

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. 295
File Book 28
Date of Application 9 October 1965

MALE
Medical Examination Report Dated 4 October 1965
Name of Physician Thomas P. Chase M.D.

FEMALE
Medical Examination Report Dated 4 October 1965
Name of Physician Thomas P. Chase M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Theodore A. Walker
Date of Birth March 1, 1945
Place of Birth (State or foreign country) Terre Haute, Indiana
Residence Address R 2, Box 612, Indianapolis, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Factory worker - Allison

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

☐ Other (Specify) _____

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

Name Age Address

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

11. Full name of father Alfred Earl Walker
Residence of father (if deceased so state) Indianapolis, Ind.
Occupation of father Factory worker, Allison Race of father White
Birthplace of father (State or foreign country) Brazil, Indiana
12. Full maiden name of mother Grace Ada Blair
Residence of mother (if deceased so state) RR Indpls, Ind.
Occupation of mother Housewife Race of mother White
Birthplace of mother (State or foreign country) Brazil, Indiana

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

Signed Theodore A. Walker

New Address R 2, Box 612, Indianapolis, Ind.

Subscribed and sworn to before me this 8th day of October, 1965
John Gambrell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS ss:

Signed Alfred E. Walker Father

Signed Grace A. Blair Mother

Subscribed and sworn to before me this 8th day of October, 1965
John Gambrell Clerk

FEMALE APPLICANT

Name Donna L. Linder
Date of Birth November 26, 1947
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address R 8 Box 229 Indianapolis, Ind.
Maiden Name if Different _____

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Unemployed

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

☐ Other (Specify) _____

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

8. Full maiden name of mother Lavetta Mae Holcomb
Residence of mother (if deceased so state) RR Indpls, Ind.
Occupation of mother Housewife Race of mother White
Birthplace of mother (State or foreign country) Newcastle, Indiana

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

Signed Donna L. Linder

New Address 8th day of October, 1965

Subscribed and sworn to before me this 8th day of October, 1965
John Gambrell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS ss:

Signed Leroy C. Linder Father

Signed Lavetta M. Linder Mother

Subscribed and sworn to before me this 8th day of October, 1965
John Gambrell 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 October, 1965, authorizing the joining together as husband and wife of Theodore A. Walker and Donna L. Linder.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
1, Rev. John Thomas Webb hereby certify that on the 15th day of October, one thousand nine hundred and sixty-five at Shiloh Methodist Church County of Hendricks, State of Indiana, Groom Theodore A. Walker of Hendricks County, State of Indiana and, Bride Donna Lee Linder 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 15th day of October, 1965.

Signed Rev. John Thomas Webb Minister of

Official Designation Shiloh Methodist Church

Filed and recorded in accordance with the laws of the State of Indiana this 22 day of October, 1965.

Signed John Gambrell Clerk

Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 296
File Book 28
Date of Application 9 October 1965

MALE
Medical Examination Report Dated 7 October 1965
Name of Physician Irra Cohen M.D.

FEMALE
Medical Examination Report Dated 7 October 1965
Name of Physician Irra Cohen 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 Bobby Gene Shrout
Date of Birth January 14 1940
Place of Birth La Grange, Indiana
Residence Address 211 Crawford St. Martineau 6 Ind.
Previous Marital Status: Never Married ☐ Divorce ☒ Annulment ☐ Number of Previous Marriages 1
Last Marriage Ended By: Mar 6 7 Apr 63
Color or Race White
Usual Occupation George-Mechanist
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

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

(a) List their full names, ages and addresses
Name Terry Lavan Age 5 Address Russellville 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
- Full name of father Leland William Shrout
Residence of father (if deceased so state) La Grange, Ind.
Occupation of father Disabled Race of father White
Birthplace of father (State or foreign country) La Grange, Ind.
 - Full maiden name of mother Genivere Ruth Hogg
Residence of mother (if deceased so state) La Grange, Ind.
Occupation of mother Housewife Race of mother White
Birthplace of mother (State or foreign country) Anderson, Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Bobby Gene Shrout
New Address 211 Crawford St. Martineau 6 Ind.
Subscribed and sworn to before me this 10th day of October, 1965
Clerk John Hamblett HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

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

FEMALE APPLICANT
Name Tena A. Gravitt
Date of Birth August 3 1940
Place of Birth Dalton, Ga.
Residence Address 211 Crawford St. Martineau 6 Ind.
Maiden Name if Different Tena A. Wheat
Previous Marital Status: Never Married ☐ Divorce ☒ Annulment ☐ Number of Previous Marriages 2
Last Marriage Ended By: Mar 6 7 Apr 63
Color or Race White
Usual Occupation Waitress - Cobbs Truck Stop
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify) _____
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? ☐ Yes ☒ No
Of Unsound Mind? ☐ Yes ☒ No
 - Are you under guardianship as a person of unsound mind? ☐ Yes ☒ No
 - Are you afflicted with a transmissible disease? ☐ Yes ☒ No
 - Are you related to the groom closer than second cousin? ☐ Yes ☒ No
 - Are you now under the influence of intoxicating liquor? ☐ Yes ☒ No
 - Are you now under the influence of a narcotic drug? ☐ Yes ☒ No
 - Full name of father James Oscar Ellis
Residence of father (if deceased so state) Deceased
Occupation of father _____ Race of father White
Birthplace of father (State or foreign country) Chattsworth Georgia
 - Full maiden name of mother Willie Lee Silvers
Residence of mother (if deceased so state) La Fayette, Ga.
Occupation of mother Housewife Race of mother White
Birthplace of mother (State or foreign country) Boaz, Alabama

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Tena A. Gravitt
New Address 211 Crawford St. Martineau 6 Ind.
Subscribed and sworn to before me this 10th day of October, 1965
Clerk John Hamblett HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Court authorizing the joining together as husband and wife of Indiana dated the 13th day of October, 1965
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Eugene E. Crawley, hereby certify that on the 16th day of October, 1965, at Plainfield, County of Hendricks, State of Indiana, one thousand nine hundred and fifty-five of Hendricks County, State of Indiana, and, Bride Tena A. Gravitt 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 16th day of October, 1965.
Signed Eugene E. Crawley
Official Designation Justice of the Peace, 1965.
Signed John Hamblett, Jr. Clerk
Circuit Court

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 297
File Book 28
Date of Application 13 October 1965

MALE

Medical Examination Report Dated 11 October 1965
Name of Physician V.D. Gaddy M.D.

FEMALE

Medical Examination Report Dated 11 October 1965
Name of Physician V.D. Gaddy 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 Richard D. Sullivan
Date of Birth July 29 1941
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address 316 S. Lyons, Indpls, Marion Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Electrical Const. Local 481

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

☒ Other (Specify) Draft Card.

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

| Name | Age | Address |
|------|-----|---------|
| | | |
| | | |

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

11. Full name of father John Richard Sullivan
Residence of father (if deceased so state) Indpls, Ind.
Occupation of father Electrician Race of father white
Birthplace of father (State or foreign country) Indianapolis, Ind.
12. Full maiden name of mother Viola Elizabeth Albertson
Residence of mother (if deceased so state) Indpls, Ind.
Occupation of mother Housewife Race of mother white
Birthplace of mother (State or foreign country) _____

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

Signed Richard D. Sullivan

New Address 110 E. Franklin, Bibb Ind.

Subscribed and sworn to before me this 13th day of October, 1965
Clerk John Samball HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS ss:
County of _____

Signed _____ Father

Signed _____ Mother

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

FEMALE APPLICANT

Name Beverly K. Brown
Date of Birth September 22 1939
Place of Birth (State or foreign country) Winton, Indiana
Residence Address 110 E. Franklin, Brownsburg, Ind.
Maiden Name if Different Beverly K. Reece
Previous Marital Status: Never Married ☒ Number of Previous Marriages 2

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Marion 63 Marion 65

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

Usual Occupation Desk Clerk - Howard Johnson

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

☒ Other (Specify) Driver's License.

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father George Linzey Reece
Residence of father (if deceased so state) Warrington Ind.
Occupation of father Coal miner Race of father white
Birthplace of father (State or foreign country) Warrington, Ind.
8. Full maiden name of mother Thelma Savasta Dakey
Residence of mother (if deceased so state) Warrington, Ind.
Occupation of mother Housewife Race of mother white
Birthplace of mother (State or foreign country) Warrington, Ind.

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

Signed Beverly K. Brown

New Address Same

Subscribed and sworn to before me this 13th day of October, 1965
Clerk John Samball HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS ss:
County of _____

Signed _____ Father

Signed _____ Mother

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 18th day of October, 1965, authorizing the joining together as husband and wife of Richard D. Sullivan and Beverly K. Brown.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Robert J. Burghacker, hereby certify that on the 22nd day of October, one thousand nine hundred and sixty-five, at Indianapolis, County of Marion, State of Indiana, Groom Richard D. Sullivan of Marion County, State of Indiana and, Bride Beverly K. Brown of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.
Dated this 22nd day of October, 1965.

Signed Robert J. Burghacker

Official Designation Pastor, Oak Park Baptist Church
day of October, 1965

Signed John Samball, Jr. Clerk
Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 29th day of October, 1965.

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 298
File Book 28
Date of Application 19 October 1965

HENDRICKS County

MALE

Medical Examination Report Dated 11 October 1965
Name of Physician Thomas P. Chase M.D.

FEMALE

Medical Examination Report Dated 11 October 1965
Name of Physician Thomas P. Chase M.D.

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

MALE APPLICANT

Name Dwight R. Poole
Date of Birth October 2, 1942
Place of Birth (State or foreign country) Somerset, Kentucky
Residence Address R2 Bx 362 Plainfield, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Tool & Die App - W.E.
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

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

(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 Estelle Poole
Residence of father (if deceased so state) Plainfield, Indiana
Occupation of father Welder - Chrysler Race of father white
Birthplace of father (State or foreign country) Peoria, Ill.

12. Full maiden name of mother Nellie Pearl Blanton
Residence of mother (if deceased so state) Plainfield, Ind.
Occupation of mother Housewife Race of mother white
Birthplace of mother (State or foreign country) Somerset, Ky.

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

Signed Dwight R. Poole

New Address Bridgport, Ind.

Subscribed and sworn to before me this 19th day of October, 1965
Clerk John Gambell Jr. HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS ss:

Signed _____ Father
Signed _____ Mother

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

FEMALE APPLICANT

Name Brenda L. Ballou
Date of Birth July 26, 1944
Place of Birth (State or foreign country) Eubanks, Kentucky
Residence Address 2318 Parker Bridgeport, Mo. Ind.
Maiden Name if Different _____
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Accounting - Std. Mat.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify) _____
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the groom closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - Full name of father Corwin Hobert Ballou
Residence of father (if deceased so state) Bridgport, Ind.
Occupation of father Pipe fitter - Gt. Falls Race of father white
Birthplace of father (State or foreign country) North Bend, Kansas
 - Full maiden name of mother Jewell Lang
Residence of mother (if deceased so state) Bridgport, Ind.
Occupation of mother Housewife Race of mother white
Birthplace of mother (State or foreign country) Rock Castle, Ky.

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

Signed Brenda L. Ballou

New Address Same

Subscribed and sworn to before me this 19th day of October, 1965
Clerk John Gambell Jr. HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS ss:

Signed _____ Father

Signed _____ Mother

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 19 day of October, 1965, authorizing the joining together as husband and wife of Dwight R. Poole and Brenda L. Ballou.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Billy J. Garland hereby certify that on the 23rd day of October,
one thousand nine hundred and sixty-five at Central Baptist Church, County of Marion,
State of Indiana, Groom Dwight R. Poole of Hendricks County, State of Indiana,
and, Bride Brenda L. Ballou 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 23rd day of October, 1965.

Signed Billy J. Garland

Official Designation Minister, 1965

Signed John Gambell Jr. Clerk
Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 26th day of October, 1965

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. 299
File Book 28
Date of Application 14 October 1965

MALE
Medical Examination Report Dated 6 October 1965
Name of Physician Donald D. Cheesman MD

FEMALE
Medical Examination Report Dated 6 October 1965
Name of Physician Donald D. Cheesman 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 Paul David Bird
Date of Birth October 3 1945
Place of Birth Charleston, W. Virginia
Residence Address 250 Webb Dr. Indianapolis, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify) Copy Boy - Indpls. News

Are you being adjudged, diagnosed or considered as:
1. A person of unsound mind? No ☒ Yes ☐
2. A person who has been within five (5) years an inmate of a county asylum or institution? No ☒ Yes ☐
3. A person who has the cause of such condition been removed? No ☒ Yes ☐
4. A person with a transmissible disease? No ☒ Yes ☐
5. A person related to the groom closer than second cousin? No ☒ Yes ☐
6. A person under the influence of intoxicating liquor? No ☒ Yes ☐
7. A person under the influence of a narcotic drug? No ☒ Yes ☐
8. A person to support a family? Yes ☒ No ☐
9. A person to so continue? Yes ☒ No ☐
10. A person with minor children from one or more former marriages? No ☐ Yes ☐
11. Over questions a, b, c) their full names, ages and addresses

Name Age Address
Are you supporting or contributing to their support? Yes ☐ No ☒
Are you complying with any court order or orders issued for their support? Yes ☐ No ☒
Full name of father Damon Errett Bird
Residence of father (if deceased so state) Charleston, W. Va.
Occupation of father Foreman - Du Pont Race of father white
Birthplace of father (State or foreign country) Clay Co., W. Va.
12. Full maiden name of mother Pearl Marie Gibson
Residence of mother (if deceased so state) Charleston, W. Va.
Occupation of mother Housewife Race of mother white
Birthplace of mother (State or foreign country) Clay Co., W. Va.

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

Signed Paul David Bird
New Address RS, 3109A Moorpark Rd.
Subscribed and sworn to before me this 14th day of October, 1965
Clerk John Gambell Jr. HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of 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 separated. Mother as court appointed legal guardian, consent attached.
State of Indiana, HENDRICKS ss:
County of HENDRICKS

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this 14th day of October, 1965
Clerk John Gambell Jr. HENDRICKS Circuit Court

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 16 October 1965 and filed in Clerks office authorizes and directs the issuance of a marriage license to the above named parties. 3 Day 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 16th day of October, 1965, authorizing the joining together as husband and wife of Paul David Bird and Judith Ann Hughes
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Marvin W. Cook hereby certify that on the 17th day of October, one thousand nine hundred and sixty-five at Danville, County of Hendricks, State of Indiana, Groom Paul David Bird of Marion County, State of Indiana and, Bride Judith Ann Hughes 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 17th day of October, 1965.

