ann Last Page
Date of Birth: Month March Day 16 Year 1939
Place of Birth (State or foreign country) Clark County Illinois
Residence Address: Street or R. R. 570 Avon City Plainfield County Hend. State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☐ ~~Married~~ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☒ ~~Negro~~ ☐ Other ☐ (specify).....
Usual Occupation Teacher
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 Oren C. Page
   Residence of father (if deceased so state) Plainfield
   Occupation of father Allisons Race of father W
   Birthplace of father (State or foreign country) Illinois
8. Full maiden name of mother Beatrice Lode
   Residence of mother (if deceased so state) Plainfield
   Occupation of mother None Race of mother W.
   Birthplace of mother (State or foreign country) Illinois

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Susan Page
New Address.....
Subscribed and sworn to before me this 15th day of June, 1964
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, 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* Hendricks *Circuit Court of Indiana dated the* 19th *day of* June, 1964, *authorizing the joining together as husband and wife* Larry S Freeman *and* Susan Page

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

I, Donald F. McMahon *hereby certify that on the* 20 *day of* June *one thousand nine hundred and* 64 *at* Plainfield, *County of* Hendricks *State of Indiana, Groom* Larry S. Freeman *of* Monroe *County, State of* Indiana *and, Bride* Susan Page *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 20 *day of* June, 1964.

Signed Donald McMahon
Official Designation Methodist Clergyman

Filed and recorded in accordance with the laws of the State of Indiana this 22 *day of* June, 19 64.

Signed Claude Hughes *Clerk*
Hendricks *Circuit Court*

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

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STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 158

HENDRICKS County

File June 15 - 1964 Date of Application

MALE
Medical Examination Report Dated 6-13-64
Name of Physician William A Polat m D.

FEMALE
Medical Examination Report Dated 6-13-64
Name of Physician William A Polat 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 William Middle Lee Last Norman

Date of Birth: Month March Day 22 Year 1939

Place of Birth (State or foreign country) Norman Ind.

Residence Address: Street or R. R. Apes Trailer Court City Clermont County Hendricks State Ind.

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

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

Usual Occupation Route Supervisor Omar Bakeries

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? No ☐ Yes ☒
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address
Denise Jo	5	Clermont
Teresa Lee	3	Clermont

(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? custody 2 children Yes ☐ No ☐

11. Full name of father Isaac H Norman
    Residence of father (if deceased so state) Muncie
    Occupation of father Driver Gear Race of father W
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Nancy Lucille Fesler
    Residence of mother (if deceased so state) Swirtz City
    Occupation of mother housewife Race of mother W
    Birthplace of mother (State or foreign country) Indiana

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

Signed x William Lee Norman

New Address

Subscribed and sworn to before me this 15 day of June, 19 64.

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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Janet Middle Sue Last Holbrook

Date of Birth: Month Feb Day 13 Year 1940

Place of Birth (State or foreign country) Indianapolis Ind.

Residence Address: Street or R. R. 1769 Easley Dr. City Indpls County Marion State Ind.

Maiden Name if Different Janet Sue Williams

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

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

Usual Occupation Capsule sorter Eli Lilly

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 Robert H Williams
   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 Alberta Fern Hull
   Residence of mother (if deceased so state) Indianapolis
   Occupation of mother unemployed Race of mother W
   Birthplace of mother (State or foreign country) Indiana

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

Signed x Janet Sue Holbrook

New Address

Subscribed and sworn to before me this 15 day of June 19 64

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, 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 ..... 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 19 day of June, 1964, authorizing the joining together as husband and wife William Lee Norman and Janet Sue Holbrook

Be it further remembered, the following marriage certificate was filed in my office, to-wit: I, Norman H. Schultz hereby certify that on the 20 day of June one thousand nine hundred and 64 at Indianapolis County of Marion State of Indiana, Groom William Lee Norman of Hendricks County, State of Indiana and, Bride Janet Sue Holbrook 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 20 day of June, 1964. Signed Norman H. Schultz Official Designation Clergyman

Filed and recorded in accordance with the laws of the State of Indiana this 24 day of June, 1964 Signed Claude Hughes Clerk Hendricks Circuit Court

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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. 159

File

June 16, 1964
Date of Application

MALE
Medical Examination Report Dated June 11, 1964
Name of Physician J. M. Miller, M.D.

FEMALE
Medical Examination Report Dated June 6, 1964
Name of Physician A. N. Sandoles, 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 Jerry; Middle Sites; Last Judy

Date of Birth: Month Jan.; Day 28; Year 1941

Place of Birth (State or foreign country)

Residence Address: 1103 South Lincoln, Bloomington, Monroe, Ind.
Huntington, Indiana
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: Chemist

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? 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 Hales Sites Judy
    Residence of father (if deceased so state) Pierceton, Indiana
    Occupation of father farmer Race of father white
    Birthplace of father (State or foreign country) West Virginia
12. Full maiden name of mother Anna Ruth Casper
    Residence of mother (if deceased so state) Pierceton, Ind.
    Occupation of mother housewife Race of mother White
    Birthplace of mother (State or foreign country) Andrews, Indiana

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

Signed Jerry Judy

New Address

Subscribed and sworn to before me this 16 day of June, 1964.
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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this 16 day of June, 1964
Claude Hughes Clerk

FEMALE APPLICANT

Name: First Leonor; Middle; Last Newby

Date of Birth: Month March; Day 9; Year 1943

Place of Birth (State or foreign country) Seymour, Indiana

Residence Address: RR #1 Box 204 Brownsburg Hend 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: Student - I. U.

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 Harry Leo Newby
   Residence of father (if deceased so state) Brownsburg, Indiana
   Occupation of father Contractor Race of father White
   Birthplace of father (State or foreign country) North Dakota
8. Full maiden name of mother Mildred Fay Peacock
   Residence of mother (if deceased so state) Brownsburg, Indiana
   Occupation of mother Secretary Race of mother White
   Birthplace of mother (State or foreign country) Franklin, Indiana

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

Signed Leonor Newby

New Address.....

Subscribed and sworn to before me this 16 day of June, 1964
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, 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* Hendricks *Circuit Court of Indiana dated the* 20 *day of* June, 19 64, *authorizing the joining together as husband and wife* Jerry Sites Judy *and* Leonor Newby

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

I, Rev. L.L. Knopfmeier *hereby certify that on the* 21 *day of* June, *one thousand nine hundred and* 64, *at* Brownsburg, *County of* Hendricks, *State of Indiana, Groom* Jerry Sites Judy *of* Kosciusko *County, State of* Indiana *and, Bride* Leonor Newby *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 21 *day of* June, 19 64.

Signed Rev. L.L. Knopfmeier
Official Designation Methodist Minister

Filed and recorded in accordance with the laws of the State of Indiana this 3 *day of* July, 19 64.

Signed Claude Hughes Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 160

File

June 17 1964
Date of Application

MALE
Medical Examination Report Dated 6-13-64
Name of Physician Lloyd S. Terry, M.D.

FEMALE
Medical Examination Report Dated 6-13-64
Name of Physician Lloyd S. 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: First Herrell Middle Edward Last Baker

Date of Birth: Month April Day 2 Year 1943

Place of Birth (State or foreign country) Scalps, Ind.

Residence Address: Street or R. R. RR #1 City North Salem, County Hendricks 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 Allison's

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? 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 Lawrence Russell Baker
    Residence of father (if deceased so state) North Salem, Ind.
    Occupation of father farmer Race of father White
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Elizabeth Irene Parsons
    Residence of mother (if deceased so state) North Salem, Ind.
    Occupation of mother housewife Race of mother White
    Birthplace of mother (State or foreign country) Indiana

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

Signed Herrell Edward Baker

New Address.....

Subscribed and sworn to before me this 17 day of June, 1964

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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

FEMALE APPLICANT

Name: First Madonna Middle Mae Last Gough

Date of Birth: Month July Day 27 Year 1944

Place of Birth (State or foreign country) Montgomery County, Ind.

Residence Address: Street or R. R. RR #2 City Roachdale, County Putnam 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 Allison's

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 Howard Jennings Gough
   Residence of father (if deceased so state) Roachdale, Ind.
   Occupation of father farmer Race of father White
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Emma Irene Shumaker
   Residence of mother (if deceased so state) Roachdale, Ind.
   Occupation of mother housewife Race of mother White
   Birthplace of mother (State or foreign country) Indiana

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

Signed Madonna Mae Gough

New Address.....

Subscribed and sworn to before me this 17 day of June 1964

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, 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* Hendricks *Circuit Court of Indiana dated the* 22nd *day of* June, 19 64, *authorizing the joining together as husband and wife* Herrell Edward Barker *and* Madonna Mae Gough

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

I, Rev Paul L. Kitley *hereby certify that on the* 28th *day of* June *one thousand nine hundred and* 64 *at* Roachdale, *County of* Putnam *State of Indiana, Groom* Herrell Edward Barker *of* Hendricks *County, State of* Indiana *and, Bride* Madonna Mae Gough *of* Putnam *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 28th day of June, 19 64

Signed Paul L Kitley

Official Designation clergyman

Filed and recorded in accordance with the laws of the State of Indiana this 3 *day of* July, 19 64

Signed Claude Hughes 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. 161
File Book 29
June 17-1964
Date of Application

MALE
Medical Examination Report Dated June 15-1964
Name of Physician Dr M. O. Seamahorn

FEMALE
Medical Examination Report Dated June 15-1964
Name of Physician Dr M. O. Seamahorn

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 Lester Middle Howard Last Williams
Date of Birth: Month October Day 14 Year 1943
Place of Birth (State or foreign country) Indianapolis
Residence Address: Street or R. R. Lizton City Hendricks 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 Truck Driver
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Birth Certificate

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? 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 unknown
    Residence of father (if deceased so state)
    Occupation of father Race of father
    Birthplace of father (State or foreign country)
12. Full maiden name of mother Anna Lorene Williams
    Residence of mother (if deceased so state) Crawfordsville Ind.
    Occupation of mother Eagles Bk. Indpls Race of mother W.
    Birthplace of mother (State or foreign country) Tennessee

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Lester Howard Williams
New Address
Subscribed and sworn to before me this 17 day of June, 1964
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
Certified Statement of both parents see attached for Consent.

State of Indiana, County of HENDRICKS } ss:
Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this 17 day of June, 1964
Claude Hughes ..... Clerk

FEMALE APPLICANT

Name: First Linda Middle Mae Last Wepf
Date of Birth: Month July Day 17 Year 1944
Place of Birth (State or foreign country) Louisville Kentucky
Residence Address: Street or R. R. RR 5 - Box 318 City Indianapolis County Marion 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 Secy.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Birth Certificate

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 Ernest William Wepf
   Residence of father (if deceased so state) RR 5 Indpls
   Occupation of father Supt. Race of father W
   Birthplace of father (State or foreign country) Tracy City Tenn
8. Full maiden name of mother Elsie Lora Knoop
   Residence of mother (if deceased so state) RR 5 Indpls
   Occupation of mother Housewife Race of mother W
   Birthplace of mother (State or foreign country) Louisville Ky.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Linda Mae Wepf
New Address
Subscribed and sworn to before me this 17 day of June, 1964
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, 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* Hendricks *Circuit Court of Indiana dated the* 21st *day of* June, 19 64, *authorizing the joining together as husband and wife* Lester Howard Williams *and* Linda Mae Wepf
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Edgar Byron *hereby certify that on the* 21 *day of* June, *one thousand nine hundred and* 64 *at* North Salem, *County of* Hendricks, *State of Indiana, Groom* Lester Howard Williams *of* Hendricks *County, State of* Indiana *and, Bride* Linda Mae Wepf *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 21 *day of* June, 19 64.