Signed Marvin W. Cook
Official Designation Minister
Filed and recorded in accordance with the laws of the State of Indiana this 19th day of October, 1965.
Signed John Gambell Jr. Clerk
Hendricks Circuit Court

FEMALE APPLICANT
Name Judith Ann Hughes
Date of Birth October 25 1946
Place of Birth Indianapolis, Indiana
Residence Address 2215 Jefferson St., Danville, Ind.
Maiden Name if Different _____
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Reference Clerk - Indpls News
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 Orville M. Hughes
Residence of father (if deceased so state) Deceased
Occupation of father _____ Race of father white
Birthplace of father (State or foreign country) Brown Co., Ind.
8. Full maiden name of mother Evelyn M. Miller
Residence of mother (if deceased so state) Danville, Ind.
Occupation of mother Housekeeper Race of mother white
Birthplace of mother (State or foreign country) Marion Co., Ind.
State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS
Signed Judith Ann Hughes
New Address Same
Subscribed and sworn to before me this 14th day of October, 1965
Clerk John Gambell Jr. HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.
State of Indiana, HENDRICKS ss:
County of HENDRICKS
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

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. 299
File Book 28
14 October 1965
Date of Application

| | |
|---|---|
| MALE Medical Examination Report Dated <u>6 October 1965</u> Name of Physician <u>Donald D. Cheesman MD</u> | FEMALE Medical Examination Report Dated <u>6 October 1965</u> Name of Physician <u>Donald D. Cheesman MD</u> |
|---|---|

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 | | FEMALE APPLICANT | |
|---|---|------------------|--|
| Name <u>Paul David Bird</u> | Name <u>Judith Ann Hughes</u> | | |
| Date of Birth <u>October 3, 1945</u> | Date of Birth <u>October 25, 1946</u> | | |
| Place of Birth <u>Charleston, W. Virginia</u> | Place of Birth <u>Indianapolis, Indiana</u> | | |
| Residence Address <u>250 Webb Dr. Indpls, Ind.</u> | Residence Address <u>2215 Sellers St., Danville, Ind.</u> | | |
| Previous Marital Status: Never Married <input checked="" type="checkbox"/> Number of Previous Marriages _____ | Previous Marital Status: Never Married <input checked="" type="checkbox"/> Number of Previous Marriages _____ | | |
| Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> | Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> | | |
| Color or Race: White <input checked="" type="checkbox"/> Negro <input type="checkbox"/> Other <input type="checkbox"/> (specify) _____ | Color or Race: White <input checked="" type="checkbox"/> Negro <input type="checkbox"/> Other <input type="checkbox"/> (specify) _____ | | |
| Usual Occupation <u>Copy Boy - Indpls. News</u> | Usual Occupation <u>Reference Clerk - Indpls News</u> | | |
| Date of birth verified by: <input checked="" type="checkbox"/> Birth Cert. <input type="checkbox"/> Judicial Decree | Date of birth verified by: <input checked="" type="checkbox"/> Birth Cert. <input type="checkbox"/> Judicial Decree | | |
| <input type="checkbox"/> Other (Specify) _____ | <input type="checkbox"/> Other (Specify) _____ | | |
| 1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| 2. Are you under guardianship as a person of unsound mind? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 2. Are you under guardianship as a person of unsound mind? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| 3. Are you afflicted with a transmissible disease? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 3. Are you afflicted with a transmissible disease? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| 4. Are you related to the groom closer than second cousin? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 4. Are you related to the groom closer than second cousin? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| 5. Are you now under the influence of intoxicating liquor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 5. Are you now under the influence of intoxicating liquor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| 6. Are you now under the influence of a narcotic drug? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 6. Are you now under the influence of a narcotic drug? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Full name of father <u>Orville M. Bird</u> | Full name of father <u>Orville M. Hughes</u> | | |
| Occupation of father <u>Deceased</u> | Occupation of father <u>Deceased</u> | | |
| Place of father (State or foreign country) <u>Brown Co., Ind.</u> | Place of father (State or foreign country) <u>Brown Co., Ind.</u> | | |
| Maiden name of mother <u>Evelyn M. Miller</u> | Maiden name of mother <u>Evelyn M. Miller</u> | | |
| Occupation of mother <u>House Keeper</u> | Occupation of mother <u>House Keeper</u> | | |
| Place of mother (State or foreign country) <u>Danville, Ind.</u> | Place of mother (State or foreign country) <u>Danville, Ind.</u> | | |
| County <u>HENDRICKS</u> | County <u>HENDRICKS</u> | | |
| I depose and state the information given in this application is true and correct. | | | |
| Signed <u>Judith Ann Hughes</u> | | | |
| New Address <u>Same</u> | | | |
| and sworn to before me this <u>4th</u> day of <u>October</u> , 19 <u>65</u> | | | |
| Clerk <u>John Gambold Jr.</u> HENDRICKS Circuit Court | | | |

4201 N. Washington St.
Charleston W. Va.
October 13, 1965

I Pearl Marie Simmons
Guardian of Paul David
Bird, do hereby give my
consent for said Paul David
Bird to wed Judy Ann Hughes
on October the Seventeenth (17)
in the year of our Lord
Nineteen Hundred and Sixty
Five

FILED
OCT 14 1965
Pearl Marie Simmons

John Gambold Jr.
Clerk HENDRICKS

Given under my hand
this 13th day October
1965 Herman Kissler
Notary

My commission expires
April 24 1972

COM
in 1965 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 16th day of October, 1965, authorizing the joining together as husband and wife of Paul David Bird and Judith Ann Hughes

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

I, Marvin W. Cook hereby certify that on the 17th day of October, one thousand nine hundred and sixty-five at Danville, County of Hendricks, State of Indiana, Groom Paul David Bird of Marion County, State of Indiana and, Bride Judith Ann Hughes 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 17th day of October, 1965.

Signed Marvin W. Cook
Official Designation Minister
Filed and recorded in accordance with the laws of the State of Indiana this 19th day of October, 1965.
Signed John Gambold Jr. 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. 300
File Book 28
15 October 1965
Date of Application

MALE
Medical Examination Report Dated 4 October 1965
Name of Physician Robt Messing & M.D.

FEMALE
Medical Examination Report Dated 4 October 1965
Name of Physician Robt. Messing & M.D.

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

MALE APPLICANT

Name First Middle Last
Ted Saunders

Date of Birth Month Day Year
March 9 1926

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

Residence Address Street or R. R. City County State
441 N. Jefferson, Danville, Hendricks, Ind.

Previous Marital Status: Never Married ☐ Divorced ☒ Annulment ☐ Number of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date Sept 65

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

Usual Occupation Foreman, packing hams.

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

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

Name Age Address
Debra Lynn 8 Santa Monica, Calif
Arthur Theo. 3

- (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 Joe Saunders
Residence of father (if deceased so state) Danville, Ind.
Occupation of father Newspaper salesman Race of father white
Birthplace of father (State or foreign country) Laurel, Indiana

12. Full maiden name of mother Ethel Ford
Residence of mother (if deceased so state) Danville, Ind.
Occupation of mother Housewife Race of mother white
Birthplace of mother (State or foreign country) Carlton, Ky.

State of Indiana, Hendricks ss: I depose and state the information given in this application is true and correct.
County of Hendricks
Signed Ted Saunders
New Address St. Joseph, Mo.

Subscribed and sworn to before me this 15th day of October, 1965
John G. Hamblin Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

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

Clerk

FEMALE APPLICANT

Name First Middle Last
Dorothy Petty

Date of Birth Month Day Year
June 19 1926

Place of Birth (State or foreign country)
Johns Creek, Indiana

Residence Address Street or R. R. City County State
552 1/2 N. Jefferson Indpls, Marion, Ind.

Previous Marital Status: Never Married ☐ Divorced ☒ Annulment ☐ Number of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date Marion 58

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

Usual Occupation Globe mounter, Cramm.

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

- ☒ Other (Specify) written proof.
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the groom closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - Full name of father James Otto Hook
Residence of father (if deceased so state) Danville, Ind.
Occupation of father Tareen Keeper Race of father white
Birthplace of father (State or foreign country) Greenfield, Ind.

8. Full maiden name of mother Carmen Neil Morris
Residence of mother (if deceased so state) Danville RR, Ind.
Occupation of mother School teacher Race of mother white
Birthplace of mother (State or foreign country) Indianapolis, Ind.

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

Signed Dorothy Petty
New Address _____
Subscribed and sworn to before me this 15th day of October, 1965
John G. Hamblin Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

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

Clerk

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 _____ 16 October 1965 and filed in _____ Clerk's office _____ authorizes and directs the issuance of a marriage license to the above named parties. 3d 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 _____ Circuit Court of Indiana dated the 16th day of October, 1965, authorizing the joining together as husband and wife of _____ Ted Saunders _____ and _____ Dorothy Petty _____
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, _____ Lawrence Glendon Whitacre _____ hereby certify that on the 16th day of October, 1965, at New Winchester, _____ County of Hendricks, one thousand nine hundred and sixty-five _____ of _____ County, State of Indiana, Groom _____ Ted Saunders _____ and, Bride _____ Dorothy Petty _____ of _____ 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 16th day of October, 1965. Signed _____ Lawrence Glendon Whitacre _____
Official Designation Minister, New Winchester Christian Church
Subscribed and sworn to before me this 16th day of October, 1965.
Signed _____ John Hamblin, Jr. _____ Clerk
Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____
_____ 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. 301

File Book 28

Date of Application 16 October 1965

MALE

Medical Examination Report Dated 12 October 1965
Name of Physician R.W. Kortley M.D.

FEMALE

Medical Examination Report Dated 12 October 1965
Name of Physician R.W. Kortley 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 Ronald S. Cox
Date of Birth May 8 1941
Place of Birth (State or foreign country) Van Buren, Mo., Shelby Co., Ind.
Residence Address 262 W. Locust, Shelbyville, Shelby, 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 Pressman - Tippencanoe Press

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

☒ Other (Specify) Driver's License

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

Name Age Address

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

11. Full name of father John Russell Cox
Residence of father (if deceased so state) Fountain town, Ind.
Occupation of father Farmer Race of father white
Birthplace of father (State or foreign country) Shelby Co., Ind.
12. Full maiden name of mother Evelyn Lanier
Residence of mother (if deceased so state) Fountain town, Ind.
Occupation of mother Housewife Race of mother white
Birthplace of mother (State or foreign country) Hancock Co., Ind.

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

Signed Ronald S. Cox

New Address 262 W. Locust Apt 3, Shelbyville

Subscribed and sworn to before me this 16th day of October, 1965
Clerk John G. Lambell HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

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

FEMALE APPLICANT

Name Ina Mae Walls
Date of Birth August 15 1949
Place of Birth (State or foreign country) Hendricks Co., Indiana
Residence Address Rt. 347, Danville, Hendricks, Ind.
Maiden Name if Different _____

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Typist - Aero Mayflower

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 Wilbur V. Walls
Residence of father (if deceased so state) Danville, Ind.
Occupation of father Farmer Race of father white
Birthplace of father (State or foreign country) Hendricks Co., Ind.
8. Full maiden name of mother Helen Tuttle
Residence of mother (if deceased so state) Danville, Ind.
Occupation of mother Housewife Race of mother white
Birthplace of mother (State or foreign country) _____

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

Signed Ina Mae Walls

New Address Same

Subscribed and sworn to before me this 16th day of October, 1965
Clerk John G. Lambell HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 22 day of October, 1965, authorizing the joining together as husband and wife

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

I, George A. Harris hereby certify that on the 23rd day of October, one thousand nine hundred and sixty-five at The Revere Christian Church County of Hendricks, State of Indiana, Groom Ronald S. Cox of Shelby County, State of Indiana and, Bride Ina Mae Walls 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 23rd day of October, 1965.

Signed Rev. George A. Harris

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 23rd day of October, 1965.

Signed John G. Lambell, Jr. 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. 302
File Book 28
Date of Application 16 October 1965

MALE
Medical Examination Report Dated 23 September 1965
Name of Physician David B. Haggard MD.

FEMALE
Medical Examination Report Dated 23 September 1965
Name of Physician David B. Haggard 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, representa-

MALE APPLICANT
Name Billy Wood
Date of Birth August 1 1925
Place of Birth Cleves, Florida
Residence Address Cartersburg, Hendricks, Indiana
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Rakephig. w. va. 1946
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Brocklayer - F.C. Hankinson
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Drives license

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

Name Age Address

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

11. Full name of father Ira Wood
Residence of father (if deceased so state) Sophia, w. va.
Occupation of father Retired Race of father white
Birthplace of father (State or foreign country) Hinton, Virginia
12. Full maiden name of mother Carola M. Cooper
Residence of mother (if deceased so state) Deceased
Occupation of mother _____ Race of mother white
Birthplace of mother (State or foreign country) Okaloosa City, Fla

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

Signed Billy Wood
New Address Cartersburg, Indiana

Subscribed and sworn to before me this 16th day of October, 1965
Clerk John Samuel Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:

Signed _____ Father
Signed _____ Mother

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 2nd day of October, 1965, authorizing the joining together as husband and wife

of Billy Wood and Dorothy H. Cooley

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

I, R. B. Richard hereby certify that on the 23rd day of October, 1965, at Danville, County of Hendricks

one thousand nine hundred and sixty-five of Hendricks County, State of Indiana

State of Indiana, Groom Billy Wood of Hendricks County, State of Indiana

and, Bride Dorothy H. Cooley of Hendricks County, State of Indiana

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

Dated this 25th day of October, 1965. Signed R. B. Richard

Official Designation Justice of Peace _____, 1965.

Signed John Samuel Clerk _____
Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 26th day of October, 1965.

Signed _____ Clerk _____
Hendricks Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 303
File Book 28
Date of Application 16 October 1965

MALE
Medical Examination Report Dated 15 October 1965
Name of Physician James Black, M.D.

FEMALE
Medical Examination Report Dated 15 October 1965
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 David Allen Willhite
Date of Birth May 20 1946
Place of Birth Marion, Indiana
Residence Address Clermont, Marion, 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 Asst Supt: ELKS club

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 Billy Clark Willhite
Residence of father (if deceased so state) Clermont, Ind.
Occupation of father Terminal Foreman Tex East. Race of father white
Birthplace of father (State or foreign country) La Plata, Mo.
12. Full maiden name of mother Evelyn Yvonne Allen
Residence of mother (if deceased so state) Clermont, Ind.
Occupation of mother Bank Teller Race of mother white
Birthplace of mother (State or foreign country) La Crosse, Mo.

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

Signed David Allen Willhite

New Address.....

Subscribed and sworn to before me this 16th day of October, 1965
Clerk John Gambold Jr HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, } ss:
County of HENDRICKS

Signed Billy C. Willhite Father

Signed Evelyn Yvonne Allen Mother

Subscribed and sworn to before me this 16th day of October, 1965
Clerk John Gambold Jr

FEMALE APPLICANT

Name Patricia Louise Clem
Date of Birth February 14 1946
Place of Birth Indianapolis, Indiana
Residence Address 1014 Harris, Brownsburg, 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 / TOPPS

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 Herman Hareyhan Clem
Residence of father (if deceased so state) Brownsburg, Ind.

Occupation of father Mech: Am Can Race of father white

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

8. Full maiden name of mother Florence Inogen Brinson

Residence of mother (if deceased so state) Clermont, Ind.

Occupation of mother Housewife Race of mother white

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

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

Signed Patricia Louise Clem

New Address.....

Subscribed and sworn to before me this 16th day of October, 1965
Clerk John Gambold Jr HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, } ss:
County of HENDRICKS

Signed..... Father

Signed..... Mother

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court
of Indiana dated the 20 day of October, 1965, authorizing the joining together as husband and wife
Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Chauncey A. Lathamer hereby certify that on the 22nd day of October
one thousand nine hundred and fifty-five at Clermont, County of Marion
State of Indiana, Groom David Allen Willhite of Marion County, State of Indiana
and, Bride Patricia Louise Clem 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 October, 1965.