Signed Edgar Byron
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 22 *day of* June, 19 64.
Signed Claude Hughes *Clerk*
Hendricks *Circuit Court*

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

MALE
Medical Examinati

Name of Physician

ALL QUESTIONS MUST BE
tion or pretense shall be fin

Name *First* Les
Date of Birth Mo
Place of Birth (State or fore Ca
Residence Address Indian
Previous Marital Status: N
Last Marriage Ended By:
Color or Race White
Usual Occupation Stu
Date of birth verified by: [

☐ Other (Specify) 12

1. Are you now or have you
   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? 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 unknown
    Residence of father (if deceased so state)
    Occupation of father Race of father
    Birthplace of father (State or foreign country)
12. Full maiden name of mother Anna Lorene Williams
    Residence of mother (if deceased so state) Crawfordsville Ind.
    Occupation of mother Naples Bk. Ind'pls Race of mother W.
    Birthplace of mother (State or foreign country) Tennessee

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

Signed Lester Howard Williams
New Address
Subscribed and sworn to before me this 17 day of June, 1964
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
Certified Statement of both parents see attached for Consent.

State of Indiana,
County of HENDRICKS } ss:

Signed Father
Signed Mother
Subscribed and sworn to before me this 17 day of June, 1964
Claude Hughes Clerk

June 13, 1964

I, the undersigned Ann L. Kelly, mother of Lester H. Williams do hereby give my permission for my son Lester to marry Linda M. Wepf.

Ann L. Kelly

I, Harold J. Martin Jr., Notary Public of Hendricks Co., Indiana, did appear personally before me and the above signature is her own, Ann L. Kelly.

Harold J. Martin Jr.

My commission expires Nov 2, 1967 Seal

☐ Other (Specify) Birth Certificate

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 Ernest William Wepf
   Residence of father (if deceased so state) RR 5 Indpls
   Occupation of father Supt. Race of father W
   Birthplace of father (State or foreign country) Tracy City Tenn
8. Full maiden name of mother Elsie Lora Knoop
   Residence of mother (if deceased so state) RR 5 Indpls
   Occupation of mother Housewife Race of mother W
   Birthplace of mother (State or foreign country) Louisville Ky.

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

Signed Linda Mae Wepf
New Address
Subscribed and sworn to before me this 17 day of June, 1964
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,
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* Hendricks *Circuit Court of Indiana dated the* 21st *day of* June, 1964, *authorizing the joining together as husband and wife* Lester Howard Williams *and* Linda Mae Wepf

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

I, Edgar Byron hereby certify that on the 21 day of June one thousand nine hundred and 64 at North Salem, County of Hendricks State of Indiana, Groom Lester Howard Williams of Hendricks County, State of Indiana and, Bride Linda Mae Wepf 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 21 day of June, 1964.

Signed Edgar Byron
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 22 *day of* June, 1964

Signed Claude Hughes Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 162
File Book 27
June 17-1964
Date of Application

MALE
Medical Examination Report Dated June 15-1964
Name of Physician John Ellett Jr. M.D.

FEMALE
Medical Examination Report Dated June 15-1964
Name of Physician John Ellett 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, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Vinton Middle Ray Last Trump
Date of Birth: Month February Day 5 Year 1943
Place of Birth (State or foreign country): Indianapolis Marion Co. Ind.
Residence Address: Street or R. R. Coatesville City Hendricks County Indiana 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: Linde Air
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Birth Certificate

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? 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 Donald Trump
    Residence of father (if deceased so state) Coatesville Ind
    Occupation of father Truck Driver Race of father W
    Birthplace of father (State or foreign country) Hendricks Co. Ind.
12. Full maiden name of mother Myrle Edna West.
    Residence of mother (if deceased so state) Coatesville Ind
    Occupation of mother Housewife Race of mother W.
    Birthplace of mother (State or foreign country) Marion Co. Ind.

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

Signed Vinton Ray Trump
New Address.....

Subscribed and sworn to before me this 17 day of June, 1964
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, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Phyllis Middle Ann Last James
Date of Birth: Month February Day 4 Year 1946
Place of Birth (State or foreign country) Houston Texas
Residence Address: Street or R. R. RR7-Box 530 B City Indianapolis County Marion 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 unemployed
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 Everett James
   Residence of father (if deceased so state) Indpls RR-7 Box 530 B.
   Occupation of father Machinist Race of father W.
   Birthplace of father (State or foreign country) Marion Co. Indiana
8. Full maiden name of mother Lila Mae Stallings
   Residence of mother (if deceased so state) Indpls RR7-Box 530 B
   Occupation of mother housewife Race of mother W
   Birthplace of mother (State or foreign country) El Paso Texas

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

Signed Phyllis Ann James
New Address.....

Subscribed and sworn to before me this 17 day of June, 1964
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, 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* Hendricks *Circuit Court of Indiana dated the* 21st *day of* June, 1964, *authorizing the joining together as husband and wife* Vinton Ray Trump *and* Phyllis Ann James.

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

I, Harold B. Selke *hereby certify that on the* 21st *day of* June *one thousand nine hundred and* 64 *at* Coatesville, *County of* Hendricks *State of Indiana, Groom* Vinton Ray Trump *of* Hendricks *County, State of* Indiana, *and, Bride* Phyllis Ann James *of* Marion *County, State of* Hendricks *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 21 day of June, 1964. Signed Harold B. Selke
Official Designation Minister Christian Church

Filed and recorded in accordance with the laws of the State of Indiana this 22 day of June, 19 64. Signed Claude Hughes Clerk
Hendricks Circuit Court

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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. 163
File 27
June 18, 1964
Date of Application

MALE
Medical Examination Report Dated June 12, 1964
Name of Physician Lloyd L. Jirry, M.D.

FEMALE
Medical Examination Report Dated June 12, 1964
Name of Physician Lloyd Jirry, 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 Donald Middle Leo Last Brault
Date of Birth: Month Aug. Day 11 Year 1942
Place of Birth (State or foreign country): Warsaw Indiana
Residence Address: Street or R. R. R R 2 Box 413 City Plainfield County Hends 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: Ralph Bissell
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? 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 Leo Brault
    Residence of father (if deceased so state): Deceased
    Occupation of father..... Race of father: W
    Birthplace of father (State or foreign country): Indiana
12. Full maiden name of mother: Lucille Alspaugh
    Residence of mother (if deceased so state): R R Plainfield
    Occupation of mother..... Race of mother: W.
    Birthplace of mother (State or foreign country): Indeanca

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

Signed: Donald Leo Brault
New Address.....

Subscribed and sworn to before me this 18 day of June, 1964
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,
County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Clela Middle Louise Last Bissell
Date of Birth: Month April Day 26 Year 1946
Place of Birth (State or foreign country): Indianapolis Indiana
Residence Address: Street or R. R. R R 2 - Box 413 City Plainfield County Hends 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 ☐
   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: Walter Edward Bissell
   Residence of father (if deceased so state): R R Plainfield
   Occupation of father: Power + Light Co. Race of father: W.
   Birthplace of father (State or foreign country): Mass.
8. Full maiden name of mother: Alberta Cloe Hunt
   Residence of mother (if deceased so state): R R Plainfield
   Occupation of mother: none Race of mother: W.
   Birthplace of mother (State or foreign country): Indiana

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

Signed: Clela Louise Bissell
New Address.....

Subscribed and sworn to before me this 18th day of June, 1964
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,
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 Hendricks County Superior Court by written order issued June 18, 1968 and filed in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties. (3 days Waived)

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* June, 1964, *authorizing the joining together as husband and wife* Donald Leo Brault *and* Clela Louise Bissell

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

I, David L. Barnett *hereby certify that on the* 20 *day of* June, *one thousand nine hundred and* 64 *at* Bartlett Chapel, *County of* Hendricks, *State of Indiana, Groom* Donald Leo Brault *of* Hendricks *County, State of* Indiana, *and, Bride* Clela Louise Bissell *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 20 *day of* June, 1964.

Signed David L. Barnett
Official Designation Minister of Methodist Church

Filed and recorded in accordance with the laws of the State of Indiana this 22 *day of* June, 19 64.

Signed Claude Hughes Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 164

HENDRICKS County

File June 19-1964
Date of Application

MALE
Medical Examination Report Dated June 17-1964
Name of Physician Fred P. Warbinton M.D.

FEMALE
Medical Examination Report Dated June 17-1964
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, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Harold Middle Wayne Last Murat

Date of Birth: Month April Day 17 Year 1940

Place of Birth (State or foreign country) West Newton Ind

Residence Address: Street or R. R. RI Box 657 City Plainfield County Hend. 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 Salesman

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? 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 Carl Fredrick Murat
Residence of father (if deceased so state) Plainfield
Occupation of father Maintenance Man Race of father W
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Violet Louise Smith
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, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Harold Wayne Murat
New Address.....

Subscribed and sworn to before me this 19 day of June, 19 64
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, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Janet Middle Ann Last Hadley

Date of Birth: Month Nov. Day 7 Year 1939

Place of Birth (State or foreign country) Indianapolis Ind.

Residence Address: Street or R. R. 560 S. Center St. City Plainfield County Hend. 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 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 ☐ 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 Robert Parke Hadley
Residence of father (if deceased so state) Plainfield
Occupation of father Salesman Race of father W
Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Garnet Marie Sims
Residence of mother (if deceased so state) Plainfield
Occupation of mother Office at Blades Race of mother W
Birthplace of mother (State or foreign country) Indiana

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

Signed Janet Ann Hadley
New Address.....

Subscribed and sworn to before me this 19 day of June, 19 64
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, 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.....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 23th day of June, 19 64, authorizing the joining together as husband and wife Harold Wayne Murat and Janet Ann Hadley

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

I, Elmer D. Conkey hereby certify that on the 28 day of June, 19 64, at Plainfield, County of Hendricks, State of Ind. one thousand nine hundred and 64 Harold Wayne Murat of Hendricks County, State of Ind. and, Bride Janet Ann Hadley 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 28 day of June, 19 64. Signed Elmer D. Conkey
Official Designation Methodist Minister

Filed and recorded in accordance with the laws of the State of Indiana this 30 day of June, 19 64
Signed Claude Hughes Clerk
Hendricks Circuit Court

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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. 165
File 27
June 19 1964
Date of Application

MALE
Medical Examination Report Dated June 17, 1964
Name of Physician Dr Gail Eldridge, M.D.

FEMALE
Medical Examination Report Dated June 18, 1964
Name of Physician Mac C. Bolles

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 Edwin Middle R. Last Johnson
Date of Birth: Month Jan Day 26 Year 1944
Place of Birth (State or foreign country) Indianapolis Indiana
Residence Address: Street or R. R. 332 Lawndale City Plainfield County Hends. 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 Lumber Company
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? 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 Ransom R Johnson
    Residence of father (if deceased so state) Plainfield
    Occupation of father Mechanics Laundry Race of father W.
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Opal Colburn
    Residence of mother (if deceased so state) Plainfield
    Occupation of mother None Race of mother W
    Birthplace of mother (State or foreign country) Arkansas

State of Indiana,
County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Edwin R Johnson
New Address
Subscribed and sworn to before me this 19th day of June, 1964
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,
County of HENDRICKS } ss:
Signed Ransom R Johnson Father
Signed Opal Johnson Mother
Subscribed and sworn to before me this 19th day of June, 1964
Claude Hughes Clerk

FEMALE APPLICANT

Name: First Marsha Middle L. Last Starbuck
Date of Birth: Month Jan Day 12 Year 1946
Place of Birth (State or foreign country) Indianapolis Indiana
Residence Address: Street or R. R. 324 N. Carr City Plainfield County Hends. 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 Beauty School
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 Lowell E. Starbuck
   Residence of father (if deceased so state) Plainfield
   Occupation of father Indus Corp. Race of father W.
   Birthplace of father (State or foreign country) Illinois
8. Full maiden name of mother Nora L. Nickel
   Residence of mother (if deceased so state) Plainfield
   Occupation of mother Public Service Race of mother W.
   Birthplace of mother (State or foreign country) Illinois

State of Indiana,
County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Marsha Starbuck
New Address
Subscribed and sworn to before me this 19th day of June, 1964
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,
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* Hendricks *Circuit Court of Indiana dated the* 23rd *day of* June, 19 64, *authorizing the joining together as husband and wife* Edwin R Johnson *and* Marsha L. Starbuck

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

I, Warren A. Robbins *hereby certify, that on the* 27 *day of* June, *one thousand nine hundred and* 64 *at* Plainfield, *County of* Hendricks, *State of Indiana, Groom* Edwin R. Johnson *of* Hendricks *County, State of* Indiana, *and, Bride* Marsha L. Starbuck *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 27 *day of* June, 19 64.

Signed Warren A. Robbins
Official Designation Christian Minister

Filed and recorded in accordance with the laws of the State of Indiana this 30 *day of* June, 19 64.

Signed Claude Hughes Clerk
Hendricks Circuit Court

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

575

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 166

HENDRICKS County

File

June 20, 1964
Date of Application

MALE
Medical Examination Report Dated June 18, 1964
Name of Physician Fred P. Warbinton, M.D.

FEMALE
Medical Examination Report Dated June 18, 1964
Name of Physician Fred P. Warbinton

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 Joseph Middle Phillip Last Price, Jr.

Date of Birth: Month March Day 15 Year 1945

Place of Birth (State or foreign country) Dallas Tex.

Residence Address: Street or R. R. RR #2 Box 356 City Plainfield County Hend. 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 Stark & Wetzel

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? 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 Joseph Phillip Price
    Residence of father (if deceased so state) Plainfield, Ind.
    Occupation of father Indus. Corp. Race of father White
    Birthplace of father (State or foreign country) Bridgeport, Ind.
12. Full maiden name of mother Zeta Shirley Elmer Richardson
    Residence of mother (if deceased so state) Plainfield, Ind.
    Occupation of mother Travelers Ins. Race of mother White
    Birthplace of mother (State or foreign country) Indiana

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

Signed Joseph P. Price Jr.

New Address.....

Subscribed and sworn to before me this 20 day of June, 19 64

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, County of HENDRICKS } ss:

Signed Joseph P. Price Father

Signed Ruth S. Price Mother

Subscribed and sworn to before me this 20 day of June, 19.....

.....Clerk

FEMALE APPLICANT

Name: First Rebecca Middle Sue Last Hartgraves

Date of Birth: Month Feb. Day 17 Year 1946

Place of Birth (State or foreign country) Bloomington Ind.

Residence Address: Street or R. R. 404 Simmons City Plainfield County Hend. 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 Public Service

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 Eugene Leroy Hartgraves
   Residence of father (if deceased so state) Plainfield, Indiana
   Occupation of father Allison's Race of father White
   Birthplace of father (State or foreign country) Bloomington, Indiana
8. Full maiden name of mother Dorothy Edwards
   Residence of mother (if deceased so state) Plainfield, Indiana
   Occupation of mother Ayres Race of mother White
   Birthplace of mother (State or foreign country) Bloomington, Ind.

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

Signed Rebecca Sue Hartgraves

New Address.....

Subscribed and sworn to before me this 20 day of June, 19 64

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, 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 Hendricks Circuit Court

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* 24 *day of* June, 1964, *authorizing the joining together as husband and wife* Joseph Phillip Price Jr. *and* Rebecca Sue Hartgraves.

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

I, Warren A. Robbins hereby certify that on the 27 day of June, 1964, at Plainfield, County of Hendricks, State of Indiana, one thousand nine hundred and 64, Joseph Phillip Price Jr. of Hendricks County, State of Indiana, Groom, and Rebecca Sue Hartgraves of Hendricks County, State of Indiana, 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 Hendricks County.

Dated this 27 day of June, 1964. Signed Warren A. Robbins

Official Designation Christian Minister

Filed and recorded in accordance with the laws of the State of Indiana this 30 day of June, 1964

Signed Claude Hughes Clerk

Hendricks Circuit Court

576

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. 167
File 27
June 20 1964
Date of Application

MALE
Medical Examination Report Dated June 9 1964
Name of Physician W. C. Stafford

FEMALE
Medical Examination Report Dated June 9, 1964
Name of Physician W. C. Stafford

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 Donald Middle Bruce Last Stafford
Date of Birth: Month Oct Day 23 Year 1943
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address: Street or R. R. 625 S. East St. City Plainfield County Hendricks 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 Student
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? 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 William Clayton Stafford
    Residence of father (if deceased so state) Plainfield
    Occupation of father Doctor Race of father W.
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Esther Krueg
    Residence of mother (if deceased so state) Plainfield
    Occupation of mother none Race of mother W
    Birthplace of mother (State or foreign country) Indiana

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

Signed Donald Bruce Stafford
New Address.....

Subscribed and sworn to before me this 20th day of June, 1964
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 attached Statement

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed Ester Stafford Mother
Subscribed and sworn to before me this 20th day of June, 1964
Claude Hughes Clerk

FEMALE APPLICANT

Name: First Mary Middle Jane Last Hornaday
Date of Birth: Month Oct Day 8 Year 1943
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address: Street or R. R. 3521 Park Lane City Bloomington County Monroe State 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 Student
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 William Temple Hornaday
   Residence of father (if deceased so state) Bloomington, Ind.
   Occupation of father Lawyer Race of father W
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Betty Jane Garber
   Residence of mother (if deceased so state) Bloomington
   Occupation of mother none Race of mother W.
   Birthplace of mother (State or foreign country) Indiana

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

Signed Mary Jane Hornaday
New Address.....

Subscribed and sworn to before me this 20th day of June, 19 64
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, 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* Hendricks *Circuit Court of Indiana dated the* 24th *day of* June, 19 64, *authorizing the joining together as husband and wife* Donald Bruce Stafford *and* Mary Jane Hornaday
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, William A. Eddy, Jr. *hereby certify that on the* 27 *day of* June, *one thousand nine hundred and* 64 *at* Bloomington, *County of* Monroe, *State of Indiana, Groom* Donald Bruce Stafford *of* Hendricks *County, State of* Indiana *and, Bride* Mary Jane Hornaday *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 27 *day of* June, 19 64.

Signed William A. Eddy, Jr.
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 29 *day of* June, 19 64.
Signed Claude Hughes Clerk
Hendricks Circuit Court

576

W. C. STAFFORD, M. D.
107 WEST MAIN
PLAINFIELD, INDIANA

June 20, 1964

I give my consent for my son Donald
Bruce Stafford to make application to marry
Mary Jane Hornaday.

William C. Stafford

The above William C. Stafford appeared
before me this 20th day June, 1964.
Elsie I. Arnold
Elsie I. Arnold
Notary

My Commission expires 7/22/67

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6. Are you
7. Are you ...idence 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 William Clayton Stafford
Residence of father (if deceased so state) Plainfield
Occupation of father Doctor Race of father W.
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Esther Krug
Residence of mother (if deceased so state) Plainfield
Occupation of mother none Race of mother W.
Birthplace of mother (State or foreign country) Indiana

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

Signed Donald Bruce Stafford
New Address
Subscribed and sworn to before me this 20th day of June, 1964
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 attached Statement

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed Esther Stafford Mother
Subscribed and sworn to before me this 20th day of June, 1967.
Claude Hughes Clerk

No. 167
File 27
June 20 1964
Date of Application

...ated June 9, 1964
... Stafford
...nse to marry by any false statement, representa-

APPLICANT

Middle Last
Hornaday
Day Year
8 1943
Ind.
City County State
Bloomington Monroe Indiana

Number of Previous Marriages
...ivorce ☐ Annulment ☐
...ther ☐ (specify)
...dicial Decree
license
...nosed or considered as:
No ☑ Yes ☐
No ☑ Yes ☐
...sound 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 William Temple Hornaday
Residence of father (if deceased so state) Bloomington, Ind.
Occupation of father Lawyer Race of father W.
Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Betty Jane Garber
Residence of mother (if deceased so state) Bloomington
Occupation of mother none Race of mother W.
Birthplace of mother (State or foreign country) Indiana

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

Signed Mary Jane Hornaday
New Address
Subscribed and sworn to before me this 20th day of June, 1964
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, 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 Hendricks Circuit Court of Indiana dated the 24th day of June, 1967, authorizing the joining together as husband and wife Donald Bruce Stafford and Mary Jane Hornaday
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, William A. Eddy, Jr. hereby certify that on the 27 day of June, one thousand nine hundred and 67 at Bloomington, County of Monroe, State of Indiana, Groom Donald Bruce Stafford of Hendricks County, State of Indiana, and, Bride Mary Jane Hornaday 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 27 day of June, 1967

Signed William A. Eddy, Jr.
Official Designation Rector

Filed and recorded in accordance with the laws of the State of Indiana this 29 day of June, 19 67
Signed Claude Hughes Clerk
Hendricks Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 168

HENDRICKS County

File Book 27

June 20 - 1964
Date of Application

MALE
Medical Examination Report Dated June 10 - 1964
Name of Physician L E Hoby M D.

FEMALE
Medical Examination Report Dated June 10 - 1964
Name of Physician L E. Hoby 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 David Middle Evans Last McKinney

Date of Birth: Month September Day 11 Year 1940

Place of Birth (State or foreign country): Lookout West Virginia

Residence Address: Street or R. R. R2 Box 42 A City Brownsburg County Hendricks 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 Mechanic

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

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? 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 Noah Mc Kinney
    Residence of father (if deceased so state) Brownsburg R 2
    Occupation of father Laborer Race of father W.
    Birthplace of father (State or foreign country) Kentucky
12. Full maiden name of mother Louise Dearing
    Residence of mother (if deceased so state) Brownsburg R 2
    Occupation of mother Race of mother W
    Birthplace of mother (State or foreign country) Kentucky

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

Signed David Evans McKinney

New Address

Subscribed and sworn to before me this 20 day of June, 1964.

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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Barbara Middle Jane Last Morris

Date of Birth: Month Jan Day 31 Year 1946

Place of Birth (State or foreign country): Sullivan Sullivan Co. Indiana

Residence Address: Street or R. R. 217 Pamela Parkway City Brownsburg County Hendr. 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 housewife.

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

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 Robert Morris
   Residence of father (if deceased so state) Florida
   Occupation of father Race of father W.
   Birthplace of father (State or foreign country) unknown.
8. Full maiden name of mother Gladys Chambers
   Residence of mother (if deceased so state) deceased
   Occupation of mother Race of mother W.
   Birthplace of mother (State or foreign country) unknown.

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

Signed Barbara Jane Morris

New Address

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

..... 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

Custody of Barbara Jane Morris is in Hend. Co. Dept. of Public Welfare

State of Indiana, County of HENDRICKS } ss:

Signed Gladys W. Mourer Father

Signed Child Welfare Caseworker Mother

Subscribed and sworn to before me this 20 day of June, 1964.