Signed Chauncey A. Lathamer

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 1st day of November, 1965.

Signed John Gambold Jr 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. 304File Book 28Date of Application 13 October 1965

MALE

Medical Examination Report Dated 13 October 1965
Name of Physician Irvin Cohen M.D.

FEMALE

Medical Examination Report Dated 13 October 1965
Name of Physician Irvin Cohen M.D.

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

MALE APPLICANT

Name William O. Wernsing
Date of Birth July 3, 1929
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address 5311 Carlton Way Dr. Marion Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 2

Last Marriage Ended By: Marion 63 564 Death ☐ Divorce ☒ Annulment ☐

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

Usual Occupation Machinist: Link Belt

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

☒ Other (Specify) Driver's License

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

Name Robert Wayne Age 2 Address 215 Br. Joppat Rd.

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

11. Full name of father Frank with Father George Wernsing
Residence of father (if deceased so state) Indianapolis, Ind.
Occupation of father Painter Race of father white
Birthplace of father (State or foreign country) Indianapolis, Ind.

12. Full maiden name of mother Mary Jane Kubler
Residence of mother (if deceased so state) Indianapolis, Ind.
Occupation of mother Housewife Race of mother white
Birthplace of mother (State or foreign country) Argue, Ind.

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

Signed William O. Wernsing

New Address Chap. Clermont Hb. B'ing

Subscribed and sworn to before me this 18th day of October, 1965
Clerk John Sambo HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

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

FEMALE APPLICANT

Name Ruth Lucille Cope
Date of Birth September 19, 1938
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address 21 Mooreville, Hendricks, 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 Addressograph Opr: Gen Hosp.

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

☒ Other (Specify) Driver's Lic.

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

Residence of father (if deceased so state) Mooreville, Ind.

Occupation of father Mechanic: Rydco Race of father white

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

8. Full maiden name of mother Elizabeth Mae Stephens

Residence of mother (if deceased so state) Mooreville, Ind.

Occupation of mother Housewife Race of mother white

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

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

County of _____

Signed Ruth Lucille Cope

New Address Same

Subscribed and sworn to before me this 18th day of October, 1965

Clerk John Sambo HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

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

Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 22 day of October, 1965, authorizing the joining together as husband and wife of William O. Wernsing and Ruth Lucille Cope

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

1. Conley Bowman hereby certify that on the 23rd day of October, 1965, at Plainfield, County of Hendricks, State of Indiana, Groom William O. Wernsing of Marion County, State of Indiana, and, Bride Ruth Lucille Cope 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 23rd day of October, 1965

Signed Conley Bowman

Official Designation Minister

day of October, 1965

Signed John Sambo, Jr. Clerk

Hendricks Circuit Court

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 305
File Book 28
Date of Application 19 October 1965

MALE
Medical Examination Report Dated 18 October 1965
Name of Physician Evan Lehman M.D.

FEMALE
Medical Examination Report Dated 18 October 1965
Name of Physician Evan Lehman

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 David G. Jessup
Date of Birth July 18, 1946
Place of Birth Indianapolis, Indiana
Residence Address R2 Bx 340 Plainfield, Hend, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Lab. Tech.: Ransley
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Drivers License

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

Name Age Address

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

of father George Thomas Jessup
of father (if deceased so state) Plainfield, Ind.
of father Cabinet maker Race of father white
of father (State or foreign country) Plainfield, Ind.
name of mother Margaret Louise Pike
of mother (if deceased so state) Plainfield, Ind.
of mother Cashier Race of mother white
of mother (State or foreign country) Plainfield, Ind.

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

Signed David G. Jessup
New Address 5653 N. W.throp, Indianapolis, Ind.
Subscribed and sworn to before me this 19th day of October, 1965
Clerk John Gambrell HENDRICKS Circuit Court

PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.
Father & Mother naturalized
not attached.

HENDRICKS } ss:
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this 19th day of October, 1965
Clerk John Gambrell

FEMALE APPLICANT
Name Sandra S. Meadows
Date of Birth June 15, 1946
Place of Birth Indianapolis, Indiana
Residence Address 415 South Lane New Whiteland, Johnson, Ind.
Maiden Name if Different _____
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Credit Approval: Sears
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Drivers License

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father Clifford Wesley Meadows
Residence of father (if deceased so state) New Whiteland, Ind.
Occupation of father Mgr. Smith Transit Race of father white
Birthplace of father (State or foreign country) Bloomington, Ind.
- Full maiden name of mother Thelma Mae Hindenburg
Residence of mother (if deceased so state) New Whiteland, Ind.
Occupation of mother Secy Recp. Dr. Ay Race of mother white
Birthplace of mother (State or foreign country) Valparaiso, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Sandra S. Meadows
New Address Same

Subscribed and sworn to before me this 19th day of October, 1965
Clerk John Gambrell HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana dated the 23 day of October, 1965, authorizing the joining together as husband and wife of David G. Jessup and Sandra S. Meadows.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Ray A. Burchfield, hereby certify that on the 23rd day of October, 1965, at 309 E. Main St., Whiteland, County of Johnson, State of Indiana, Groom David G. Jessup and, Bride Sandra S. Meadows 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 23rd day of October, 1965.

Filed and recorded in accordance with the laws of the State of Indiana this 26 day of October, 1965.
Signed John Gambrell, Jr. 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. 305
File Book 28
Date of Application 19 October 1965

MALE
Medical Examination Report Dated 18 October 1965
Name of Physician Evan Lehman M.D.

FEMALE
Medical Examination Report Dated 18 October 1965
Name of Physician Evan Lehman

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 David G. Jessup
Date of Birth July 18, 1946
Place of Birth Indianapolis, Indiana
Residence Address R2 Bx 340 Plainfield, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Lab. Tech.: Ransberg

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

☒ Other (Specify) Driver's License

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or
of a mental hospital? No ☒ Yes ☐
- Has the cause of such condition been removed? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you under the influence of a narcotic drug? No ☒ Yes ☐
- Are you under the influence of any other drug? No ☒ Yes ☐
- Are you under the influence of any other drug? No ☒ Yes ☐
- Are you under the influence of any other drug? No ☒ Yes ☐

We, the undersigned parents of David G. Jessup

do hereby give our consent for him to marry

Sandra Sue Meadows.

FEMALE APPLICANT
Name Sandra S. Meadows
Date of Birth June 15, 1946
Place of Birth Indianapolis, Indiana
Residence Address 415 South Lane, Whiteland, Johnson, Ind.
Maiden Name if Different _____

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Credit Approval: Sears

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

☒ Other (Specify) Driver's License

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

Full name of father Clifford Wesley Meadows

Occupation of father Mgr. South Transit

Place of birth (State or foreign country) Whiteland, Ind.

Signature of father Clifford Wesley Meadows

Signature of mother Margaret P. Jessup

Signature of bride Sandra S. Meadows

Signature of groom David G. Jessup

Signature of witness Margaret P. Jessup

Signature of witness George T. Jessup

Signature of witness Margaret P. Jessup

Signature of witness George T. Jessup

Signature of witness Margaret P. Jessup

Signature of witness George T. Jessup

Signature of witness Margaret P. Jessup

Signature of witness George T. Jessup

Signature of witness Margaret P. Jessup

Signature of witness George T. Jessup

Signature of witness Margaret P. Jessup

Signature of witness George T. Jessup

Signature of witness Margaret P. Jessup

Signature of witness George T. Jessup

Signature of witness Margaret P. Jessup

Signature of witness George T. Jessup

Signature of witness Margaret P. Jessup

Signature of witness George T. Jessup

Signature of witness Margaret P. Jessup

Signature of witness George T. Jessup

Signature of witness Margaret P. Jessup

Signature of witness George T. Jessup

Signature of witness Margaret P. Jessup

Signature of witness George T. Jessup

Signature of witness Margaret P. Jessup

Signature of witness George T. Jessup

Signature of witness Margaret P. Jessup

Signature of witness George T. Jessup

Signature of witness Margaret P. Jessup

Signature of witness George T. Jessup

Signature of witness Margaret P. Jessup

Signature of witness George T. Jessup

Signature of witness Margaret P. Jessup

Signature of witness George T. Jessup

Signature of witness Margaret P. Jessup

Signature of witness George T. Jessup

Signature of witness Margaret P. Jessup

Signature of witness George T. Jessup

Signature of witness Margaret P. Jessup

Signature of witness George T. Jessup

Signature of witness Margaret P. Jessup

Signature of witness George T. Jessup

Signature of witness Margaret P. Jessup

Signature of witness George T. Jessup

Signature of witness Margaret P. Jessup

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 23 day of October, 1965, authorizing the joining together as husband and wife
of David G. Jessup and Sandra S. Meadows.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Ray A. Burchfield, hereby certify that on the 23rd day of October,
one thousand nine hundred and sixty-five, at 309 E. Main St., Whiteland, County of Johnson,
State of Indiana, Groom David G. Jessup of Hendricks County, State of Indiana,
and, Bride Sandra S. Meadows of Johnson 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 23rd day of October, 1965.

Signed Ray A. Burchfield

Official Designation Minister

Signed John H. Henshold, Jr. Clerk

Signed John H. Henshold, Jr. Clerk

Signed John H. Henshold, Jr. Clerk

Signed John H. Henshold, Jr. Clerk

Signed John H. Henshold, Jr. Clerk

Signed John H. Henshold, Jr. Clerk

Signed John H. Henshold, Jr. Clerk

Signed John H. Henshold, Jr. Clerk

Signed John H. Henshold, Jr. Clerk

Filed and recorded in accordance with the laws of the State of Indiana this 24 day of October, 1965.

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No.

File

Date of Application

MALE

Medical Examination Report Dated

Name of Physician

FEMALE

Medical Examination Report Dated

Name of Physician

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

Whoever procures the issuance of a license to marry by any false statement, represents-

MALE APPLICANT

Name James I. Winkler
Date of Birth October 29 1943
Place of Birth Robinson, Ill.
Residence Address 1117 Maple Ave, Terre Haute, Vigo, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Foreign Sec. Staff Clerk: vs Dept
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

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

Name Age Address
(b) Are you supporting or contributing to their support? Yes ☐ No ☒
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒
11. Full name of father Clayton Clark Winkler
Residence of father (if deceased so state) Indianapolis, Ind.
Occupation of father Truck Dr., State Race of father White
Birthplace of father (State or foreign country) Vermont, Ill.
12. Full maiden name of mother Dorothy Jane Fuqua
Residence of mother (if deceased so state) Terre Haute, Ind.
Occupation of mother Housewife Race of mother White
Birthplace of mother (State or foreign country) Brazil, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed James I. Winkler
New Address 1117 Maple, Terre Haute, Ind.
Subscribed and sworn to before me this 19th day of October, 1965
John Samuels Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.
State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

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

Clerk

FEMALE APPLICANT

Name Sandra K. Ward
Date of Birth July 30 1944
Place of Birth Los Angeles, Calif.
Residence Address 207 Roosevelt, P.O. Box, Ind.
Maiden Name if Different _____
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Secy. L.S. Ayres
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 Ernest Ward, Jr.
Residence of father (if deceased so state) Plainfield, Ind.
Occupation of father Lab Tech, Allum Race of father White
Birthplace of father (State or foreign country) Tilden, Ind.
8. Full maiden name of mother Beverly Jane Parker
Residence of mother (if deceased so state) Plainfield, Ind.
Occupation of mother Housewife Race of mother White
Birthplace of mother (State or foreign country) Indianapolis, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Sandra K. Ward
New Address Same
Subscribed and sworn to before me this 19th day of October, 1965
John Samuels Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.
State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the Clerk of the _____ Circuit Court of Indiana dated the 23rd day of October, 1965, authorizing the joining together as husband and wife of James I. Winkler and Sandra K. Ward.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Warren D. Robbins, hereby certify that on the 23rd day of October, at Plainfield, County of Hendricks, one thousand nine hundred and sixty-five of Vigo County, State of Indiana, Groom James I. Winkler of Hendricks County, State of Indiana and, Bride Sandra K. Ward 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 23rd day of October, 1965.
Signed Warren D. Robbins
Official Designation Christian Minister

day of October, 1965.
Signed John Samuels Clerk
Hendricks Circuit Court

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 307
File Book 28
Date of Application Oct 20 - 1965

MALE
Medical Examination Report Dated Oct 18 - 1965
Name of Physician George Osterheimer M.D.

FEMALE
Medical Examination Report Dated Oct 18 - 1965
Name of Physician George Osterheimer M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT
Name James Marvin Satterly Jr.
Date of Birth September 13, 1940
Place of Birth Greveland, Indiana
Residence Address RI Bx 367, Clayton, 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 Inspector: Stewart Warner

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

☐ Other (Specify).....

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

(a) List their full names, ages and addresses

Name Age Address

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

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

11. Full name of father James Marvin Satterly Sr.

Residence of father (if deceased so state) Unknown

Occupation of father Mechanic Race of father white

Birthplace of father (State or foreign country) Hartford, Ky.

12. Full maiden name of mother Rene Lee Bopwell

Residence of mother (if deceased so state) Clayton, Ind.

Occupation of mother Housewife Race of mother white

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

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

County of HENDRICKS

Signed James Marvin Satterly Jr.

New Address Mooresville, Ind.

Subscribed and sworn to before me this 20th day of October, 1965

John G. Gambell Clerk HENDRICKS Circuit Court

Consent of Parents, Parent or Guardian

We, the parents, of 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 custody

State of Indiana, HENDRICKS } ss:

County of HENDRICKS

Signed Rene L. Kiek Father

Signed John G. Gambell Mother

Subscribed and sworn to before me this 20th day of October, 1965

John G. Gambell Clerk

Complete if marriage license issued by order of court. A marriage license having been refused to the above named parties, the

in Hendricks County Circuit Court by written order issued 21st October 1965 and filed

Clerk's authorizes and directs the issuance of a marriage license to the above named parties. 3rd

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

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

of Indiana dated the 21st day of October, 1965, authorizing the joining together as husband and wife

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

I, Ronald Endsley hereby certify that on the 23rd day of October, 1965, at Mooresville, County of Morgan

one thousand nine hundred and sixty-five State of Indiana, Groom James M. Satterly Jr. of Hendricks County, State of Indiana

and, Bride Brenda D. Jones 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 23rd day of October, 1965.

Signed Ronald Endsley Official Designation Baptist Minister

29th day of October, 1965

Signed John G. Gambell Jr. Clerk

Hendricks Circuit Court

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No.

File

Date of Application

MALE

Medical Examination Report Dated

Name of Physician

FEMALE

Medical Examination Report Dated

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 Charles Eugene Callahan
Date of Birth September 23, 1940
Place of Birth (State or foreign country) Elkhorn, Kentucky
Residence Address 1110 N. Alabama, Indianapolis, Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Married 1965
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Landscaper Foreman, Fitz Looster
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Drivers License.