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 ..... and filed 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* Hendricks *Circuit Court of Indiana dated the* 24 *day of* June, 19 64, *authorizing the joining together as husband and wife* David Evans McKinney *and* Barbara Jane Morris

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

I, Harold V. Comer *hereby certify that on the* 24 *day of* June, *at* Brownsburg, *County of* Hendricks, *State of* Indiana, *one thousand nine hundred and* 64 *State of Indiana, Groom* David Evans McKinney *of* Hendricks *County, State of* Indiana, *and, Bride* Barbara Jane Morris *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 25 *day of* June, 19 64. *Signed* Harold V. Comer

Official Designation 19 64

Filed and recorded in accordance with the laws of the State of Indiana this 30 *day of* June, 19 64 *Signed* Claude Hughes *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. 169
File Book 27
June 20 - 1964
Date of Application

MALE
Medical Examination Report Dated June 17 - 1964
Name of Physician Thomas Walker M.D.

FEMALE
Medical Examination Report Dated June 17 - 1964
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: First John Middle Edwin Last Corbin
Date of Birth: Month July Day 25 Year 1938
Place of Birth (State or foreign country): Crawfordsville Indiana
Residence Address: 649 E Main Street or R. R. Mooresburg City Hendricks County 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: 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? 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 John S Corbin
    Residence of father (if deceased so state) Mooresburg
    Occupation of father Laborer Race of father W.
    Birthplace of father (State or foreign country) Crawfordsville Ind
12. Full maiden name of mother Eletha Beldon
    Residence of mother (if deceased so state) Darlington Indiana
    Occupation of mother Unknown Race of mother W
    Birthplace of mother (State or foreign country) Crawfordsville Ind

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

Signed John E. Corbin
New Address RR1 Pittsboro Ind.
Subscribed and sworn to before me this 20 day of June, 1964.
Claude I 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,
County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Marilyn Middle Jean Last Scott
Date of Birth: Month May Day 23 Year 1940
Place of Birth (State or foreign country): Lebanon Boone Co Indiana
Residence Address: RR 1 Box 109 Street or R. R. Crawfordsville City Hendricks County Ind 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: I.B.M Operator
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Operator's

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 Elza Marshall Scott
   Residence of father (if deceased so state) Crawfordsville Ind
   Occupation of father Laborer Race of father W.
   Birthplace of father (State or foreign country) Ohio Hendricks Co Ind.
8. Full maiden name of mother Edna Portia McKee
   Residence of mother (if deceased so state) Crawfordsville Ind.
   Occupation of mother Housewife Race of mother W
   Birthplace of mother (State or foreign country) Hendricks Co. Ind.

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

Signed Marilyn Jean Scott
New Address RR1 Pittsboro, Ind
Subscribed and sworn to before me this 20 day of June, 1964
Claude I 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,
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* 27 *day of* June, 19 64, *authorizing the joining together as husband and wife* John Edwin Corbin *and* Marilyn Jean Scott
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Donald Tyler *hereby certify that on the* 3rd *day of* July, *one thousand nine hundred and* 64 *at* Danville, *County of* Hendricks, *State of Indiana, Groom* John Edwin Corbin *of* Hendricks *County, State of* Indiana *and, Bride* Marilyn Jean Scott *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 3 *day of* July, 19 64.

Signed Rev. Donald Tyler
Official Designation Baptist Minister

Filed and recorded in accordance with the laws of the State of Indiana this 7 *day of* July, 19 64.

Signed Claudie Hughes Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 170

File

June 22, 1964
Date of Application

MALE
Medical Examination Report Dated June 18, 1964
Name of Physician Thomas P. Chase, M.D.

FEMALE
Medical Examination Report Dated June 19, 1964
Name of Physician C. B. Emery, 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 George Middle Willis Last Record

Date of Birth: Month November Day 9 Year 1936

Place of Birth (State or foreign country) Indiana, Indiana

Residence Address: Street or R. R. RR #1 Box Shoreland City Danville County Hend 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 Insurance Agent

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? 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 Willis Logan Record
    Residence of father (if deceased so state) RR #3 Mooresville, Ind.
    Occupation of father retired Race of father white
    Birthplace of father (State or foreign country) Morgan County
12. Full maiden name of mother Harriett Elizabeth Overton
    Residence of mother (if deceased so state) RR #3 Mooresville, Ind.
    Occupation of mother housewife Race of mother white
    Birthplace of mother (State or foreign country) Jasper Co. Indiana

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

Signed George Willis Record

New Address

Subscribed and sworn to before me this 22 day of June, 1964

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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Nancy Middle Elizabeth Last Bridges

Date of Birth: Month December Day 17 Year 1941

Place of Birth (State or foreign country) Lawrence County

Residence Address: Street or R. R. RR #1 City Mitchell County Lawrence 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 Teacher

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 William Byron Bridges
   Residence of father (if deceased so state) RR #1 Mitchell Ind.
   Occupation of father Teacher Race of father white
   Birthplace of father (State or foreign country) Martinsville, Ind.
8. Full maiden name of mother Mary Elizabeth King
   Residence of mother (if deceased so state) RR #1 Mitchell, Ind.
   Occupation of mother Teacher Race of mother white
   Birthplace of mother (State or foreign country) Lawrence Co, Ind.

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

Signed Nancy E. Bridges

New Address

Subscribed and sworn to before me this 22 day of June, 1964

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, 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* Hendricks *Circuit Court of Indiana dated the* 27 *day of* June, 1964, *authorizing the joining together as husband and wife* George Willis Record *and* Nancy Elizabeth Bridges

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

I, Robert B. Kirkman *hereby certify that on the* 28 *day of* June, *one thousand nine hundred and* 64 *at* Huron, Hendricks *County, State of* Indiana, State of Indiana, Groom George W. Record *of* Morgan County, State of Indiana, and, Bride Nancy E. Bridges *of* Lawrence *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 June, 1964.

Signed Robert B. Kirkman

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 23 *day of* July, 1964

Signed Claude Hughes Clerk

Hendricks Circuit Court

return was filed [illegible]

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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. 174
File Book 27
June 22-1964
Date of Application

MALE
Medical Examination Report Dated June 10- 1964
Name of Physician Alvin D. Schaaf M.D.

FEMALE
Medical Examination Report Dated June 16- 1964
Name of Physician Alvin D. Schaaf. 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 Edmond; Middle Thomas; Last Alexander
Date of Birth: Month July; Day 13; Year 1943
Place of Birth (State or foreign country): Indianapolis; Marion Co; Indiana
Residence Address: Street or R. R. North Salem; City Hendricks; County; 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 Trucking Co-
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Chauffeurs 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? 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 Edmond Carl Alexander
    Residence of father (if deceased so state) North Salem Ind.
    Occupation of father Laborer Race of father W
    Birthplace of father (State or foreign country) Calloway Co. Ky.
12. Full maiden name of mother Maxine Louise Bailey
    Residence of mother (if deceased so state) North Salem Ind
    Occupation of mother Home wife Race of mother W
    Birthplace of mother (State or foreign country) Indianapolis Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Edmond Thomas Alexander
New Address.....
Subscribed and sworn to before me this 22 day of June, 1964.
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, County of HENDRICKS } ss:
Signed E.C. Alexander Father
Signed Mrs. Maxine Alexander Mother
Subscribed and sworn to before me this 22 day of June, 1964
Claude Hughes Clerk

FEMALE APPLICANT

Name: First Donna; Middle Sue; Last Dale
Date of Birth: Month July; Day 17; Year 1945
Place of Birth (State or foreign country): Indianapolis; Marion Co; Indiana
Residence Address: Street or R. R. James Town; City Boone Co.; County; State 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) 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 George L Dale
   Residence of father (if deceased so state) Jamestown Ind
   Occupation of father Laborer Race of father W
   Birthplace of father (State or foreign country) Jamestown Boone Co Ind.
8. Full maiden name of mother Elsie Lucille Brennan
   Residence of mother (if deceased so state) Jamestown Ind
   Occupation of mother Home wife Race of mother W
   Birthplace of mother (State or foreign country) Indianapolis Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Donna Sue Dale
New Address.....
Subscribed and sworn to before me this 22 day of June, 1964.
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, 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* Hendricks *Circuit Court of Indiana dated the* 26 *day of* June, 1964, *authorizing the joining together as husband and wife* Edmond Thomas Alexander *and* Donna Sue Dale
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Jack E Van Arsdall *hereby certify that on the* 28 *day of* June, *one thousand nine hundred and* 64 *at* Jamestown, *County of* Boone, *State of Indiana, Groom* Edmond Thomas Alexander *of* Hendricks *County, State of* Indiana *and, Bride* Donna Sue Dale *of* Boone *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 28 *day of* June, 19 64.

Signed Jack E Van Arsdall
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 30 *day of* June, 19 64.

Signed Claude Hughes *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

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No. 172

File June 23-1964 Date of Application

MALE
Medical Examination Report Dated 6-15-64
Name of Physician Dr Elmer L Koch

FEMALE
Medical Examination Report Dated 6-15-64
Name of Physician Dr Elmer L Koch

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 William Middle H Last Huntley Jr

Date of Birth: Month Dec. Day 4 Year 1942

Place of Birth (State or foreign country) Highland Park mich.

Residence Address: Street or R. R. R 2 City Coatesville County Hend. 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 Bordens Ice Cream

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? 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 William Hudson Huntley
    Residence of father (if deceased so state) Coatesville
    Occupation of father Mechanic Race of father W
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Virginia Louise Harbrueger
    Residence of mother (if deceased so state) Coatesville
    Occupation of mother housewife Race of mother W
    Birthplace of mother (State or foreign country) Michigan

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

Signed William H Huntley JR

New Address.....

Subscribed and sworn to before me this 23 day of June, 19 64.

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, County of ..... } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

FEMALE APPLICANT

Name: First Karen Middle Lee Last Hook

Date of Birth: Month Oct Day 22 Year 1946

Place of Birth (State or foreign country) Indianapolis Ind.

Residence Address: Street or R. R. R 1 City Coatesville County Hend. 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 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 James Otto Hook
   Residence of father (if deceased so state) Coatesville
   Occupation of father Tavern Owner Race of father W
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Carmen Ureil Morris
   Residence of mother (if deceased so state) Coatesville
   Occupation of mother Teacher Race of mother W
   Birthplace of mother (State or foreign country) ~~Kentucky~~ Indiana

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

Signed Karen Hook

New Address.....

Subscribed and sworn to before me this 23 day of June, 1964

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, County of HENDRICKS } ss:

Signed James O. Hook Father

Signed Carmen U. Hook Mother

Subscribed and sworn to before me this 23 day of June, 1964

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 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 27 day of June, 1964, authorizing the joining together as husband and wife William H Huntley JR and Karen Lee Hook

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

I, Donavan R. Rutledge hereby certify that on the 28 day of June, one thousand nine hundred and 64 at New Winchester, County of Hendricks, State of Indiana, Groom William H. Huntley, Jr. of Hendricks County, State of Indiana, and, Bride Karen Lee Hook of Hendricks County, 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 28 day of June, 19 64. Signed Donavan R. Rutledge

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 30 day of June, 19 64

Signed Claude Hughes Clerk

Hendricks Circuit Court

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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. 173

File

June 24 1964
Date of Application

MALE
Medical Examination Report Dated ~~June~~ May 25 1964
Name of Physician James B. Black, M.D.

FEMALE
Medical Examination Report Dated May 25, 1964
Name of Physician James B. Black, 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 Joe. Middle Donald Last Arnett
Date of Birth: Month January Day 2. Year 1940
Place of Birth (State or foreign country) Barren County, Kentucky
Residence Address: Street or R.R. 1110 106th St. City Indianapolis County Marion State 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
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? No ☐ Yes ☑
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address
Ricky Joe Arnett	7	852 E. Wash. Frankfort
Timothy Bryan Arnett	4	" "

    (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 H. Arnett
    Residence of father (if deceased so state) 1110 106th Indpls. Ind.
    Occupation of father farmer Race of father White
    Birthplace of father (State or foreign country) Kentucky
12. Full maiden name of mother Pearl Mattie Wilkirk
    Residence of mother (if deceased so state) Indpls., Ind.
    Occupation of mother housewife Race of mother White
    Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Joe Donald Arnett
New Address
Subscribed and sworn to before me this 24 day of June, 1964
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, County of HENDRICKS } ss:
Signed Father
Signed Mother
Subscribed and sworn to before me this day of, 19
Clerk

FEMALE APPLICANT

Name: First Judith Middle Colleen Last Smith
Date of Birth: Month March Day 4 Year 1940
Place of Birth (State or foreign country) Brownsburg, Indiana
Residence Address: Street or R.R. RR #1 Box 288 City Brownsburg County Hend. 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 —
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 Joseph R. Smith
   Residence of father (if deceased so state) RR #1 Brownsburg, Ind.
   Occupation of father Allison's Race of father White
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Florence B. Coats
   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, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Judith Colleen Smith
New Address
Subscribed and sworn to before me this 24 day of June, 1964
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, 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* Hendricks *Circuit Court of Indiana dated the* 28 *day of* June, 1964, *authorizing the joining together as husband and wife* Joe Donald Arnett *and* Judith Colleen Smith
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Lester B. Yearick *hereby certify that on the* 24 *day of* August, *one thousand nine hundred and* 64 *at* Brownsburg, *County of* Hendricks, *State of Indiana, Groom* Joe Donald Arnett *of* Marion *County, State of* Indiana *and, Bride* Judith Colleen Smith *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 27 *day of* August, 1964.

Signed Lester B. Yearick
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 26 *day of* August, 1964.
Signed Claude Hughes Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 174

HENDRICKS County

File

June 24-1964
Date of Application

MALE
Medical Examination Report Dated 6-24-64
Name of Physician Dr R W Kirtley

FEMALE
Medical Examination Report Dated 6-24-64
Name of Physician Dr R W Kirtley

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 Jerry Middle — Last Ayers

Date of Birth: Month May Day 24 Year 1943

Place of Birth (State or foreign country) Indianapolis Ind

Residence Address: Street or R. R. R3 City Danville County Hend. 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 Mccs Implement

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

☐ Other (Specify) Government I D Card

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? 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 Morton W Ayers
    Residence of father (if deceased so state) Danville R3
    Occupation of father Retired Farmer Race of father W
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Elizabeth M Hatton
    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, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Jerry Ayers

New Address

Subscribed and sworn to before me this 24 day of June 19 64

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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

FEMALE APPLICANT

Name: First Sue Middle Ann Last Rogers

Date of Birth: Month Oct Day 4 Year 1946

Place of Birth (State or foreign country) Greencastle Ind.

Residence Address: Street or R. R. 608 E Walnut City Greencastle County Putnam 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) 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 Elmer Rogers
   Residence of father (if deceased so state) R2 Greencastle
   Occupation of father Painter Race of father W
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Eva Stout
   Residence of mother (if deceased so state) Greencastle
   Occupation of mother Housewife Race of mother W
   Birthplace of mother (State or foreign country) Indiana

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

Signed Sue Ann Rogers

New Address

Subscribed and sworn to before me this 24 day of June 19 64

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 has full custody

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed Eva St. Clair Mother

Subscribed and sworn to before me this 24 day of June 19 64

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 Superior Court by written order issued June 24-1964 and filed in Clerks office authorizes and directs the issuance of a marriage license to the above named parties. 3 days Waived

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 24th day of June, 19 64, authorizing the joining together as husband and wife Jerry Ayers and Sue Ann Rogers

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

I, Rev. Paul M Robinson hereby certify that on the 27 day of June one thousand nine hundred and 64 at Greencastle, County of Putnam State of Indiana, Groom Jerry Ayers of Hendricks County, State of Indiana and, Bride Sue Ann Rogers of Putnam 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 27 day of June, 19 64.

Signed Rev. Paul M Robinson

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 30 day of June, 19 64

Signed Claude Hughes Clerk
Hendricks Circuit Court

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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. 175

File

June 24 1964
Date of Application

MALE
Medical Examination Report Dated June 22, 1964
Name of Physician Fred P. Warbinton

FEMALE
Medical Examination Report Dated June 22, 1964
Name of Physician Fred P. Warbinton

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 Stephen Middle Greg Last Keck

Date of Birth: Month 12 Day 14 Year 1947

Place of Birth (State or foreign country) Indpls Ind.

Residence Address: Street or R. R. 431 S. Carr Rd. City Plainfield County Hend. 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 Salesman

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? 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 Ralph Leon Keck
    Residence of father (if deceased so state) Plainfield
    Occupation of father Plant Manager Race of father White
    Birthplace of father (State or foreign country) Boonesboro, Ind.
12. Full maiden name of mother Evelyn Louise Smith
    Residence of mother (if deceased so state) Plainfield
    Occupation of mother Housewife Race of mother White
    Birthplace of mother (State or foreign country) Boone Co. Indiana

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

Signed Steve Keck

New Address.....

Subscribed and sworn to before me this 24 day of June, 1964

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, County of HENDRICKS } ss:

Signed Ralph Keck Father

Signed Evelyn Keck Mother

Subscribed and sworn to before me this 24 day of June, 1964

Claude Hughes Clerk

FEMALE APPLICANT

Name: First Martha Middle Brown Last Rhody

Date of Birth: Month 6 Day 27 Year 1947

Place of Birth (State or foreign country) Lebanon Tenn.

Residence Address: Street or R. R. 506 S. Carr Rd City Plainfield County Hend. 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 —

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 Woodrow Willson Rhody
   Residence of father (if deceased so state) Plainfield, Ind.
   Occupation of father Minister Race of father White
   Birthplace of father (State or foreign country) Powelltown, Tenn.
8. Full maiden name of mother Willie Brown Rolland
   Residence of mother (if deceased so state) Plainfield
   Occupation of mother Housewife Race of mother White
   Birthplace of mother (State or foreign country) Dekalb, Tenn.

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

Signed Martha Rhody

New Address.....

Subscribed and sworn to before me this 24 day of June, 1964

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, County of HENDRICKS } ss:

Signed W. W. Rhody Father

Signed Mellie B. Rhody Mother

Subscribed and sworn to before me this 24 day of June, 1964

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 6-24-1964 and filed in.....authorizes and directs the issuance of a marriage license to the above named parties. Waived boys age

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 28th day of June, 1964, authorizing the joining together as husband and wife Stephen Greg Keck and Martha Brown Rhody

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

I, Rev. W. W. Rhody hereby certify that on the 28th day of June one thousand nine hundred and 64 at Plainfield, County of Hendricks, State of Indiana, Groom Stephen Greg Keck of Hendricks County, State of Ind. and, Bride Martha Brown Rhody 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 28 day of June, 1964.

Signed Rev. W. W. Rhody

Official Designation.....

Filed and recorded in accordance with the laws of the State of Indiana this 2 day of July, 1964.

Signed Claude Hughes Clerk

Hendricks Circuit Court

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

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STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 176

HENDRICKS County

File Book 27

June 26-1964
Date of Application

MALE
Medical Examination Report Dated June 24-1964
Name of Physician Thomas Walker M.D.

FEMALE
Medical Examination Report Dated June 17-1964
Name of Physician James Black 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 Donald, Middle Lee, Last Springer

Date of Birth: Month October, Day 8, Year 1942

Place of Birth (State or foreign country) Brownsburg Marion Co. Ind.

Residence Address: Street or R. R. 702 So. Kentucky, City Danville, County Hendricks, 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 Factory Worker

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Driver 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? 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 Donald Springer
    Residence of father (If deceased so state) 702 So. Ky. Danville Ind
    Occupation of father Laborer Race of father W.
    Birthplace of father (State or foreign country) Owen Co. Indiana
12. Full maiden name of mother Imogene Hamon
    Residence of mother (If deceased so state) 702 So. Ky. Danville Ind
    Occupation of mother Housewife Race of mother W.
    Birthplace of mother (State or foreign country) Clay Co. Indiana

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

Signed Donald Lee Springer

New Address

Subscribed and sworn to before me this 26 day of June, 19 64

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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Millie, Middle Kaye, Last Henderson

Date of Birth: Month December, Day 4, Year 1942.

Place of Birth (State or foreign country) Greencastle Putnam Co. Indiana

Residence Address: Street or R. R. 441 Trevor, City Brownsburg, 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 Hair Dresser

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

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 James Z. Henderson
   Residence of father (If deceased so state) 441 Trevor, Brownsburg
   Occupation of father Laborer Race of father W.
   Birthplace of father (State or foreign country) Jefferson Co Kentucky
8. Full maiden name of mother Grace Smith
   Residence of mother (If deceased so state) 44 Trevor Brownsburg
   Occupation of mother housewife Race of mother W.
   Birthplace of mother (State or foreign country) Harden Co. Kentucky

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

Signed Millie Kaye Henderson

New Address

Subscribed and sworn to before me this 26 day of June, 19 64

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, 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 Hendricks Circuit Court of Indiana dated the 30th day of June, 1964, authorizing the joining together as husband and wife Donald Lee Springer and Millie Kaye Henderson

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

I, Lester B. Yearick hereby certify that on the 3rd day of July, 19 64 at Brownsburg, County of Hendricks, one thousand nine hundred and 64 State of Indiana, Groom Donald Lee Springer of Hendricks County, State of Indiana, and, Bride Millie Kaye Henderson 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 3 day of July, 19 64.

Signed Lester B. Yearick

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 6 day of July, 19 64

Signed Claude Hughes 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. 177
File 27
June 26 1964
Date of Application

MALE
Medical Examination Report Dated June 22, 1964
Name of Physician K. M. Ernst -

FEMALE
Medical Examination Report Dated June 22 1964
Name of Physician K. M. Ernst -

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 Donald Middle Eugene Last Hoskins
Date of Birth: Month April Day 19 Year 1942
Place of Birth (State or foreign country): Indianapolis Indiana
Residence Address: Street or R. R. RR 2 Box 216 City Cloverdale County Putnam 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: Unemployed -
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? 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 Pearl Hopkins
    Residence of father (if deceased so state) Cloverdale
    Occupation of father Laborer Race of father W.
    Birthplace of father (State or foreign country) Kentucky
12. Full maiden name of mother Edna Feltman
    Residence of mother (if deceased so state) Cloverdale -
    Occupation of mother Home Laundry Race of mother W.
    Birthplace of mother (State or foreign country) Kentucky

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

Signed Donald Eugene Hoskins
New Address.....

Subscribed and sworn to before me this 26th day of June, 1964
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,
County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Elizabeth Middle ann Last Hutchins
Date of Birth: Month April Day 25 Year 1947
Place of Birth (State or foreign country) Putnam County
Residence Address: Street or R. R. 91 N. Indiana City Danville County Hend. State Ind.
Maiden Name if Different Elizabeth Ann Snyder
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 Part time -
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 Robert Glen Snyder -
   Residence of father (if deceased so state) Florida
   Occupation of father Retired - Race of father W
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Alice Mc Coun
   Residence of mother (if deceased so state) Danville
   Occupation of mother School Teacher Race of mother W
   Birthplace of mother (State or foreign country) Indeana -

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

Signed Elizabeth Ann Snyder Hutchins
New Address.....