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

(a) List their full names, ages and addresses
Name Age Address
Chas Eugene Sr. 4 Young America, Ind.
Teddy Gene 2

- (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 Ethel Callahan
Residence of father (if deceased so state) Bloomington, Ill.
Occupation of father Hosp. Maint. Foreman Race of father White
Birthplace of father (State or foreign country) Elkhorn, Ky.
12. Full maiden name of mother Sara Belle Eastridge
Residence of mother (if deceased so state) Chicago, Ill.
Occupation of mother Reg. Nurse Race of mother White
Birthplace of mother (State or foreign country) N. Carolina

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

Signed Paul E. S. S. S.
New Address Marian 6.

Subscribed and sworn to before me this 20th day of October, 1965
Clerk John Gambrell HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, } ss:
County of HENDRICKS

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

FEMALE APPLICANT

Name Wilma Jean Carr
Date of Birth October 11, 1941
Place of Birth (State or foreign country) Hagsplint, Kent.
Residence Address R1 Plainfield, Hendricks, 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 Laundress: Mech. Laund.

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

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

Residence of father (if deceased so state) London, Ky.
Occupation of father Construction worker Race of father White
Birthplace of father (State or foreign country) Sterling, Tenn.
8. Full maiden name of mother Frances Husken
Residence of mother (if deceased so state) London, Ky.
Occupation of mother Housewife Race of mother White
Birthplace of mother (State or foreign country) Keokuk, Virginia

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

Signed Wilma Jean Carr
New Address Same

Subscribed and sworn to before me this 20th day of October, 1965
Clerk John Gambrell HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, } ss:
County of HENDRICKS

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ 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 24th day of October, 1965 authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
1. Cecil Sharpe _____
one thousand nine hundred and sixty-five _____
State of Indiana, Groom Charles Eugene Callahan of _____ County, State of _____
and, Bride Wilma Jean Carr 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 24th day of October, 1965 Signed Cecil H. Sharpe
Official Designation Justice of the Peace, 1965
Clerk John Gambrell Jr. HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1965

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. 309
File Book 28
Date of Application 21 October 1965

MALE
Medical Examination Report Dated 19 October 1965
Name of Physician Robt. L. Rudesill, MD

FEMALE
Medical Examination Report Dated 19 October 1965
Name of Physician Robt L. Rudesill 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 Robert R. Rodgers Sr.
Date of Birth March 3 1901
Place of Birth Knightsville, Indiana
Residence Address 906 Olive St. Plainfield, 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 Accounting Super. PSCI

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

Other (Specify) Driver Lic.

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

(If yes, answer questions a, b, c)

(a) List their full names, ages and addresses

Name Age Address

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

11. Full name of father James Pollock Rodgers

Residence of father (if deceased so state) Deceased

Occupation of father — Race of father white

Birthplace of father (State or foreign country) Edinburgh, Scotland

12. Full maiden name of mother Hattie Mae Mance

Residence of mother (if deceased so state) Deceased

Occupation of mother — Race of mother white

Birthplace of mother (State or foreign country) Clay Co., Indiana

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

Signed Robert R. Rodgers Sr.

New Address 110 Rains St. P. Ind.

Subscribed and sworn to before me this 21st day of October, 1965

John Gambell Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS ss:

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Neva M. Knoll
Date of Birth November 15 1901
Place of Birth Kenard, Indiana

Residence Address 110 Rains St. Plainfield, Ind.

Maiden Name if Different Neva M. Souder

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 Sales lady: Rost Sewlry.

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

Other (Specify) AKA R. L.

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

7. Full name of father Bert Saunders

Residence of father (if deceased so state) Deceased

Occupation of father — Race of father white

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

8. Full maiden name of mother Ethelene Bayne

Residence of mother (if deceased so state) Deceased

Occupation of mother — Race of mother white

Birthplace of mother (State or foreign country) Spice Land, Indiana

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

Signed Neva M. Knoll

New Address Same

Subscribed and sworn to before me this 21st day of October, 1965

John Gambell Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS ss:

Signed _____ Father

Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 25 day of October, 1965, authorizing the joining together as husband and wife

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

1. Warren A. Robbins hereby certify that on the 27th day of October,

one thousand nine hundred and sixty-five at Plainfield, County of Hendricks,

State of Indiana, Groom Robert R. Rodgers, Jr. of Hendricks County, State of Indiana

and, Bride Neva M. Knoll 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 27th day of October, 1965.

Signed Warren A. Robbins

Official Designation Christian Minister

Filed and recorded in accordance with the laws of the State of Indiana this 2nd day of November, 1965.

Signed John Gambell Jr. 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. 310
File Book 28
Date of Application 21 October 1965

MALE
Medical Examination Report Dated 12 October 1965
Name of Physician R.W. Kirtley MD.

FEMALE
Medical Examination Report Dated 12 October 1965
Name of Physician R.W. Kirtley 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, representa-

MALE APPLICANT

Name Bernard S. Pollock
Date of Birth June 19 1912
Place of Birth Indianapolis, Indiana
Residence Address 241 N. Wash, Danville, Ind.
Previous Marital Status: Never Married ☐ Divorce ☐ Annulment ☐
Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Pat. Dept. Capitol Dodge
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Discharge

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

(a) List their full names, ages and addresses
Name Robert S. Age 16 Address 241 N. Wash

- (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 Meyer Pollock
Residence of father (if deceased so state) Deceased
Occupation of father _____ Race of father white
Birthplace of father (State or foreign country) Bielestok, Russia
12. Full maiden name of mother Esther Pollock
Residence of mother (if deceased so state) Deceased
Occupation of mother _____ Race of mother white
Birthplace of mother (State or foreign country) Indianapolis, Ind.

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

Signed Bernard S. Pollock
New Address Lebanon, Ind.
Subscribed and sworn to before me this 21st day of October, 1965
Clerk John Gambrell HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

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

FEMALE APPLICANT

Name Mary E. Osborne
Date of Birth July 2 1914
Place of Birth Dakamandan, Indiana
Residence Address 623 W. Green, Lebanon, Boone, Ind.
Maiden Name if Different Mary E. Eaks
Previous Marital Status: Never Married ☐ Divorce ☐ Annulment ☐
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Cashier: Capitol Dodge
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Drives Lic.

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

8. Full maiden name of mother Elva Rue Wilson
Residence of mother (if deceased so state) Deceased
Occupation of mother _____ Race of mother white
Birthplace of mother (State or foreign country) Dakamandan, Ind.

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

Signed Mary E. Osborne
New Address Lebanon, Ind.
Subscribed and sworn to before me this 21st day of October, 1965
Clerk John Gambrell HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Court _____
of Indiana dated the 20th day of October, 1965, authorizing the joining together as husband and wife
of Bernard S. Pollock and Mary E. Osborne
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, J. Wayne Preuss, hereby certify that on the 24th day of October,
one thousand nine hundred and sixty-five, at Lebanon, County of Boone,
State of Indiana, Groom Bernard S. Pollock of Hendricks County, State of Indiana,
and, Bride Mary E. Osborne 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 24th day of October, 1965. Signed J. Wayne Preuss
Official Designation Minister
_____ day of October, 1965.
Filed and recorded in accordance with the laws of the State of Indiana this 29th day of October, 1965.
Signed John Gambrell, Jr. 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. 311
File Book 28
Date of Application 22 October 1965

MALE
Medical Examination Report Dated 18 October 1965
Name of Physician Edmund F. Cain, M.D.

FEMALE
Medical Examination Report Dated 13 October 1965
Name of Physician H.E. Toltz 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 Wendell E. Holden
Date of Birth April 13 1914
Place of Birth Rushville, Indiana
Residence Address 331 N. Drake Ave Fullerton, Orange, Calif.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 2
Last Marriage Ended By: Rushville, Ind. 1952
Color or Race White
Usual Occupation Electronics Engr. Simplex Time
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

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

(a) List their full names, ages and addresses
Name Terry Eugene (Tom) 16 Address Connersville, 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 Frank Elwood Holden
Residence of father (if deceased so state) Deceased
Occupation of father Adopted Race of father white
Birthplace of father (State or foreign country) Elwood, Ind.
12. Full maiden name of mother Estella Fern Ridgner
Residence of mother (if deceased so state) Rushville, Ind.
Occupation of mother Apt. owner Race of mother white
Birthplace of mother (State or foreign country) Andersonville, Ind.

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

Signed Wendell E. Holden
New Address PO Box 229, Fullerton, Calif.
Subscribed and sworn to before me this 22nd day of October, 1965
Clerk John G. Gault HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

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

FEMALE APPLICANT
Name Dessie D. Dehoff
Date of Birth November 9 1902
Place of Birth Cypress, Ill.
Residence Address PO Box 96 Brownsburg, Ind.
Maiden Name if Different Dessie D. Zerbe
Previous Marital Status: Never Married ☐ Number of Previous Marriages 2
Last Marriage Ended By: Divorce #2
Color or Race White
Usual Occupation Assembler: Aircraft & Elect.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

- ☒ Other (Specify) Drivers License.

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

7. Full name of father Henry Zerbe
Residence of father (if deceased so state) Deceased
Occupation of father _____ Race of father white
Birthplace of father (State or foreign country) Cypress, Ill.
8. Full maiden name of mother Eliza Ann Good
Residence of mother (if deceased so state) Deceased
Occupation of mother _____ Race of mother white
Birthplace of mother (State or foreign country) Whitestown, Ind.

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

Signed Dessie D. Dehoff
New Address Same
Subscribed and sworn to before me this 22nd day of October, 1965
Clerk John G. Gault HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

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

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 22 October 1965 and filed in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties. 3 Da Water

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 October, 1965, authorizing the joining together as husband and wife of Wendell E. Holden and Dessie D. Dehoff.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Aubrey Morris hereby certify that on the 23rd day of October, 1965, at Pittsburg, County of Hendricks, State of Indiana, Groom Wendell E. Holden of Orange County, State of California and, Bride Dessie D. Dehoff 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 23rd day of October, 1965.

Signed Aubrey Morris
Official Designation Minister of the Gospel
Signed John G. Gault, Jr. Clerk
Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 26th day of October, 1965

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. 312
File Book 28
25 October 1965
Date of Application

MALE

Medical Examination Report Dated 12 October 1965
Name of Physician R.W. Kirtley M.D.

FEMALE

Medical Examination Report Dated 12 October 1965
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, representa-

tion or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)."

MALE APPLICANT

Name Charles S. Kinnaman
Date of Birth March 15 1945
Place of Birth Crawfordsville, Indiana
Residence Address R2 Coatesville, Indiana
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation U.S. Army: Pvt E1

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

☒ Other (Specify) Drivers license

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

Name _____ Age _____ Address _____

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

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

11. Full name of father Charles Joseph Kinnaman
Residence of father (if deceased so state) Deceased
Occupation of father _____ Race of father White
Birthplace of father (State or foreign country) Charleston, Ill.

12. Full maiden name of mother Bertha Jane Richardson
Residence of mother (if deceased so state) Coatesville, Ind.
Occupation of mother Clerk: ad entry Race of mother White
Birthplace of mother (State or foreign country) Rockville, Indiana

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

Signed Charles J. Kinnaman

New Address FT Rucker, Ala

Subscribed and sworn to before me this 25th day of October, 1965

John G. Hamblitt Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

Father deceased; Mother has custody.

State of Indiana, HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this 25th day of October, 1965

John G. Hamblitt Clerk

FEMALE APPLICANT

Name Shelia Frances Reed
Date of Birth October 11 1945
Place of Birth Stotsburg, Indiana
Residence Address R2 Danville, Indiana
Maiden Name if Different _____

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Teletype Opr.: R.N.S.

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

☒ Other (Specify) Drivers license

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

7. Full name of father Ralph Preston Reed

Residence of father (if deceased so state) Danville, Ind.

Occupation of father Carpenter Race of father White

Birthplace of father (State or foreign country) Austin, Indiana

8. Full maiden name of mother Jessie Allene Gates

Residence of mother (if deceased so state) Danville, Indiana

Occupation of mother Cook: H.S. Hosp. Race of mother White

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

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

Signed Shelia F. Reed

New Address R2 Danville, Ind.

Subscribed and sworn to before me this 25th day of October, 1965

John G. Hamblitt Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

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

Clerk

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

County _____ Court by written order issued _____ and filed

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court

of Indiana dated the 29 day of October, 1965, authorizing the joining together as husband and wife

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

I, Frank Bunn hereby certify that on the 30th day of October

one thousand nine hundred and sixty-five at New Winchester, Christian Church County of Hendricks,

State of Indiana, Groom Charles J. Kinnaman of Hendricks County, State of Indiana,

and, Bride Shelia Frances Reed 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 October, 1965 Signed Rev. Frank Bunn

Official Designation Minister

day of November, 1965

Signed John G. Hamblitt Clerk

Hendricks Circuit Court

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 313
File Book 28
Date of Application 26 October 1965

MALE
Medical Examination Report Dated 19 October 1965
Name of Physician James Black MD

FEMALE
Medical Examination Report Dated 19 October 1965
Name of Physician James Black 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 Charles T. Brent
Date of Birth August 7 1937
Place of Birth (State or foreign country) Merced, California
Residence Address 12 W. Main Brownsville, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Shipfitter 1st class. USN.

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

☐ Other (Specify).....

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

| Name | Age | Address |
|------|-----|---------|
| | | |

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

11. Full name of father Charles William Brent
Residence of father (if deceased so state) Deceased
Occupation of father Major Race of father white
Birthplace of father (State or foreign country) Indian Terr, Oklahoma

12. Full maiden name of mother Esther
Residence of mother (if deceased so state) Deceased
Occupation of mother Major Race of mother white
Birthplace of mother (State or foreign country) Indian Terr, Oklahoma

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

Signed Charles T. Brent

New Address 1981 Carol Ave, Merced, Calif.

Subscribed and sworn to before me this 26th day of October, 1965
Clerk John Gansbold HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of HENDRICKS

Signed..... Father

Signed..... Mother

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

Clerk

FEMALE APPLICANT

Name Donna Sean Whitaker
Date of Birth July 18 1946
Place of Birth (State or foreign country) Hallie, Kentucky
Residence Address 521 E Main Brownsville 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: Burger shop

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

☐ Other (Specify).....

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father Astor Whitaker
Residence of father (if deceased so state) Hallie, Ky
Occupation of father Night watchman Race of father white
Birthplace of father (State or foreign country) Hallie, Ky.

8. Full maiden name of mother Nancy Ann Fields
Residence of mother (if deceased so state) Hallie Ky.
Occupation of mother Housewife Race of mother white
Birthplace of mother (State or foreign country) Hallie, Ky.

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

Signed Donna Jean Whitaker

New Address San

Subscribed and sworn to before me this 26th day of October, 1965
Clerk John Gansbold HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of HENDRICKS

Signed..... Father

Signed..... Mother

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

Clerk

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 October, 1965, authorizing the joining together as husband and wife

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

1, Rev. Donald Tyler hereby certify that on the 30th day of October, 1965, at Leedsdale Baptist Church, County of Hendricks, State of Indiana, Groom Charles T. Brent and, Bride Donna Jean Whitaker 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 October, 1965.

Signed Rev. Donald Tyler

Official Designation Baptist Minister

Signed John Gansbold, Jr. Clerk

Filed and recorded in accordance with the laws of the State of Indiana this 2nd day of November, 1965.

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. 314
File Book 28
Date of Application 26 October 1965

MALE

Medical Examination Report Dated 23 October 1965
Name of Physician Carl A. Freed MD

FEMALE

Medical Examination Report Dated 23 October 1965
Name of Physician Carl A. Freed 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 Gary Wayne Lowry
Date of Birth August 8, 1947
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address 618 S. Whitcomb, Indpls, Marion, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Student: Okla Mil. Academy

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

☒ Other (Specify) Driver's Lic.

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

Name Age Address

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

11. Full name of father Frank Harvey Lowry Jr.
Residence of father (if deceased so state) Southport, Ind.
Occupation of father Machinist: RCA Race of father white
Birthplace of father (State or foreign country) Rockville, Ind.
12. Full maiden name of mother Lena Cora Allen
Residence of mother (if deceased so state) 618 S. Whitcomb, Indpls, Ind.
Occupation of mother Packer: Creative Packaging Race of mother white
Birthplace of mother (State or foreign country) Claremont, Ind.

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

Signed Gary Wayne Lowry

New Address Okla Mil Acad. Claremont, Okla

Subscribed and sworn to before me this 26th day of October, 1965
John Gambrell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of 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 deceased, Mother has custody.

State of Indiana, HENDRICKS } ss:

Signed Lena Lowry Father

Signed Lena Lowry Mother

Subscribed and sworn to before me this 26th day of October, 1965
John Gambrell Clerk

FEMALE APPLICANT

Name Vicki Lynn Barrett
Date of Birth January 3, 1948
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address 1015 Logan, Brownsburg, Hendricks, Ind.
Maiden Name if Different _____

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Student: Ben Davis

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

☐ Other (Specify) _____

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father James Albert Barrett
Residence of father (if deceased so state) Indianapolis, Ind.
Occupation of father Bus Mgr: Ind. Vee Sch. Race of father white
Birthplace of father (State or foreign country) Terre Haute, Ind.
- Full maiden name of mother Margaret Lucille Love
Residence of mother (if deceased so state) Indpls, Ind.
Occupation of mother Housewife Race of mother white
Birthplace of mother (State or foreign country) Brazil, Ind.

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

Signed Vicki Lynn Barrett

New Address Same

Subscribed and sworn to before me this 26th day of October, 1965
John Gambrell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:

Signed James A. Barrett Father

Signed Lucille Barrett Mother

Subscribed and sworn to before me this 26th day of October, 1965

John Gambrell Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 30 day of October, 1965, authorizing the joining together as husband and wife of Gary Wayne Lowry and Vicki Lynn Barrett.

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

I, Rev. L. D. Knopfmeyer, hereby certify that on the 30th day of October, 1965, at Brownsburg, County of Hendricks, State of Indiana, Groom Gary Wayne Lowry of Marion, County, State of Indiana, and, Bride Vicki Lynn Barrett 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 October, 1965. Signed Rev. L. D. Knopfmeyer

Official Designation Methodist Minister

Signed John Gambrell Jr. Clerk

Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 26th day of October, 1965.

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. 315

File
Oct 26-1965
Date of Application

MALE

Medical Examination Report Dated 10-25-65
Name of Physician James Black M.D.

FEMALE

Medical Examination Report Dated 10-25-65
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 Middle Last
Rodger W Katter
Date of Birth Month Day Year
3 31 1936
Place of Birth (State or foreign country) Stendal Ind.
Residence Address Street or R. R. City County State
Box 63A R1 Brownsburg 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)
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the bride closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - Are you able to support a family? Yes ☒ No ☐
 - Are you likely to so continue? Yes ☒ No ☐
 - Do you have minor children from one or more former marriages? No ☐ Yes ☐

(a) List their full names, ages and addresses

| Name | Age | Address |
|------|-----|---------|
| | | |

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

11. Full name of father Warren C. Katter
Residence of father (if deceased so state) Stendal Ind.
Occupation of father Coal Miner Race of father W
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Virginia Henke
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, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of Hendricks

Signed Rodger W. Katter
New Address Box 141 R1 Brownsburg

Subscribed and sworn to before me this 26 day of October, 1965
John Hambold, Jr. Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, Hendricks } ss:
County of Hendricks

Signed _____ Father
Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name First Middle Last
Fern M. Adkins
Date of Birth Month Day Year
4 26 1944
Place of Birth (State or foreign country) Somerset Ky
Residence Address Street or R. R. City County State
Box 22 R2 Brownsburg 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)
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the groom closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father John R. Adkins
Residence of father (if deceased so state) Brownsburg
Occupation of father Western Electric Race of father W
Birthplace of father (State or foreign country) Illinois
8. Full maiden name of mother Linda E. Ridner
Residence of mother (if deceased so state) Brownsburg
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Kentucky

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

Signed Fern M. Adkins
New Address Box 141 R1 Brownsburg

Subscribed and sworn to before me this 26 day of October, 1965
John Hambold, Jr. Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, Hendricks } ss:
County of Hendricks

Signed _____ Father
Signed _____ Mother

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

Clerk

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 October, 1965, authorizing the joining together as husband and wife

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

I, Rev. Aubrey Morris, hereby certify that on the 30th day of October, one thousand nine hundred and sixty-five, at Brownsburg, State of Indiana, Groom Rodger W. Katter, of Hendricks County, State of Indiana, and, Bride Fern M. Adkins, 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 October, 1965.

Signed Rev. L. Aubrey Morris
Official Designation Minister of the Gospel
Filed and recorded in accordance with the laws of the State of Indiana this 2nd day of November, 1965

Signed John Hambold, Jr. 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. 316
File Book 28
Date of Application 28 October 1965

MALE
Medical Examination Report Dated 23 October 1965
Name of Physician Fred Boling M.D.

FEMALE
Medical Examination Report Dated 23 October 1965
Name of Physician Fred Boling M.D.

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

MALE APPLICANT
Name William Cecil Hull
Date of Birth March 26 1945
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address R2 Bx 143 Samby Morgan Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Mat. Handler: W.F.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) _____

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

Name Age Address
(b) Are you supporting or contributing to their support? Yes ☐ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Robert L. Roy Hull Sr.
Residence of father (if deceased so state) Samby Ind.
Occupation of father Truck driver: Sperry Race of father white
Birthplace of father (State or foreign country) Indianapolis, Ind.
12. Full maiden name of mother Geneva Hiley Robinson
Residence of mother (if deceased so state) Samby Ind.
Occupation of mother housewife Race of mother white
Birthplace of mother (State or foreign country) Indianapolis, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed William Cecil Hull
New Address 233 N. Center P.O. Box 140 Ind.
Subscribed and sworn to before me this 28th day of October, 1965
John Samboff Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____
Signed Robert L. Roy Hull Sr. Father
Signed Geneva H. Hull Mother
Subscribed and sworn to before me this 28th day of October, 1965
John Samboff Clerk

FEMALE APPLICANT
Name Carolyn Sue Settles
Date of Birth August 27 1946
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address 233 N. Center, Plainfield, Ind.
Maiden Name if Different _____
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Clerk: Blue Cross
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) well known Dept Htr.

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 Leslie Sett
Residence of father (if deceased so state) Clayton
Occupation of father Retired Race of father _____
Birthplace of father (State or foreign country) _____
8. Full maiden name of mother Hilda Marie
Residence of mother (if deceased so state) Clayton
Occupation of mother housewife Race of mother _____
Birthplace of mother (State or foreign country) _____

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Carolyn Sue Settles
New Address Same
Subscribed and sworn to before me this 28th day of October, 1965
John Samboff Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____
Signed _____

Subscribed and sworn to before me this _____ day of _____, 1965

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, state facts which render the consent of the other parent unnecessary.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

We It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks County of Indiana dated the 1st day of November, 1965, authorizing the joining together as husband and wife of William Cecil Hull and Carolyn Sue Settles.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Irvine L. Parrott, hereby certify that on the 6th day of November, 1965, at Plainfield, County of Hendricks, State of Indiana, Groom William Cecil Hull of Morgan County, State of Indiana, and, Bride Carolyn Sue Settles 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 November, 1965.

Signed Irvine L. Parrott
Official Designation Clergyman
9th day of November, 1965
Signed John Samboff Clerk
Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1965

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 316
File Book 28
Date of Application 28 October 1965

MALE
Medical Examination Report Dated 23 October 1965
Name of Physician Fred Boling MD

FEMALE
Medical Examination Report Dated 23 October 1965
Name of Physician Fred Boling 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, representa-

| MALE APPLICANT | | | | FEMALE APPLICANT | | | |
|--|-----------------|--------|--------|--|-----------------|--------|--------|
| Name | First | Middle | Last | Name | First | Middle | Last |
| Date of Birth | Month | Day | Year | Date of Birth | Month | Day | Year |
| Place of Birth (State or foreign country) | | | | Place of Birth (State or foreign country) | | | |
| Residence Address | Street or R. R. | City | County | Residence Address | Street or R. R. | City | County |
| Previous Marital Status: Never Married <input type="checkbox"/> Number of Previous Marriages | | | | Previous Marital Status: Never Married <input type="checkbox"/> Number of Previous Marriages | | | |
| Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> | | | | Maiden Name if Different | | | |
| Color or Race | | | | Previous Marital Status: Never Married <input type="checkbox"/> Number of Previous Marriages | | | |
| Usual Occupation | | | | | | | |
| Date of birth | | | | | | | |
| <input type="checkbox"/> Other | | | | | | | |
| 1. Are you | | | | | | | |
| 2. Are you | | | | | | | |
| 3. Are you | | | | | | | |
| 4. Are you | | | | | | | |
| 5. Are you | | | | | | | |
| 6. Are you | | | | | | | |
| 7. Are you | | | | | | | |
| 8. Are you | | | | | | | |
| 9. Are you | | | | | | | |
| 10. Do you h | | | | | | | |
| (If yes, a | | | | | | | |
| (a) List | | | | | | | |

HENDRICKS COUNTY DEPARTMENT OF PUBLIC WELFARE
COURT HOUSE
DANVILLE, INDIANA

BOARD MEMBERS
FRED R. HOBBS, PRESIDENT
WILL NEIBOLD, VICE-PRESIDENT
CASSIE MARTIN
BERTHA V. CHRISTIE
MARVIN ADAMS

LELAH DUNCAN
DIRECTOR

Oct. 28, 1965

Re: SETTLES, CAROLYN S.
Born: 8-27-1946
Place: Methodist Hospital
Indianapolis, Indiana

Mr. John Gambold,
Clerk, Hendricks County Court
Danville, Indiana

Dear Mr. Gambold:

From our records in this office and from Social Security records in our files, to the writer's personal knowledge the birthdate of Carolyn S. Settles has been established as August 27, 1946.

Yours truly
Gladys W. Mowrer
(Mrs) Gladys Mowrer, Child Welfare Worker
Hendricks Co. Dept. Public Welfare

gm:lw

FILED

OCT 28 1965

John Gambold Jr.
CLERK HENDRICKS COUNTY SUPERIOR COURT

of Indiana
Be it further
I, John Gambold Jr.
one thousand
State of Indiana
and, Bride Carolyn S. Settles
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 November, 1965.
Signed Irvine L. Perrett
Official Designation Clergyman
9th day of November, 1965.
Signed John Gambold Jr. Clerk
Hendricks Circuit Court

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 317
File Book 28
Date of Application 28 October 1965

MALE
Medical Examination Report Dated 27 October 1965
Name of Physician Lloyd Terry, M.D.

FEMALE
Medical Examination Report Dated 27 October 1965
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 Jerry F. Sanders
Date of Birth August 17 1946
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address RI Bx 37 Coatesville, 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 Ret. U.S.M.C.

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

☒ Other (Specify) Dr. H.C.

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

Name Age Address

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

De Vee Rce Sanders
deceased so state) Coatesville, Ind.
Occupation: PRR Race of father white
(State or foreign country) Altan, Ind.

of mother Ethel Marie Annon
(if deceased so state) Coatesville, Ind.
her Hendricks Race of mother white
her (State or foreign country) Wash Ct. Ave. Ohio

Signed Jerry F. Sanders
New Address Coatesville, Ind.

Subscribed and sworn to before me this 28th day of October, 1965
John G. Gault Clerk HENDRICKS Circuit Court

PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of.....

Signed Ethel Marie Sanders Father

Signed Ethel Marie Sanders Mother

Subscribed and sworn to before me this 28th day of October, 1965
John G. Gault Clerk

FEMALE APPLICANT

Name Barbara Jean Hess
Date of Birth October 24 1946
Place of Birth (State or foreign country) Greencastle Putnam Ind.
Residence Address 1101 Ave C Greencastle, Ind.
Maiden Name if Different Greencastle, 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 Machine Opr. Curtain Factory

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

☒ Other (Specify) Dr. H.C.

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

7. Full name of father Wilmer Herman Hess
Residence of father (if deceased so state) Greencastle, Ind.
Occupation of father dent packer Hygrade Race of father white
Birthplace of father (State or foreign country) Jennings Co, Ind.

8. Full maiden name of mother Irma Beatrice Gentry
Residence of mother (if deceased so state) Greencastle, Ind.
Occupation of mother Housewife Race of mother white
Birthplace of mother (State or foreign country) Greencastle, Ind.

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

Signed Barbara Jean Hess

New Address 1101 Ave C, Greencastle, Ind.

Subscribed and sworn to before me this 28th day of October, 1965
John G. Gault Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of.....

Signed..... Father

Signed..... Mother

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

COMPLETE IN 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 29 October 1965 and filed in Clerk's office authorizes and directs the issuance of a marriage license to the above named parties. 3Da Weiner.

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 29th day of October, 1965, authorizing the joining together as husband and wife

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

I, Salvage R. Haggard hereby certify that on the 30th day of October

one thousand nine hundred and sixty-five at Blansville, County of Hendricks

State of Indiana, Groom Jerry F. Sanders of Hendricks County, State of Indiana

and, Bride Barbara Jean Hess 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 30th day of October, 1965.

Signed Salvage R. Haggard

Official Designation Minister

3rd day of November, 1965.

Signed John G. Gault, Jr. Clerk

Hendricks Circuit Court

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 317
File Book 28
Date of Application 28 October 1965

MALE

Medical Examination Report Dated 27 October 1965
Name of Physician Lloyd Terry, M.D.

FEMALE

Medical Examination Report Dated 27 October 1965
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 Jerry First F. Middle Sanders Last
Date of Birth August Month 17 Day 1946 Year
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address RI Bx 37 Street or R. R. Cootsville Hwy City 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 Prt. USMC

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

☒ Other (Specify) Drugs Lic.

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

| Name | Age | Address |
|------|-----|---------|
| | | |

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

11. Full name of father De Vee R. Sanders

Residence of father (if deceased so state) Greencastle, Ind.

Occupation of father Meat packer: Hygrade

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

12. Full name of mother Ima Beatrice Gentry

Residence of mother (if deceased so state) Greencastle, Ind.

Occupation of mother Housewife

Race of mother White

13. Full name of father De Vee R. Sanders

Residence of father (if deceased so state) Greencastle, Ind.

Occupation of father Meat packer: Hygrade

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

14. Full name of mother Ima Beatrice Gentry

Residence of mother (if deceased so state) Greencastle, Ind.