Subscribed and sworn to before me this 26th day of June, 1964
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.....
Mother has Custody -

State of Indiana,
County of HENDRICKS } ss:

Signed.....Father
Signed Alice M Snyder Mother
Subscribed and sworn to before me this 26th day of June, 1964
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 June 27, 1964 and filed in Clerks office, authorizes and directs the issuance of a marriage license to the above named parties.

3 days waiting

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* June, 19 64, *authorizing the joining together as husband and wife* Donald Eugene Hoskins *and* Elizabeth Ann Hutchins
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, George A. Harris *hereby certify that on the* 28 *day of* June, *one thousand nine hundred and* 64 *at* Danville, *County of* Hendricks, *State of Indiana, Groom* Donald Eugene Hoskins *of* Putnam *County, State of* Indiana *and, Bride* Elizabeth Ann Hutchins *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 28 *day of* June, 19 64.

Signed George A. Harris
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 29 *day of* June, 19 64.

Signed Claude Hughes *Clerk*
Hendricks *Circuit Court*

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

587

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 178

HENDRICKS County

File Book 7

June 27-1964
Date of Application

MALE
Medical Examination Report Dated June 24-1964
Name of Physician David B. Haggard M.D.

FEMALE
Medical Examination Report Dated June 24-1964
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: First Earnie Middle Fay Last Humphrey

Date of Birth: Month March Day 2 Year 1943

Place of Birth (State or foreign country) Dubre Kentucky

Residence Address: Street or R. R. 631 Roosevelt St. City Plainfield County Hendr. 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 Laborer

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

☐ Other (Specify) Selective Service Card.

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? 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 James David Humphrey
    Residence of father (if deceased so state) 631 Roosevelt St. Plainfield
    Occupation of father Laborer Race of father W.
    Birthplace of father (State or foreign country) Dubre Kentucky
12. Full maiden name of mother Ree Gaarlds
    Residence of mother (if deceased so state) 631 Roosevelt St. Plainfield
    Occupation of mother Housewife Race of mother W
    Birthplace of mother (State or foreign country) Dubre Kentucky

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

Signed Earnie Fay Humphrey

New Address .....

Subscribed and sworn to before me this 27 day of June, 1964

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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Sharon Middle Ann Last Putman

Date of Birth: Month April Day 11 Year 1945

Place of Birth (State or foreign country) Van Wert Ohio

Residence Address: Street or R. R. 110 South Center City Plainfield County Hendr. 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 W.P. Wasem

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 Kermit Vincent Putman
   Residence of father (if deceased so state) 317 Southmore St. Plainfield
   Occupation of father Laborer Race of father W
   Birthplace of father (State or foreign country) Ohio City Ohio
8. Full maiden name of mother Winifred Vivian Center
   Residence of mother (if deceased so state) 317 Southmore, Plainfield
   Occupation of mother Housewife Race of mother W
   Birthplace of mother (State or foreign country) Indianapolis Ind.

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

Signed Sharon Ann Putman

New Address .....

Subscribed and sworn to before me this 27 day of June, 1964

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, 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 ..... 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 2 day of July, 1964, authorizing the joining together as husband and wife Earnie Fay Humphrey and Sharon Ann Putman

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

I, Corley Bowman hereby certify that on the 4 day of July, one thousand nine hundred and 64 at Plainfield, County of Hendricks, State of Indiana, Groom Earnie Fay Humphrey of Hendricks County, State of Indiana, and, Bride Sharon Ann Putman 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 4 day of July, 1964.

Signed Corley Bowman

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 7 day of July, 1964

Signed Claude Hughes Clerk
Hendricks Circuit Court

588

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. 179
File 27
June 27 1964
Date of Application

MALE
Medical Examination Report Dated June 15 1964
Name of Physician Wm David Haggard

FEMALE
Medical Examination Report Dated June 15 1964
Name of Physician Wm. 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, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Thomas Middle C. Last Abell

Date of Birth: Month Sept Day 6 Year 1935

Place of Birth (State or foreign country) Indianapolis Ind.

Residence Address: Street or R. R. RR 2 Box 129 City Clayton County Hends 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 Electronic Tech.

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? 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 Hanley C. Abell
    Residence of father (if deceased so state) Deceased
    Occupation of father Race of father W.
    Birthplace of father (State or foreign country) Kentucky
12. Full maiden name of mother Mary E. York
    Residence of mother (if deceased so state) Indianapolis
    Occupation of mother none Race of mother W.
    Birthplace of mother (State or foreign country) Indeana

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

Signed Thomas C. Abell

New Address

Subscribed and sworn to before me this 27th day of June, 1964

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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Agnes Middle Anderson Last

Date of Birth: Month Aug Day 15 Year 1940

Place of Birth (State or foreign country) Clayton Indiana

Residence Address: Street or R. R. RR 2 Box 129 City Clayton County Hends 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 H. B. M.

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 Marshall Anderson
   Residence of father (if deceased so state) Clayton
   Occupation of father Farmer Race of father W.
   Birthplace of father (State or foreign country) Kentucky
8. Full maiden name of mother Lena M. Price
   Residence of mother (if deceased so state) Clayton
   Occupation of mother None Race of mother W.
   Birthplace of mother (State or foreign country) Kentucky

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

Signed Agnes Anderson

New Address

Subscribed and sworn to before me this 27th day of June, 1964

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, 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* Hendricks *Circuit Court of Indiana dated the* 3rd *day of* July, 19 64, *authorizing the joining together as husband and wife* Thomas C. Abell *and* Agnes Anderson

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

I, Robert E. Fenton *hereby certify that on the* 18 *day of* July, *one thousand nine hundred and* 64 *at* Clayton, *County of* Hendricks, *State of Indiana, Groom* Thomas C. Abell *of* Marion *County, State of* Indiana *and, Bride* Agnes P. Anderson *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 18 *day of* July, 19 64.

Signed Robert E. Fenton

Official Designation Minister Church of Christ

Filed and recorded in accordance with the laws of the State of Indiana this 21 *day of* July, 19 64

Signed Claude Hughes Clerk

Hendricks Circuit Court

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

589

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 180
File 27

HENDRICKS County

June 27, 1964
Date of Application

MALE
Medical Examination Report Dated June 24, 1964
Name of Physician William A. Miller

FEMALE
Medical Examination Report Dated June 23, 1964
Name of Physician Irving Cohen

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 William Middle Gaylord Last Smith
Date of Birth: Month June Day 26 Year 1942
Place of Birth (State or foreign country) Ohio
Residence Address: 2204 Fairport Ave. Dayton Montgomery Ohio
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: Teacher
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? 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 Logan W. Smith
    Residence of father (if deceased so state) Dayton Ohio
    Occupation of father Minister Race of father W
    Birthplace of father (State or foreign country) Indeana
12. Full maiden name of mother Opal Perry
    Residence of mother (if deceased so state) Dayton O
    Occupation of mother none Race of mother W
    Birthplace of mother (State or foreign country) Indiana

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

Signed William G. Smith
New Address
Subscribed and sworn to before me this 27th day of June, 1964
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, County of HENDRICKS } ss:
Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Martha Middle L. Last Getchell
Date of Birth: Month Oct Day 18 Year 1943
Place of Birth (State or foreign country) Vermont
Residence Address: Street or R. R. R R 1 Box 299 City Camby County Hendr. 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: Student
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 Donald L. Getchell
   Residence of father (if deceased so state) R R Camby
   Occupation of father V. P. Lake Central Race of father W.
   Birthplace of father (State or foreign country) Mass.
8. Full maiden name of mother Kathrine Rich-
   Residence of mother (if deceased so state) R R Camby
   Occupation of mother none Race of mother W.
   Birthplace of mother (State or foreign country) Kansas

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

Signed Martha L. Getchell
New Address
Subscribed and sworn to before me this 27th day of June, 1964
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, 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 Hendricks Circuit Court of Indiana dated the 1st day of July, 1964, authorizing the joining together as husband and wife William Gaylord Smith and Martha L. Getchell

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

I, Marguerite Mendenhall hereby certify that on the 5 day of July, one thousand nine hundred and 64 at Fairfield Friends Meeting, County of Hendricks, State of Indiana, Groom William Gaylord Smith of Montgomery County, State of Indiana, and, Bride Martha Lou Getchell 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 July, 19 64. Signed Marguerite Mendenhall
Official Designation Clerk Fairfield Monthly Meeting of Friends
Service after the manner of Friends -

Filed and recorded in accordance with the laws of the State of Indiana this 11 day of July, 1964
Signed Claude Hughes Clerk
Hendricks Circuit Court

590

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. 181.
File Book 27
June 27-1964
Date of Application

MALE
Medical Examination Report Dated June 26- 1964
Name of Physician Lloyd S. Terry M.D.

FEMALE
Medical Examination Report Dated June 26-1964
Name of Physician Lloyd S. 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: First Michael Middle E (Only) Last Seagly
Date of Birth: Month October Day 4 Year 1936
Place of Birth (State or foreign country): Kendallville Noble, Indiana
Residence Address: Street or R. R. Topeka City La Grange, County Indiana 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 Promotion
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? 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 Waldo E Seagly
    Residence of father (if deceased so state) Topeka Indiana
    Occupation of father Laborer Race of father W.
    Birthplace of father (State or foreign country) Topeka Indiana
12. Full maiden name of mother Neva May Slaback
    Residence of mother (if deceased so state) Topeka Indiana
    Occupation of mother housewife Race of mother W.
    Birthplace of mother (State or foreign country) Topeka Indiana

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

Signed Michael E Seagly
New Address 3419 UNIV. BLVD. W., KENSINGTON, MD.

Subscribed and sworn to before me this 27 day of June, 1964
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, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Rebecca Middle Walsh Last Baker
Date of Birth: Month August Day 7 Year 1940
Place of Birth (State or foreign country): Indianapolis Marion Co. Ind
Residence Address: 311 No. Washington Street or R. R. City Hendricks County Ind. 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)

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 Charles Rawleigh Baker
   Residence of father (if deceased so state) 311 No. Wash. Danville
   Occupation of father Funeral Director Race of father W
   Birthplace of father (State or foreign country) Danville Indiana
8. Full maiden name of mother Margaret Eileen Franklin
   Residence of mother (if deceased so state) 311 No Wash Danville
   Occupation of mother Housewife Race of mother W.
   Birthplace of mother (State or foreign country) Danville Ind.

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

Signed Rebecca Walsh Baker
New Address.....

Subscribed and sworn to before me this 27 day of June, 1964
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, 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* Hendricks *Circuit Court of Indiana dated the* 1 *day of* July, 19 64, *authorizing the joining together as husband and wife* Michael E. Seagly *and* Rebecca Walsh Baker
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Marion W. Cook, *hereby certify that on the* 1st *day of* August, *one thousand nine hundred and* 64 *at* Danville, *County of* Hendricks, *State of Indiana, Groom* Michael E. Seagly *of* Montgomery *County, State of* Indiana *and, Bride* Rebecca Walsh Baker *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* August, 19 64.

Signed Marion W. Cook
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 1 *day of* August, 19 64.