Occupation of mother Housewife

Race of mother White

15. Full name of father De Vee R. Sanders

Residence of father (if deceased so state) Greencastle, Ind.

Occupation of father Meat packer: Hygrade

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

16. Full name of mother Ima Beatrice Gentry

Residence of mother (if deceased so state) Greencastle, Ind.

Occupation of mother Housewife

Race of mother White

17. Full name of father De Vee R. Sanders

Residence of father (if deceased so state) Greencastle, Ind.

Occupation of father Meat packer: Hygrade

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

18. Full name of mother Ima Beatrice Gentry

Residence of mother (if deceased so state) Greencastle, Ind.

Occupation of mother Housewife

Race of mother White

19. Full name of father De Vee R. Sanders

Residence of father (if deceased so state) Greencastle, Ind.

Occupation of father Meat packer: Hygrade

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

20. Full name of mother Ima Beatrice Gentry

Residence of mother (if deceased so state) Greencastle, Ind.

Occupation of mother Housewife

Race of mother White

21. Full name of father De Vee R. Sanders

Residence of father (if deceased so state) Greencastle, Ind.

Occupation of father Meat packer: Hygrade

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

22. Full name of mother Ima Beatrice Gentry

Residence of mother (if deceased so state) Greencastle, Ind.

Occupation of mother Housewife

Race of mother White

23. Full name of father De Vee R. Sanders

Residence of father (if deceased so state) Greencastle, Ind.

Occupation of father Meat packer: Hygrade

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

FEMALE APPLICANT

Name Barbara First Sean Middle Hess Last
Date of Birth October Month 24 Day 1946 Year
Place of Birth (State or foreign country) 1101 Ave C Greencastle Putnam Ind.
Residence Address Greencastle, 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 Machine Opr. Curtain Factory

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

☒ Other (Specify) Drugs Lic.

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father Wilmer Herman Hess
Residence of father (if deceased so state) Greencastle, Ind.
Occupation of father Meat packer: Hygrade
Birthplace of father (State or foreign country) Jennings Co., Ind.
- Full maiden name of mother Ima Beatrice Gentry
Residence of mother (if deceased so state) Greencastle, Ind.
Occupation of mother Housewife
Race of mother White

I, De Vee R. Sanders, hereby give my consent for
my son, J. F. Sanders to
marry Barbara Hess. De Vee R. Sanders
Notary Public
subscribed and sworn to before me this 28 day of Oct 1965
Mark W. Hadley
Notary Public
My commission expires July 14 1967

State of Indiana, HENDRICKS ss:
County of HENDRICKS
Signed Ethel Marie Sanders Father
Signed J. F. Sanders Mother
Subscribed and sworn to before me this 28th day of October, 1965
J. F. Sanders Clerk

COMPLETE IN 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 29 October 1965 and filed
in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties. 3da Weiner

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 29th day of October, 1965, authorizing the joining together as husband and wife
of Jerry F. Sanders and Barbara Sean Hess
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
1, Jalmage Haggard hereby certify that on the 30th day of October,
one thousand nine hundred and sixty-five at Greencastle, County of Hendricks,
State of Indiana, Groom Jerry F. Sanders of Hendricks County, State of Indiana,
and, Bride Barbara Sean Hess 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 30th day of October, 1965.

Signed Jalmage Haggard
Official Designation Minister
Filed and recorded in accordance with the laws of the State of Indiana this 3rd day of November, 1965.
Signed John Gambold, Jr. 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. 318
File Book 28
Date of Application 29 October 1965

MALE

Medical Examination Report Dated 25 October 1965
Name of Physician John Ellett Jr.

FEMALE

Medical Examination Report Dated 25 October 1965
Name of Physician John Ellett Jr. 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, representa-

tion or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)."

MALE APPLICANT

Name Robert Breck Hapner
Date of Birth February 21 1941
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address R1 Coatesville, Hendricks 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 Postal Clerk: Indpls.

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

☐ Other (Specify) _____

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

Name Age Address

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

11. Full name of father Otho Stamen Hapner
Residence of father (if deceased so state) Deceased
Occupation of father _____ Race of father white
Birthplace of father (State or foreign country) Ebenezzer, Ohio
12. Full maiden name of mother Martha Elizabeth Kelle
Residence of mother (if deceased so state) Coatesville, Ind.
Occupation of mother Housewife Race of mother white
Birthplace of mother (State or foreign country) Converse, Indiana

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

Signed Robert Breck Hapner
New Address Crestview, Duff St. P.H. 140
Subscribed and sworn to before me this 29th day of October, 1965
Clerk John Samblott HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

FEMALE APPLICANT

Name Mary Lou Meece
Date of Birth October 28 1944
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address R2 Bx 140 Clayton, 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 Collection Secy: U.S. Agres

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

☐ Other (Specify) _____

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

7. Full name of father James Bowman Meece
Residence of father (if deceased so state) Clayton, Ind.
Occupation of father mach. opr. Inland Cont. Race of father white
Birthplace of father (State or foreign country) Somerset, Kentucky
8. Full maiden name of mother Winifred Lorraine Morris
Residence of mother (if deceased so state) Clayton, Ind.
Occupation of mother Housewife Race of mother white
Birthplace of mother (State or foreign country) New Harmony, Ind.

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

Signed Mary Lou Meece
New Address Same
Subscribed and sworn to before me this 29th day of October, 1965
Clerk John Samblott HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

We It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 2nd day of November, 1965, authorizing the joining together as husband and wife of Robert Breck Hapner and Mary Lou Meece.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Clarence E. Hopkins, hereby certify that on the 6th day of November, 1965, at Hopewood, County of Hendricks, State of Indiana, one thousand nine hundred and sixty-five of Hendricks, County, State of Indiana, and, Bride Mary Lou Meece 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 6th day of November, 1965.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____

Signed Clarence E. Hopkins
Official Designation Baptist Minister, Hopewood
Missionary Baptist Church, 1965.
Signed John Samblott, Jr. 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. 319

File Book 28

29 October 1965
Date of Application

MALE
Medical Examination Report Dated 25 October 1965
Name of Physician John Elliott Jr. MD.

FEMALE
Medical Examination Report Dated 25 October 1965
Name of Physician John Elliott Jr. 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 Harry M. Edwards
Date of Birth July 17 1944
Place of Birth Greencastle, Indiana
Residence Address 81 Stilesville, Hendricks, 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: Ind State U.

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

☒ Other (Specify) Driver's License

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

| Name | Age | Address |
|---------------------------|-----|-------------------|
| Harold James Edwards | | Stilesville, Ind. |
| Geraldine Helen Carpenter | | Stilesville, Ind. |
| Housewife | | Quincy, Indiana |

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

11. Full name of father Harold James Edwards
Residence of father (if deceased so state) Stilesville, Ind.
Occupation of father Famer. Race of father white
Birthplace of father (State or foreign country) Gaspert, Ind.
12. Full maiden name of mother Geraldine Helen Carpenter
Residence of mother (if deceased so state) Stilesville, Ind.
Occupation of mother Housewife Race of mother white
Birthplace of mother (State or foreign country) Quincy, Indiana

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

Signed Harry M. Edwards

New Address 447 N 6 1/2 St. Terre Haute

Subscribed and sworn to before me this 29th day of October, 1965
John M. Lambold Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:

Signed..... Father

Signed..... Mother

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

FEMALE APPLICANT

Name Jo Ann Layman
Date of Birth December 11 1943
Place of Birth Indianapolis, Ind.
Residence Address Coatesville, Ind Hendricks
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 Cong Layman: IBM C's work

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

☒ Other (Specify) Driver's License

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

Residence of father (if deceased so state) Coatesville, Ind.

Occupation of father Power house man IBM Race of father white

Birthplace of father (State or foreign country) Coatesville, Indiana

8. Full maiden name of mother Mable Jean Walton

Residence of mother (if deceased so state) Coatesville, Ind.

Occupation of mother Housewife Race of mother white

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

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

Signed Jo Ann Layman

New Address Same.

Subscribed and sworn to before me this 29th day of October, 1965
John M. Lambold Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:

Signed..... Father

Signed..... Mother

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 2nd day of November, 1965, authorizing the joining together as husband and wife

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

I, John F. Deaf hereby certify that on the 2nd day of November,

one thousand nine hundred and sixty-five at Coatesville, County of Hendricks

State of Indiana, Groom Larry M. Edwards of Hendricks County, State of Indiana

and, Bride Jo Ann Layman 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 November, 1965.

Signed John F. Deaf

Official Designation Methodist Clergyman

9th day of November, 1965

Signed John M. Lambold, Jr. Clerk

Hendricks Circuit Court

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 320

File Book 28

30 October 1965
Date of Application

MALE

Medical Examination Report Dated 29 October 1965
Name of Physician David B. Haggard M.D.

FEMALE

Medical Examination Report Dated 29 October 1965
Name of Physician David B. Haggard M.D.

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

MALE APPLICANT

Name First James Middle A. Last Walker
Date of Birth November 12 1932
Place of Birth (State or foreign country) Marion, Ind.
Residence Address R1 Clayton Hend. State
Previous Marital Status: Never Married ☐ Number of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Month 6
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Constructionist MS Manns.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Drivers License.

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses
Name Age Address
James Mike 12 3 R1 Clayton (Father)
Lynn Michele 10 3 R1 Clayton (Father)
Shelda Lee 9 3 R1 Clayton (Father)
Bryan 8 3 R1 Clayton (Father)
Dennis Ann 4 3 R1 Clayton (Father)
- (b) Do you support 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 Ellis Walker
Residence of father (if deceased so state) Clayton, Ind.
Occupation of father Retired school teacher of father white
Birthplace of father (State or foreign country) Belleville Ind.
12. Full maiden name of mother Helen white
Residence of mother (if deceased so state) Clayton
Occupation of mother Secy Western Union of mother white
Birthplace of mother (State or foreign country) Marion, Ind.

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

Signed James A. Walker
New Address Clayton, Ind.
Subscribed and sworn to before me this 30th day of October, 1965
John G. Gaudin Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

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

FEMALE APPLICANT

Name First Jane Middle F. Last Neely
Date of Birth February 11 1934
Place of Birth (State or foreign country) Flint, Michigan
Residence Address R1 Clayton Hendricks, Ind.
Maiden Name if Different Jane F. Hanneman
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Month 6
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Machine Opr. Oak Co.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Drivers License.

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father Bruce Lawrence Hanneman
Residence of father (if deceased so state) Flint, Michigan
Occupation of father Retired - Alcoa Race of father White
Birthplace of father (State or foreign country) Detroit, Mich.
8. Full maiden name of mother Ruby Fay Eastlick.
Residence of mother (if deceased so state) Deceased.
Occupation of mother _____ Race of mother white
Birthplace of mother (State or foreign country) Flint, Michigan

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of Hendricks
Signed Jane F. Neely
New Address Same.
Subscribed and sworn to before me this 30th day of October, 1965
John G. Gaudin Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ 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 17th day of November 1965, authorizing the joining together as husband and wife of James A. Walker and Jane F. Neely.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, A. Warren Jacobson, hereby certify that on the 20th day of December 1965, at Indianapolis, County of Marion, State of Indiana, Groom James A. Walker of Hendricks County, State of Indiana, and, Bride Jane F. Neely of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.
Dated this 25th day of December, 1965.
Signed A. Warren Jacobson
Official Designation Minister, 1965
Signed John G. Gaudin, Jr. Clerk
Hendricks Circuit Court

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 321
File Book 28
Date of Application 30 October 1965

MALE
Medical Examination Report Dated 27 October 1965
Name of Physician Thomas P. Chase MD.

FEMALE
Medical Examination Report Dated 27 October 1965
Name of Physician Thomas P. Chase 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 Orville Woodrow Bacon
Date of Birth June 22 1944
Place of Birth Danville, Indiana
Residence Address Rt 1 Clayton Hendricks 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: Trinet Gulf

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

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

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

11. Full name of father Manson Orville Bacon
Residence of father (if deceased so state) Clayton, Ind.
Occupation of father Truck Driver: String
Birthplace of father (State or foreign country) Franklin, Indiana
12. Full maiden name of mother Georgia Casen Whitaker
Residence of mother (if deceased so state) Clayton, Ind.
Occupation of mother Housewife
Birthplace of mother (State or foreign country) Clatskanie, Ind.

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

Signed Orville Woodrow Bacon
New Address 1925 E. Danville, Indiana
Subscribed and sworn to before me this 30th day of October, 1965
Clerk John G. Gault Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS ss:
County of HENDRICKS

Signed..... Father
Signed..... Mother

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

FEMALE APPLICANT

Name Carolyn Sue York
Date of Birth September 4 1947
Place of Birth Danville, Indiana
Residence Address Rt 1 Bx 299A Danville, Ind.
Maiden Name if Different.....

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Unemployed

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

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

8. Full maiden name of mother Bessie Gannita Tugensand
Residence of mother (if deceased so state) Danville, Ind.
Occupation of mother Housewife
Birthplace of mother (State or foreign country) Old Agents Indian

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

Signed Carolyn Sue York
New Address Same

Subscribed and sworn to before me this 30th day of October, 1965
Clerk John G. Gault Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS ss:
County of HENDRICKS

Signed..... Father
Signed..... Mother

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

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 November, 1965, authorizing the joining together as husband and wife of Orville Woodrow Bacon and Carolyn Sue York

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev David Barnett hereby certify that on the 6th day of November, one thousand nine hundred and sixty-five at Bartlett Chapel Methodist Church County of Hendricks, State of Indiana, Groom Orville Woodrow Bacon of Hendricks County, State of Indiana and, Bride Carolyn Sue York 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 November, 1965.

Filed and recorded in accordance with the laws of the State of Indiana this 9th day of November, 1965.

Signed David L. Barnett
Official Designation Minister, Bartlett Chapel Methodist Church
Signed John G. Gault, Jr 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. 322

File Book 28

Date of Application

MALE

Medical Examination Report Dated

Name of Physician

Lloyd Terry M.D.

FEMALE

Medical Examination Report Dated

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, representa-

MALE APPLICANT

Name Russell E Chandler
Date of Birth June 3 1946
Place of Birth Indianapolis, Ind.
Residence Address 890 E Main St, Danville, Hendricks, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Truck driver, Bob Barnett
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Draft card

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

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

11. Full name of father Charles Elmer Chandler
Residence of father (if deceased so state) Danville, Ind.
Occupation of father Farmer Race of father white
Birthplace of father (State or foreign country) Plainfield, Ind.
12. Full maiden name of mother Margarette Viola May Clark
Residence of mother (if deceased so state) Danville, Ind.
Occupation of mother Housewife Race of mother white
Birthplace of mother (State or foreign country) Montgomery, Ky.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Russell E Chandler
New Address 2705 Wash, Danville, Ind.