Signed Claude Hughes Clerk
Hendricks Circuit Court

591

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 182

HENDRICKS County

File Book 27

June 5-1964
Date of Application

MALE
Medical Examination Report Dated June 5-1964
Name of Physician Don E. Kelly M.D.

FEMALE
Medical Examination Report Dated June 5 1964
Name of Physician Don E Kelly 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 Donald Middle Leon Last White

Date of Birth: Month May Day 10 Year 1923

Place of Birth (State or foreign country) Indianapolis Marion Co Ind

Residence Address: Street or R. R. R R 2 City Plainfield County Hendr. State 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 Link Belt

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? 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 Roy White
    Residence of father (if deceased so state) deceased
    Occupation of father..... Race of father W
    Birthplace of father (State or foreign country) Smith Grove Ky.
12. Full maiden name of mother Nellie Franklin
    Residence of mother (if deceased so state) 418 Villa Ave Maple.
    Occupation of mother Housework Race of mother W
    Birthplace of mother (State or foreign country) Smith Grove Ky.

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

Signed Donald White

New Address.....

Subscribed and sworn to before me this 27 day of June, 1964

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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

FEMALE APPLICANT

Name: First Margaret Middle Ann Last Gorman

Date of Birth: Month April Day 28 Year 1914

Place of Birth (State or foreign country) Ann Arbor Michigan

Residence Address: Street or R. R. 642 Buchanan St. City Plainfield 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 Sales worker

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) By observation- age O.K.

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 Bartley Gorman
   Residence of father (if deceased so state) Deceased
   Occupation of father..... Race of father W
   Birthplace of father (State or foreign country) Cincinnati Ohio
8. Full maiden name of mother Bridget Gorman (surname)
   Residence of mother (if deceased so state) deceased
   Occupation of mother..... Race of mother W
   Birthplace of mother (State or foreign country) Cincinnati Ohio

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

Signed Margaret A Gorman

New Address.....

Subscribed and sworn to before me this 27 day of June, 19 64

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, 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 Hendricks Circuit Court of Indiana dated the 7 day of July, 1964, authorizing the joining together as husband and wife Donald Leon White and Margaret Ann Gorman

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

I, Cecil H. Sharp hereby certify that on the 22nd day of August one thousand nine hundred and 64 at Hendricks (Brownsburg) County of Hendricks State of Indiana, Groom Donald Leon White of Marion County, State of Indiana and, Bride Margaret Ann Gorman 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 22 day of August, 1964. Signed Cecil H. Sharp

Official Designation Justice of Peace

Filed and recorded in accordance with the laws of the State of Indiana this 24 day of August, 1964 Signed Claude Hughes 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. 183

File

July 2 - 1964
Date of Application

MALE
Medical Examination Report Dated July 1 - 1964
Name of Physician Fred P Warbinton M.D.

FEMALE
Medical Examination Report Dated July 1 - 1964
Name of Physician Fred P. Warbinton 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 Donald Middle Curtis Last Schanz

Date of Birth: Month May Day 26 Year 1940

Place of Birth (State or foreign country) Indianapolis Ind.

Residence Address: Street or R. R. 1559 Hardin Court City Plainfield County 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) Selective Service

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? 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 A. J. Schanz
    Residence of father (if deceased so state) Plainfield
    Occupation of father Builder Race of father W
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Iris L Moore
    Residence of mother (if deceased so state) Plainfield
    Occupation of mother Housewife Race of mother W
    Birthplace of mother (State or foreign country) Illinois

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

Signed Donald Curtis Schanz

New Address

Subscribed and sworn to before me this 2 day of July, 1964

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,
County of HENDRICKS } ss:

Signed A. J. Schanz Father

Signed Iris L. Schanz Mother

Subscribed and sworn to before me this 2 day of July, 1964

Claude Hughes Clerk

FEMALE APPLICANT

Name: First Margaret Middle Louise Last Pope

Date of Birth: Month Sept Day 15 Year 1945

Place of Birth (State or foreign country) Indianapolis Ind.

Residence Address: Street or R. R. 824 Longfellow Dr City Plainfield County 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 Secretary

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 Melborne Pope
   Residence of father (if deceased so state) Plainfield
   Occupation of father mechanic Race of father W
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Meridith L Walker
   Residence of mother (if deceased so state) Plainfield
   Occupation of mother Secretary Race of mother W
   Birthplace of mother (State or foreign country) Indiana

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

Signed Margaret Louise Pope

New Address

Subscribed and sworn to before me this 2 day of July, 1964

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,
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 Hendricks County Superior Court by written order issued July 3rd 1964 and filed in Superior Court authorizes and directs the issuance of a marriage license to the above named parties. Zda Vawter

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* Superior *Circuit Court of Indiana dated the* 3rd *day of* July, 1964, *authorizing the joining together as husband and wife* Donald Curtis Schanz *and* Margaret Louise Pope
Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Max Metcalf *hereby certify that on the* 3rd *day of* July, *one thousand nine hundred and* 64, *at* St. Luke Lutheran Church, *County of* Hendricks, *State of Indiana, Groom* Donald Curtis Schanz *of* Hendricks *County, State of* Indiana *and, Bride* Margaret Louise Pope *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 3 *day of* July, 19 64

Signed Rev. Max Metcalf

Official Designation Lutheran Minister

Filed and recorded in accordance with the laws of the State of Indiana this 8 *day of* July, 19 64

Signed Claude Hughes *Clerk*

Hendricks *Circuit Court*

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 184

HENDRICKS County

File

July 3 1964
Date of Application

MALE
Medical Examination Report Dated 7-1-64
Name of Physician B. John Sanders

FEMALE
Medical Examination Report Dated 7-1-64
Name of Physician B. John Sanders

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 Charles Middle Scott Last Urban

Date of Birth: Month December Day 6 Year 1941

Place of Birth (State or foreign country) Indianapolis Indiana

Residence Address: Street or R. R. 1612 Winton City Speedway County Marion 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 Engineer

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? 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 Charles Bennett Urban
    Residence of father (if deceased so state) Speedway, Ind.
    Occupation of father Engineer Race of father White
    Birthplace of father (State or foreign country) Alpa, Ind.
12. Full maiden name of mother Sue Eleanor Jacobs
    Residence of mother (if deceased so state) Speedway Ind.
    Occupation of mother H. W. Race of mother White
    Birthplace of mother (State or foreign country) Indiana

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

Signed Charles Scott Urban

New Address

Subscribed and sworn to before me this 3 day of July, 19 64.

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, County of HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of, 19

Clerk

FEMALE APPLICANT

Name: First Jena Middle Darlene Last Birch

Date of Birth: Month November Day 1 Year 1944

Place of Birth (State or foreign country) Harmon County, Texas

Residence Address: Street or R. R. RR #1 Box 10 City Danville County Hend. 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 H. M.

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 James Carl Birch
   Residence of father (if deceased so state) RR #1 Danville, Ind.
   Occupation of father Industrial Worker Race of father White
   Birthplace of father (State or foreign country) Wheatland, Indiana
8. Full maiden name of mother Norma Jeanne Talley
   Residence of mother (if deceased so state) RR #1 Danville, Indiana
   Occupation of mother Homemaker Race of mother White
   Birthplace of mother (State or foreign country) Washington, Indiana

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

Signed Jena Darlene Birch

New Address

Subscribed and sworn to before me this 3 day of July, 19 64

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, 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 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 7th day of July, 1964, authorizing the joining together as husband and wife Charles Scott Urban and Jena Darlene Birch

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

I, John L. Andrade hereby certify that on the 18 day of July, one thousand nine hundred and 64 at Speedway, County of Hendricks State of Indiana, Groom Charles Scott Urban of Marion County, State of Indiana and, Bride Jena Darlene Birch 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 18 day of July, 1964.

Signed John L. Andrade

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 21 day of July, 1964

Claude Hughes Clerk

Signed 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. 185
File 27
July 3 1964
Date of Application

MALE
Medical Examination Report Dated 6-30-64
Name of Physician Thomas Walker

FEMALE
Medical Examination Report Dated 6-30-64
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 — First: Elmer — Middle: — Last: Evans

Date of Birth — Month: Aug — Day: 15 — Year: 1911

Place of Birth (State or foreign country): Danville Illenois

Residence Address — Street or R. R.: R R 1 Pittsboro — City: Hendricks — County: — State: Ind.

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: Truck Driver - State Highway

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? 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: Virgil Isaac Evans
    Residence of father (if deceased so state): Deceased
    Occupation of father: ... Race of father: W
    Birthplace of father (State or foreign country): Texas
12. Full maiden name of mother: Frances Colon
    Residence of mother (if deceased so state): Deceased
    Occupation of mother: ... Race of mother: W.
    Birthplace of mother (State or foreign country): England

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

Signed: Elmer Evans

New Address:

Subscribed and sworn to before me this 3 day of July, 1964

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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name — First: Madonna — Middle: — Last: Gossa

Date of Birth — Month: Feb — Day: 26 — Year: 1919

Place of Birth (State or foreign country): Tipton Indiana

Residence Address — Street or R. R.: R R 1 Bo 235 — City: Pittsboro — County: Hend — State: Ind.

Maiden Name if Different: Madonna Peck

Previous Marital Status: Never Married ☐ Number of Previous Marriages: 3

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify)

Usual Occupation: Insurance

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: Faulty Noel Peck - Deceased
   Residence of father (if deceased so state): ...
   Occupation of father: ... Race of father: W
   Birthplace of father (State or foreign country): Indeana
8. Full maiden name of mother: Ruth Oaks
   Residence of mother (if deceased so state): Florida
   Occupation of mother: none Race of mother: W.
   Birthplace of mother (State or foreign country): Indiana

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

Signed: Madonna Gossa

New Address:

Subscribed and sworn to before me this 3 day of July, 1964

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, 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* 3 *day of* July, 1964, *authorizing the joining together as husband and wife* Elmer Evans *and* Madonna Gossa.

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

I, Clarence E. Davis *hereby certify that on the* 3 *day of* July, *one thousand nine hundred and* 64 *at* Morgantown, *County of* Morgan, *State of Indiana, Groom* Elmer Evans *of* Hendricks *County, State of* Indiana, *and, Bride* Madonna Gossa *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 3 *day of* July, 1964.

Signed Clarence E. Davis

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 7 *day of* July, 1964

Signed Claude Hughes *Clerk*

Hendricks *Circuit Court*

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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. 186
File 27
July 3 1964
Date of Application

MALE
Medical Examination Report Dated June 29, 1964
Name of Physician David Haggard

FEMALE
Medical Examination Report Dated June 29 1964
Name of Physician 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, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Robert Middle Ed Last Lutz
Date of Birth: Month Nov Day 19 Year 1941
Place of Birth (State or foreign country): Vigo County Indiana
Residence Address: Street or R. R. 103-E St Clair City Indianapolis County Marion 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: Sefton Food Co
Date of birth verified by: ☐ Birth Cert. ☑ Judicial Decree
☐ Other (Specify) Armed forces Discharge Papers

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? 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 Edward Harold Lutz
    Residence of father (if deceased so state) Indianapolis
    Occupation of father Sefton Food Race of father W.
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Margaret Hamblett
    Residence of mother (if deceased so state) Terre Haute
    Occupation of mother none Race of mother W.
    Birthplace of mother (State or foreign country) Indeiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Robert Ed. Lutz
New Address.....
Subscribed and sworn to before me this 3rd day of July, 19 64
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, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Linda Middle Lee Last Hopkins
Date of Birth: Month Jan Day 23 Year 1942
Place of Birth (State or foreign country): Beech Grove Indiana
Residence Address: Street or R. R. 312 Aron Ave City Plainfield County Hends 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 ☐
   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 Byron Hopkins
   Residence of father (if deceased so state) Barryville Ind.
   Occupation of father mail carrier Race of father W.
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Frances McCreary
   Residence of mother (if deceased so state) Plainfield
   Occupation of mother Wm H Block Race of mother W.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Linda Lee Hopkins
New Address.....
Subscribed and sworn to before me this 3rd day of July, 19 64
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, 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* Hendricks *Circuit Court of Indiana dated the* 7 *day of* July, 19 64, *authorizing the joining together as husband and wife* Robert Ed Lutz *and* Linda Hopkins.