Subscribed and sworn to before me this 15th day of November, 1965
John Gambrell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____
Signed C. Elmer Chandler Father
Signed Margarette Chandler Mother
Subscribed and sworn to before me this 15th day of November, 1965
John Gambrell Clerk

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

Clerk

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

Clerk

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

Clerk

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

Clerk

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

Clerk

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

Clerk

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

Clerk

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

Clerk

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

Clerk

FEMALE APPLICANT

Name Linda L. Berzenye
Date of Birth August 26 1947
Place of Birth Greencastle, Ind.
Residence Address 2705 Washington St Danville, Ind.
Maiden Name if Different _____
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Baby sitting
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Driver's license

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you 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 William Berzenye
Residence of father (if deceased so state) Danville, Ind.
Occupation of father Prob. off. Hendricks Race of father white
Birthplace of father (State or foreign country) Detroit, Michigan
8. Full maiden name of mother Daphne Margaret Wade
Residence of mother (if deceased so state) Danville, Ind.
Occupation of mother Housewife Race of mother white
Birthplace of mother (State or foreign country) Russell Springs, Ky.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Linda L. Berzenye
New Address Same

Subscribed and sworn to before me this 15th day of November, 1965
John Gambrell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

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

Clerk

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

Clerk

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

Clerk

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

Clerk

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

Clerk

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

Clerk

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

Clerk

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

Clerk

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

Clerk

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

Clerk

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

Clerk

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

Clerk

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

Clerk

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

Clerk

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____, 1965, authorizing the joining together as husband and wife of Indiana dated the 5th day of November, 1965, Russell E. Chandler and Linda L. Berzenye

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Conley Bowman hereby certify that on the 6th day of November, 1965, at Plainfield, County of Hendricks, State of Indiana, Groom Russell E. Chandler of Hendricks County, State of Indiana, and, Bride Linda Louise Berzenye 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 November, 1965. Signed Conley Bowman
Official Designation Minister
15th day of November, 1965.
Signed John Gambrell, Jr. Clerk
Hendricks Circuit Court

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 523
File Book 28
Date of Application 5 November 1965

MALE
Medical Examination Report Dated 3 November 1965
Name of Physician Carl L. Heinlein M.D.

FEMALE
Medical Examination Report Dated 3 November 1965
Name of Physician Carl L. Heinlein 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 Wayne Ellis
Date of Birth February 15 1942
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address 7777 W. Way Indianapolis, Indiana
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) Drives license
Usual Occupation Bus Driver: Indpls Transit Inc.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

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

Name Age Address
Fred William Ellis
Residence of father (if deceased so state) South Bend, Ind.
Occupation of father Church Sanitar Race of father white
Birthplace of father (State or foreign country) England
Full maiden name of mother Evelyn May Combs
Residence of mother (if deceased so state) deceased
Occupation of mother white Race of mother white
Birthplace of mother (State or foreign country) Indpls, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS
Signed Wayne Ellis
New Address Indianapolis, Ind.
Subscribed and sworn to before me this 5th day of November, 1965
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

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

FEMALE APPLICANT

Name Pamela E. Beauchamp
Date of Birth March 23 1946
Place of Birth (State or foreign country) Mattoon, Ill.
Residence Address 1018 Buchanan Plainfield, Ind.
Maiden Name if Different Pamela E. Caton
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) unemployed
Usual Occupation unemployed
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

- ☒ Other (Specify) Drives license
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the groom closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - Full name of father Clyde Zeth Caton
Residence of father (if deceased so state) Plainfield, Ind.
Occupation of father Mattoon, Ill. Race of father white
Birthplace of father (State or foreign country) Emp. N.Y.C.R.
 - Full maiden name of mother Wreatha Pearl King
Residence of mother (if deceased so state) Plainfield, Ind.
Occupation of mother Langewit Race of mother white
Birthplace of mother (State or foreign country) Charleston, Ill.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS
Signed Pamela E. Beauchamp
New Address same
Subscribed and sworn to before me this 5th day of November, 1965
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

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

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 9th day of November, 1965, authorizing the joining together as husband and wife of Wayne Ellis and Pamela E. Beauchamp.
Be it further remembered the following marriage certificate was filed in my office, to-wit:
I, Jerry Tallent, hereby certify that on the 12th day of November, one thousand nine hundred and sixty-five, at Plainfield, County of Hendricks, State of Indiana, Groom Wayne Ellis of Hendricks County, State of Indiana, and, Bride Pamela E. Beauchamp of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.
Dated this 12th day of November, 1965.

Signed Jerry Tallent
Official Designation Minister of the Gospel
Filed and recorded in accordance with the laws of the State of Indiana this 15th day of November, 1965.
Signed John Gambold, Jr. Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 324
File Book 28
6 November 1965
Date of Application

MALE
Medical Examination Report Dated 2 November 1965
Name of Physician Lloyd Terry M.D.

FEMALE
Medical Examination Report Dated 2 November 1965
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 Bill Garnett Rouse
Date of Birth September 19 1939
Place of Birth Shelbyville, Indiana
Residence Address Rt. 1, Whitestown, Boone Indiana
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Taney Co., Mo. 1963
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Order clerk: Van Camp Hwd.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Drives license.

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

Name Age Address
Junior Lynn 5 none Run Mo
Garnett Eugene 2

- (b) Are you supporting or contributing to their support? Yes ☐ No ☒
(c) Are you complying with any court order of orders issued for their support? No support ordered by court Yes ☐ No ☒
11. Full name of father George Garnett Rouse
Residence of father (if deceased so state) New Mexico
Occupation of father Opr Motel & truck stop. Race of father white
Birthplace of father (State or foreign country) Shelbyville, Ind.
12. Full maiden name of mother Catherine McDaniel
Residence of mother (if deceased so state) Key West, Florida
Occupation of mother Housewife Race of mother white
Birthplace of mother (State or foreign country) Shelbyville, Ind.

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

Signed Bill M. Rouse
New Address Rt. 1 Box 18 Pittsburg, Ind.
Subscribed and sworn to before me this 6th day of November 1965
John Gambell Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, Hendricks } ss:
County of Hendricks

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name Helen Delores Merritt
Date of Birth February 8 1948
Place of Birth Lebanon, Indiana
Residence Address Rt. 1 Box 18, Pittsburg, Hendricks, 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) Drives 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 Errell Laverne Merritt
Residence of father (if deceased so state) Pittsburg, Ind.
Occupation of father Freight Handler: Van Camp Race of father white
Birthplace of father (State or foreign country) Middle Twp. Hendricks, Ind.

8. Full maiden name of mother Helen Louise DeLores
Residence of mother (if deceased so state) Pittsburg, Ind.
Occupation of mother Housewife. Race of mother white
Birthplace of mother (State or foreign country) Boone Co. Harrison Twp. Ind.

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

Signed Helen Delores Merritt
New Address _____
Subscribed and sworn to before me this 6th day of November 1965
John Gambell Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, Hendricks } ss:
County of Hendricks

Signed Errell L. Merritt Father
Signed _____ Mother
Subscribed and sworn to before me this 6th day of November 1965
John Gambell Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 9 day of November 1965, authorizing the joining together as husband and wife of Bill Garnett Rouse and Helen Delores Merritt.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Aubrey Morris, hereby certify that on the 15th day of November, 1965, at Brownsburg, County of Hendricks, one thousand nine hundred and sixty-five, of Boone County, State of Indiana, Groom Bill Garnett Rouse, of Hendricks County, State of Indiana, and, Bride Helen Delores Merritt, of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.
Dated this 12th day of November, 1965.

Signed Rev. Aubrey Morris
Official Designation Minister, 1965-
Signed John Gambell, Jr. Clerk
Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____

MALE
Medical Examination
Name of Physician

ALL QUESTIONS MUST
be answered truthfully or
pretense shall be

Name Bill

Date of Birth September

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

Residence Address Rt. 1, Whitestown, Boone

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 Order clerk: Van Camp Hwd.

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

☒ Other (Specify) Drives license.

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

An Imbecile? No ☒ Yes ☐

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

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

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

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

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

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

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

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

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

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

(a) List their full names, ages and addresses

Name Junior Lynn Age 5 Address Home Run, Mo

Garnett Eugene 2

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

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

11. Full name of father George Garnett Rouse

Residence of father (if deceased so state) New Mexico

Occupation of father Op. Motel & truck stop

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

12. Full maiden name of mother Catherine McDaniel

Residence of mother (if deceased so state) Key West, Florida

Occupation of mother Housewife

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

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

County of HENDRICKS

Signed Bill H. Rouse

New Address Rt. 1, Bx 18, Pittsboro, Ind.

Subscribed and sworn to before me this 10th day of November, 1965

John Gambell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:

County of HENDRICKS

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 1965

_____ 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 9th day of November, 1965, authorizing the joining together as husband and wife

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

1, Aubrey Morris hereby certify that on the 15th day of November

one thousand nine hundred and sixty-five at Brownsville, County of Hendricks

State of Indiana, Groom Bill Garnett Rouse of Boone County, State of Indiana

and, Bride Helen Delores Merritt of Hendricks County, State of Indiana

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

Dated this 12th day of November, 1965

Signed Rev. Aubrey Morris

Official Designation Minister, 1965

Signed John Gambell, Jr. Clerk

_____ Circuit Court

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

_____, hereby give my consent for _____ to _____

Subscribed and sworn to before me this 10 day of Nov, 1965

Herschel A. Gentry
Notary Public

Commission expires 9-20-66

Place of Birth (State or foreign country) February 1948

Residence Address Lebanon, Indiana

Maiden Name if Different Rt. 1, Bx 18, Pittsboro, Ind.

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Unemployed

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

☒ Other (Specify) Drives license.

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

An Imbecile? No ☒ Yes ☐

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

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

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

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

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

7. Full name of father Errell Laverne Merritt

Residence of father (if deceased so state) Pittsboro, Ind.

Occupation of father Freight Hauler: Van Camp

Birthplace of father (State or foreign country) Middle Twp. Hendricks, Ind.

8. Full maiden name of mother Helen Louise Decher

Residence of mother (if deceased so state) Pittsboro, Ind.

Occupation of mother Housewife

Birthplace of mother (State or foreign country) Boon Co. Harrison Twp. Ind.

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

County of HENDRICKS

Signed Helen Delores Merritt

New Address San

Subscribed and sworn to before me this 16th day of November, 1965

John Gambell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:

County of HENDRICKS

Signed Errell L. Merritt Father

Signed _____ Mother

Subscribed and sworn to before me this 16th day of November, 1965

John Gambell Clerk

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No.

File

Date of Application

MALE

Medical Examination Report Dated

Name of Physician

FEMALE

Medical Examination Report Dated

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 James S. Marr
Date of Birth April 11 1941
Place of Birth Indianapolis, Ind.
Residence Address 310 N. Jefferson Brownburg, 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 Miller Pipe Line Construction

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

☒ Other (Specify) Driver's License

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

Name Age Address

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

11. Full name of father Edgar Marr Sr.
Residence of father (if deceased so state) Indianapolis, Ind.
Occupation of father Inspector: Allison Race of father white
Birthplace of father (State or foreign country) Scottsville, Kentucky
12. Full maiden name of mother Magedelle Hunt
Residence of mother (if deceased so state) Columbus, Indiana
Occupation of mother Housewife Race of mother white
Birthplace of mother (State or foreign country) Indiana

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

Signed James S. Marr

New Address 310 N. Jefferson Brownburg, Ind.

Subscribed and sworn to before me this 12th day of November, 1965
John G. Gault Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of

Signed..... Father

Signed..... Mother

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

..... Clerk

FEMALE APPLICANT

Name Betty S. Giles
Date of Birth June 9 1942
Place of Birth Indianapolis, Ind.
Residence Address 218 W. Franklin Brownburg, Ind.
Maiden Name if Different Betty S. Johnson
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 Assembler: W.E.

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

☐ Other (Specify).....

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father Alfred Odean Johnson
Residence of father (if deceased so state) Greenwood, Ind.
Occupation of father Super. Chrysler Race of father white
Birthplace of father (State or foreign country) S. Dakota
- Full maiden name of mother Nellie Irene Price
Residence of mother (if deceased so state) Brownburg, Ind.
Occupation of mother Assembler: W.E. Race of mother white
Birthplace of mother (State or foreign country) Indianapolis, Ind.

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

Signed Betty S. Giles

New Address 218 W. Franklin Brownburg, Ind.

Subscribed and sworn to before me this 12th day of November, 1965
John G. Gault Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of

Signed..... Father

Signed..... Mother

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

..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 12th day of November, 1965, authorizing the joining together as husband and wife of James S. Marr and Betty S. Giles.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Harold V. Comer hereby certify that on the 12th day of November, one thousand nine hundred and sixty-five at Brownburg, County of Hendricks, State of Indiana, Groom James S. Marr of Hendricks County, State of Indiana and, Bride Betty S. Giles of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.
Dated this 12th day of November, 1965.

Signed Harold V. Comer

Official Designation Evangelist Church of Christ
16th day of November, 1965

Signed John G. Gault, Jr. Clerk
Hendricks Circuit Court

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 326

HENDRICKS

County

File Nov 6, 1965
Date of Application

MALE

Medical Examination Report Dated 11-4-65
Name of Physician Lloyd S. Terry, M.D.

FEMALE

Medical Examination Report Dated 11-4-65
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 Kenneth Larry Hendricks
Date of Birth 2-19-1943
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address R #1 Coatesville, Hendricks, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Student Purdue University

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

☒ Other (Specify) Driver License

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

(a) List their full names, ages and addresses

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

11. Full name of father Issac Clarence Hendrick
Residence of father (if deceased so state) R #1 Coatesville, Ind.
Occupation of father farmer Race of father white
Birthplace of father (State or foreign country) Kentucky
12. Full maiden name of mother Eva Eon Bates
Residence of mother (if deceased so state) R #1 Coatesville, Ind.
Occupation of mother housewife Race of mother white
Birthplace of mother (State or foreign country) Indianapolis, Indiana

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

Signed Kenneth L. Hendrick

New Address _____

Subscribed and sworn to before me this 6 day of November, 1965
John Hambold, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Sue Ann Noble
Date of Birth 12-28-1942
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address 225 N. High School Rd Indianapolis, Ind.
Maiden Name if Different _____

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Eli Lilly

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

☐ Other (Specify) Driver License

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

7. Full name of father Robert Dale Noble
Residence of father (if deceased so state) 225 High School Rd Indianapolis, Ind.
Occupation of father allison Race of father white
Birthplace of father (State or foreign country) Albany, Indiana
8. Full maiden name of mother Lucille Susan Schuch
Residence of mother (if deceased so state) 225 High School Rd Indianapolis, Ind.
Occupation of mother housewife Race of mother white
Birthplace of mother (State or foreign country) Indianapolis, Ind.

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

Signed Sue Ann Noble

New Address _____

Subscribed and sworn to before me this 6 day of November, 1965
John Hambold, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father

Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 13 day of November, 1965, authorizing the joining together as husband and wife of Kenneth Larry Hendrick and Sue Ann Noble.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, William O. Norris hereby certify that on the 26th day of November,
one thousand nine hundred and sixty-five at Beth Davis Christian Church County of Marion,
State of Indiana, Groom Kenneth Larry Hendrick of Hendricks County, State of Indiana,
and, Bride Sue Ann Noble 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 26th day of November, 1965. Signed William O. Norris
Official Designation Minister, 1965.
Filed and recorded in accordance with the laws of the State of Indiana this 3rd day of December, 1965.
Signed John Hambold, Jr. 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. 327
File Book 28
Date of Application 8 November 1965

MALE
Medical Examination Report Dated 7 November 1965
Name of Physician Paul Stanley Lewis M.D.