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

I, Marlin D. Dawson *hereby certify that on the* Eleventh *day of* July, *one thousand nine hundred and* Sixty-four, *at* Plainfield, *County of* Hendricks, *State of Indiana, Groom* Robert Ed Lutz *of* Marion *County, State of* Indiana *and, Bride* Linda Hopkins *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 Eleventh *day of* July, 19 64. *Signed* Marlin Dawson
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 14 *day of* July, 1964
Signed Claude Hughes *Clerk*
Hendricks *Circuit Court*

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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. 187

File

July 3 - 1964
Date of Application

MALE
Medical Examination Report Dated 6-26-64
Name of Physician Lloyd A. Terry

FEMALE
Medical Examination Report Dated 6-26-64
Name of Physician Lloyd A. Terry

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 Winford Middle Eugene Last Tomlinson

Date of Birth: Month Dec Day 14 Year 1942

Place of Birth (State or foreign country) Wise Virginia

Residence Address: Street or R. R. RR 2 City Danville County Hend. 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 Universal Bank Co.

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

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? 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 James Tomlinson
    Residence of father (if deceased so state) deceased
    Occupation of father ..... Race of father W
    Birthplace of father (State or foreign country) Virginia
12. Full maiden name of mother Nancy Mollie Lawson
    Residence of mother (if deceased so state) Danville
    Occupation of mother housewife Race of mother W
    Birthplace of mother (State or foreign country) Virginia

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

Signed Winford Eugene Tomlinson

New Address.....

Subscribed and sworn to before me this 3 day of July, 1964.

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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

FEMALE APPLICANT

Name: First Sandra Middle Kay Last Cline

Date of Birth: Month Jan Day 6 Year 1944

Place of Birth (State or foreign country) Franklin Ind.

Residence Address: Street or R. R. 201 W Main City Plainfield County Hend. 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 Public Service

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 Clinton Jr. Cline
   Residence of father (if deceased so state) Coatesville
   Occupation of father Chrysler Race of father W
   Birthplace of father (State or foreign country) W. Virginia
8. Full maiden name of mother Ruby Mae Webb
   Residence of mother (if deceased so state) Coatesville
   Occupation of mother Nurses Aide Race of mother W
   Birthplace of mother (State or foreign country) Kentucky

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

Signed Sandra Kay Cline

New Address.....

Subscribed and sworn to before me this 3 day of July, 1964.

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, 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* Hendricks *Circuit Court of Indiana dated the* 7 *day of* July, 19 64, *authorizing the joining together as husband and wife* Winford Eugene Tomlinson *and* Sandra Kay Cline

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

I, Morris Finch, Jr. *hereby certify that on the* tenth *day of* July, *one thousand nine hundred and* sixty-four *at* Dover, *County of* Boone, *State of Indiana, Groom* Winford Eugene Tomlinson *of* Hendricks *County, State of* Indiana *and, Bride* Sandra Kay Cline *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* July, 19 64.

Signed Morris Finch, Jr.

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 24 *day of* July, 19 64.

Signed Claude Hughes *Clerk*

Hendricks *Circuit Court*

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 188

HENDRICKS County

File

July 7-1964 Date of Application

MALE
Medical Examination Report Dated July 2-1964
Name of Physician Joseph O. Flora M.D.

FEMALE
Medical Examination Report Dated July 2-1964
Name of Physician Joseph O. Flora 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 David Middle allen Last Wiles

Date of Birth: Month Aug Day 23 Year 1942

Place of Birth (State or foreign country): Detroit Mich.

Residence Address: Street or R. R. 1330 Blaine Ave. City Indpls County Marion State Ind.

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

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

Usual Occupation Chef

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

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? 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 Russell D Wiles
    Residence of father (if deceased so state) Florida
    Occupation of father Self employed Race of father W
    Birthplace of father (State or foreign country) Michigan
12. Full maiden name of mother Laura M. Cummings
    Residence of mother (if deceased so state) Florida
    Occupation of mother self employed Race of mother W
    Birthplace of mother (State or foreign country) New Jersey

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

Signed x David A. Wiles

New Address

Subscribed and sworn to before me this 7 day of July, 19 64

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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Dolores Middle ann Last Carroll

Date of Birth: Month Jan Day 14 Year 1946

Place of Birth (State or foreign country) Indpls Ind.

Residence Address: Street or R. R. R#3 Box 16 City Danville County Hend. 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) 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 Rufus N. Carroll
   Residence of father (if deceased so state) Danville
   Occupation of father Mechanics Race of father W
   Birthplace of father (State or foreign country) Kentucky
8. Full maiden name of mother Lena D. Rogers
   Residence of mother (if deceased so state) Danville
   Occupation of mother Professional Ministering Race of mother W
   Birthplace of mother (State or foreign country) New Mexico

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

Signed x Dolores A. Carroll

New Address

Subscribed and sworn to before me this 7 day of July, 19 64

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, 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 Hendricks County Circuit Court by written order issued 7-7-64 and filed in Clerk office authorizes and directs the issuance of a marriage license to the above named parties. 3 days Waived

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* 7 *day of* July, 19 64, *authorizing the joining together as husband and wife* David allen wiles *and* Dolores ann Carroll

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

I, George A. Harris, *hereby certify that on the* 10 th *day of* July, *one thousand nine hundred and* 64 *at* The Danville Christian Church, *County of* Hendricks, *State of Indiana, Groom* David allen Wiles *of* Lee *County, State of* Florida, *and, Bride* DeLores Ann Carroll *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 10 th *day of* July, 196 4.

Signed Rev. George A. Harris

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 11 *day of* July, 19 64

Signed Claude Hughes Clerk

Hendricks Circuit Court

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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. 189
File 27
July 7 1964
Date of Application

MALE
Medical Examination Report Dated July 6 1964
Name of Physician William M. Deugan Jr.

FEMALE
Medical Examination Report Dated July 6, 1964
Name of Physician William M. Deugan Jr.

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 David Middle Henry Last Kilmer
Date of Birth: Month Jan Day 19 Year 1931
Place of Birth (State or foreign country) Marietta Ohio
Residence Address: Street or R. R. 903 Bryden Rd City Columbus County Franklin State Ohio
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 Plumber
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? 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 Henry David Kilmer
    Residence of father (if deceased so state) Deceased
    Occupation of father Race of father W.
    Birthplace of father (State or foreign country) Ohio
12. Full maiden name of mother Marian Jane
    Residence of mother (if deceased so state) Belpre Ohio -
    Occupation of mother None Race of mother W.
    Birthplace of mother (State or foreign country) Penn.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed David Henry Kilmer
New Address
Subscribed and sworn to before me this 7th day of July, 1964
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, County of HENDRICKS } ss:
Signed Father
Signed Mother
Subscribed and sworn to before me this 7th day of July, 1964
Claude Hughes Clerk

FEMALE APPLICANT

Name: First June Middle ann Last Wolty
Date of Birth: Month Oct Day 23 Year 1927
Place of Birth (State or foreign country) Rome New York -
Residence Address: Street or R. R. 1489 Grovewood City Columbus County Franklin State Ohio
Maiden Name if Different June ann Knight
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 Secy.
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 Arthur Potter Knight, Jr.
   Residence of father (if deceased so state) Deceased
   Occupation of father Race of father W.
   Birthplace of father (State or foreign country) Penn.
8. Full maiden name of mother Doris Eleanor Berringe
   Residence of mother (if deceased so state) Columbus, Ohio -
   Occupation of mother Hospital Cafe Supv. Race of mother W.
   Birthplace of mother (State or foreign country) Ohio -

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed June Waltz
New Address
Subscribed and sworn to before me this 7th day of July, 1964
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, 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 Hendricks County Superior Court by written order issued July 7 1964 and filed in Superior Court authorizes and directs the issuance of a marriage license to the above named parties. 3 days Waiver

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* 7 *day of* July, 1964, *authorizing the joining together as husband and wife* David Henry Kelmer *and* June Waltz
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, O. T. Hancock *hereby certify that on the* 7 *day of* July,
one thousand nine hundred and 64 *at* Plainfield, *County of* Hendricks,
State of Indiana, Groom David Henry Kelmer *of* Columbus, Franklin *County, State of* Ohio
and, Bride June Ann Waltz *of* Columbus, Franklin *County, State of* Ohio,
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 7 *day of* July, 1964.

Signed O. T. Hancock
Official Designation Justice of the Peace

Filed and recorded in accordance with the laws of the State of Indiana this 14 *day of* July, 1964.

Signed Claude Hughes *Clerk*
Hendricks *Circuit Court*

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 190
File 27
July 7 1964
Date of Application

HENDRICKS County

MALE
Medical Examination Report Dated July 7, 1964
Name of Physician Lloyd Terry

FEMALE
Medical Examination Report Dated July 7
Name of Physician Lloyd Terry

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 John Middle Ribbling Last
Date of Birth: Month Jan Day 13 Year 1905
Place of Birth (State or foreign country) Belleville Ill.
Residence Address: Street or R. R. RR1 Box 88 City Clayton County Hendricks State 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 Stone Mountain
Date of birth verified by: ☐ Birth Cert. ☑ Judicial Decree
☐ Other (Specify) Decree

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? 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 Henry Ribbling
    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 Anna Meyer
    Residence of mother (if deceased so state) Deceased
    Occupation of mother Race of mother W
    Birthplace of mother (State or foreign country) Illinois

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

Signed John Ribbling
New Address
Subscribed and sworn to before me this 7th day of July, 1964
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, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Josephine Middle Torregrossa Last
Date of Birth: Month June Day 26 Year 1896
Place of Birth (State or foreign country) St. Louis Missouri
Residence Address: Street or R. R. RR1 Box 88 City Clayton County Hendricks State Indiana
Maiden Name if Different
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 None
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Divers decree

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 Michael Guttchie
   Residence of father (if deceased so state) Deceased
   Occupation of father Race of father W
   Birthplace of father (State or foreign country) Italy
8. Full maiden name of mother Frances Ramsenio
   Residence of mother (if deceased so state) Deceased
   Occupation of mother Race of mother W
   Birthplace of mother (State or foreign country) Italy

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

Signed Josephine Torregrossa
New Address
Subscribed and sworn to before me this 7th day of July, 1964
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, 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 Hendricks Circuit Court of Indiana dated the 11th day of July, 1964, authorizing the joining together as husband and wife John Ribbling and Josephine Torregrossa.

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

I, R B Pickard hereby certify that on the 11 day of July, one thousand nine hundred and 64 at Danville, County of Hendricks, State of Indiana, Groom John Ribbling of Hendricks County, State of Indiana, and, Bride Josephine Torregrossa of Hendricks 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 13 day of July, 1964. Signed R. B. Pickard
Official Designation J. P.

Filed and recorded in accordance with the laws of the State of Indiana this 13 day of July, 1964
Signed Claude S. Hughes Clerk
Hendricks Circuit Court