FEMALE
Medical Examination Report Dated 7 November 1965
Name of Physician Paul Stanley Lewis 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 Harold R. Kennedy
Date of Birth April 15 1931
Place of Birth (State or foreign country) Scottsville, Kentucky
Residence Address R8 Box 130 Indianapolis, Ind.
Previous Marital Status: Never Married ☐ Divorced ☐ Annulment ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Marion 58x59
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Driver: Greyhound
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

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

Name Raymond Lee Age 13 Address Walker St. W. 130
Clarence Dale 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 Charles Raymond Kennedy
Residence of father (if deceased so state) Indianapolis, Ind.
Occupation of father Farmer Race of father white
Birthplace of father (State or foreign country) Scottsville, Ky.
12. Full maiden name of mother Lucy Shepard Garman
Residence of mother (if deceased so state) Indianapolis, Ind.
Occupation of mother Housewife Race of mother white
Birthplace of mother (State or foreign country) Scottsville, Ky.

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

Signed Harold R. Kennedy
New Address R8 Box 130, Ind.
Subscribed and sworn to before me this 8th day of November, 1965
Clerk J. B. Pickard HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:

Signed _____ Father
Signed _____ Mother

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

FEMALE APPLICANT

Name Norma M. Ray
Date of Birth November 26 1936
Place of Birth (State or foreign country) Taunton, Mass.
Residence Address R8 Box 329 Indianapolis, Ind.
Maiden Name if Different Norma Mary Vargas
Previous Marital Status: Never Married ☐ Divorced ☐ Annulment ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Macan Miss 1963
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Cashier: Lyndhurst Bowl
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

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

7. Full name of father Frank Vargas
Residence of father (if deceased so state) Taunton, Mass.
Occupation of father Truck: Demark Race of father white
Birthplace of father (State or foreign country) Taunton, Mass.
8. Full maiden name of mother Blanche Marie Gaouette
Residence of mother (if deceased so state) Chicago, Ill.
Occupation of mother Housewife Race of mother white
Birthplace of mother (State or foreign country) Taunton, Mass.

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

Signed Norma M. Ray
New Address Same
Subscribed and sworn to before me this 8th day of November, 1965
Clerk J. B. Pickard HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:

Signed _____ Father
Signed _____ Mother

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana dated the 12th day of November, 1965, authorizing the joining together as husband and wife of Harold R. Kennedy and Norma M. Ray.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, R. B. Pickard, hereby certify that on the 12th day of November, one thousand nine hundred and sixty-five at Scottsville, County of Hendricks, State of Indiana, Groom Harold R. Kennedy of Hendricks County, State of Indiana and, Bride Norma M. Ray of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.
Dated this 12th day of November, 1965.

Signed R. B. Pickard
Official Designation Justice of Peace
Filed and recorded in accordance with the laws of the State of Indiana this 12th day of November, 1965
Signed John H. Hunsbald, Jr. Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 328
File Book 28
Date of Application 8 November 1965

MALE
Medical Examination Report Dated 4 November 1965
Name of Physician Thomas M. Walker MD

FEMALE
Medical Examination Report Dated 8 November 1965
Name of Physician Loren A. Martin 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, representa-

tion or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT
Name First Middle Last
Shelby Garland Hornbuckle III
Date of Birth Month Day Year
December 13 1943
Place of Birth (State or foreign country)
Indianapolis, Ind.
Residence Address Street or R. R. City County State
223 Maxine Manor Brownsburg, 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, Sears.
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify)

FEMALE APPLICANT
Name First Middle Last
Margaret Ann Bare
Date of Birth Month Day Year
July 12 1947
Place of Birth (State or foreign country)
Harriman, Tenn.
Residence Address Street or R. R. City County State
8603 Rockville Rd., Marion, Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Office worker: Ind State Teacher.
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify)

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

(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 Shelby Garland Hornbuckle Sr.
Residence of father (if deceased so state) Unknown
Occupation of father Tool & Die Mkr. Race of father white
Birthplace of father (State or foreign country) Tenn.
12. Full maiden name of mother Rosemary Subith Falkner
Residence of mother (if deceased so state) Brownsburg, Ind.
Occupation of mother Housewife. Race of mother white
Birthplace of mother (State or foreign country) Indianapolis, Ind.

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of
Signed Shelby Garland Hornbuckle III
New Address 115 W. Tenn, Apt 2, Evansville, Ind.
Subscribed and sworn to before me this 8th day of November, 1965
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

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

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father James Henry Bare Sr.
Residence of father (if deceased so state) Indianapolis, Ind.
Occupation of father Machinist: 4th. Race of father white
Birthplace of father (State or foreign country) Spring City, Tenn.
8. Full maiden name of mother Norma Vergene Gunnels
Residence of mother (if deceased so state) Indianapolis, Ind.
Occupation of mother Housewife. Race of mother white
Birthplace of mother (State or foreign country) Hickman, Kentucky.

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of
Signed Margaret Ann Bare
New Address 8th St, Evansville, Ind.
Subscribed and sworn to before me this 8th day of November, 1965
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court
of Indiana dated the 13th day of November 1965 authorizing the joining together as husband and wife
Shelby Garland Hornbuckle III and Margaret Ann Bare
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Lester B. Yearick, hereby certify that on the 14th day of November, 1965, at Brownsburg, County of Hendricks,
one thousand nine hundred and fifty-five, County, State of Indiana,
State of Indiana, Groom Shelby Garland Hornbuckle III of Hendricks County, State of Indiana,
and, Bride Margaret Ann Bare 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 14th day of November, 1965.
Signed Lester B. Yearick
Official Designation Minister, 17th day of November, 1965.
Signed John W. Garaboldi, Jr. Clerk
Hendricks Circuit Court

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 329
File Book 28
Date of Application 9 November 1965

MALE

Medical Examination Report Dated 5 November 1965
Name of Physician M.F. Mc Grath M.D.

FEMALE

Medical Examination Report Dated 5 November 1965
Name of Physician M.F. Mc Grath 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 Charles M. Donald
Date of Birth October 21, 1942
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address 2604 Lockbourn Indianapolis, Mr., 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 Service Rep. : Royal Typewriter
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify).....

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

Name Age Address

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

11. Full name of father Sidney Charles Mc Donald
Residence of father (if deceased so state) Indianapolis, Ind.
Occupation of father Business: V. L. Life Race of father white
Birthplace of father (State or foreign country) Louisville, Ind.
12. Full maiden name of mother Marian Mae Schwemmer
Residence of mother (if deceased so state) Indianapolis, Ind.
Occupation of mother Housewife Race of mother white
Birthplace of mother (State or foreign country) Indianapolis, Ind.

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

Signed Charles M. Donald
New Address 9526 Harmony Dr. Indianapolis 4424

Subscribed and sworn to before me this 9th day of November, 1965
Clerk John G. Gammell HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

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

FEMALE APPLICANT

Name Alice M. Wood
Date of Birth September 13, 1944
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address 3128 Clover Drive Indianapolis, Ind.
Maiden Name if Different yes

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

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Nov 1964

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

Usual Occupation clerk-typist: SOB.

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 Victor Horraine Wood
Residence of father (if deceased so state) Indianapolis, Ind.
Occupation of father Electrician: Albee Race of father white
Birthplace of father (State or foreign country) Westport, Ind.

8. Full maiden name of mother Elsie Marie Bantoy
Residence of mother (if deceased so state) Indianapolis, Ind.
Occupation of mother Housewife Race of mother white
Birthplace of mother (State or foreign country) New Albany, Ind.

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

Signed Alice M. Wood

New Address Same.

Subscribed and sworn to before me this 9th day of November, 1965
Clerk John G. Gammell HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana dated the 13th day of November, 1965, authorizing the joining together as husband and wife of Charles M. Donald and Alice M. Wood.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, J. R. Davies, hereby certify that on the 13th day of November, one thousand nine hundred and sixty-five at Indianapolis, County of Marion, State of Indiana, Groom Charles M. Donald of Marion County, State of Indiana, and, Bride Alice M. Wood 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 13th day of November, 1965.

Signed J. R. Davies

Official Designation Minister
Filed and recorded in accordance with the laws of the State of Indiana this 22nd day of November, 1965.

Signed John G. Gammell, Jr. 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. 330
File Book 28
Date of Application 10 November 1965

MALE
Medical Examination Report Dated 5 November 1965
Name of Physician E.L. Koch M.D.

FEMALE
Medical Examination Report Dated 5 November 1965
Name of Physician E.L. Koch M.D.

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

MALE APPLICANT

Name Stephen Say Hadley
Date of Birth August 25 1947
Place of Birth Greencastle, Indiana
Residence Address R3, Box 346 Danville, Hendricks, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Student: Purdue

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

☒ Other (Specify) Driver's license

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

(a) List their full names, ages and addresses

Name Age Address

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

11. Full name of father Uriel G. Hadley
Residence of father (if deceased so state) Danville, Ind.
Occupation of father Farmer works; Allisa Race of father white
Birthplace of father (State or foreign country) Hadley, Ind.

12. Full maiden name of mother Mamie Agnes Brown
Residence of mother (if deceased so state) Danville, Ind.
Occupation of mother Housewife Race of mother white
Birthplace of mother (State or foreign country) Frankburg, Ky.

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

Signed Stephen Jay Hadley
New Address Ross-Ale Apt. w. huf.

Subscribed and sworn to before me this 10th day of November, 1965
Clerk John Gambell HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS ss:

Signed Uriel G. Hadley Father

Signed Agnes Brown Mother

Subscribed and sworn to before me this 10th day of November, 1965
Clerk John Gambell

FEMALE APPLICANT

Name Beatrice Kay Meier
Date of Birth July 25 1948
Place of Birth Indianapolis, Indiana
Residence Address R2, Box 47 Clayton, Hendricks, Ind.
Maiden Name if Different _____

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Student: High school

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

☒ Other (Specify) Driver's license

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you 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 Darrell Meier

Residence of father (if deceased so state) Indianapolis, Ind.

Occupation of father Carpenter Race of father white

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

8. Full maiden name of mother Coretta Nancy Bush

Residence of mother (if deceased so state) Clayton, Ind.

Occupation of mother Housewife Race of mother white

Birthplace of mother (State or foreign country) Leeco, Kentucky

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

Signed Beatrice Kay Meier

New Address Same

Subscribed and sworn to before me this 10th day of November, 1965
Clerk John Gambell HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of 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 custody.

State of Indiana, HENDRICKS ss:

Signed _____ Father

Signed Coretta Da. Bush Mother

Subscribed and sworn to before me this 10th day of November, 1965
Clerk John Gambell

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 19th day of November, 1965, authorizing the joining together as husband and wife of Stephen Jay Hadley and Beatrice Kay Meier.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Maurice C. Wright, hereby certify that on the 20th day of November, 1965, at Indianapolis, County of Marion, State of Indiana, Groom Stephen Jay Hadley of Hendricks County, State of Indiana, and, Bride Beatrice Kay Meier of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.
Dated this 20th day of November, 1965.

Signed Rev. Maurice C. Wright
Official Designation Pastor, Springhurst Baptist Church
23rd day of November, 1965.

Signed John Gambell, Jr. Clerk
Hendricks Circuit Court

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 331
File Book 28
Date of Application 13 November 1965

MALE
Medical Examination Report Dated 9 November 1965
Name of Physician A. N. Scudder M.D.

FEMALE
Medical Examination Report Dated 9 November 1965
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 Harry R. Mc Kenna
Date of Birth May 3 1939
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address 1034 Centennial Indpls. Marion 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) White
Usual Occupation Meat Cuts. Stacks & Water
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

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

Name Age Address

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

11. Full name of father Robert Floyd Mc Kenna
Residence of father (if deceased so state) Indianapolis, Ind.
Occupation of father Retired Race of father white
Birthplace of father (State or foreign country) Indianapolis, Ind.
12. Full maiden name of mother Elsie Marie Baker
Residence of mother (if deceased so state) Indianapolis, Ind.
Occupation of mother Housewife Race of mother white
Birthplace of mother (State or foreign country) Indianapolis, Ind.

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

Signed Harry R. Mc Kenna
New Address 1034 Centennial, Indpls
Subscribed and sworn to before me this 13th day of November, 1965
Clerk John G. Burnett HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

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

FEMALE APPLICANT

Name Jacqueline L. Waggoner
Date of Birth August 16 1939
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address Rt Danville, Hendricks, Ind.
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) White
Usual Occupation Clack-typist: Prudential
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Drives license

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

7. Full name of father Russell Edward Waggoner
Residence of father (if deceased so state) Indianapolis, Ind.
Occupation of father Machinist: Naval Arm. Race of father white
Birthplace of father (State or foreign country) Indianapolis, Ind.
8. Full maiden name of mother Wilma Marie Lee
Residence of mother (if deceased so state) Indianapolis, Ind.
Occupation of mother Housewife Race of mother white
Birthplace of mother (State or foreign country) Indianapolis, Ind.

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

Signed Jacqueline L. Waggoner
New Address Same
Subscribed and sworn to before me this 13th day of November, 1965
Clerk John G. Burnett HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 17th day of November, 1965, authorizing the joining together as husband and wife Harry R. Mc Kenna and Jacqueline L. Waggoner.
Be it further remembered, the following marriage certificate was filed in my office, to-wit: H. C. Burnett hereby certify that on the 20th day of November, one thousand nine hundred and sixty-five at Carmel, County of Hamilton, State of Indiana, Groom Harry R. Mc Kenna of Marion County, State of Indiana and, Bride Jacqueline L. Waggoner of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.
Dated this 20th day of November, 1965.

Signed H. C. Burnett, Justice of the Peace
Official Designation _____
Filed and recorded in accordance with the laws of the State of Indiana this 22nd day of November, 1965.
Signed John G. Burnett, Jr. Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 332
File Book 28
Date of Application 13 November 1965

MALE
Medical Examination Report Dated 9 November 1965
Name of Physician Elmer L. Koch M.D.

FEMALE
Medical Examination Report Dated 9 November 1965
Name of Physician Elmer L. Koch M.D.

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

MALE APPLICANT

Name Robert L. Stevenson
Date of Birth July 30 1920
Place of Birth (State or foreign country) Miami Co., Indiana
Residence Address R1 Stilesville, Hendricks, Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) Marion 60

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

☒ Other (Specify) Dr. 1963 license

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

Name Age Address
David Michael 20 USAF. Arkansas
Dennis Allen 15 RI Stilesville

- (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 Arthur Stevenson
Residence of father (if deceased so state) deceased
Occupation of father Retired Race of father white
Birthplace of father (State or foreign country) Carroll Co., Ind.
12. Full maiden name of mother Mary Josephine Miller
Residence of mother (if deceased so state) Stilesville, Ind.
Occupation of mother Retired Race of mother white
Birthplace of mother (State or foreign country) Miami Co., Ind.

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

County of HENDRICKS
Signed Robert L. Stevenson
New Address RI Stilesville, Ind.

Subscribed and sworn to before me this 13th day of November, 1965
Clerk John L. Marshall HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of HENDRICKS

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

FEMALE APPLICANT

Name Audrey M. Marshall
Date of Birth March 17 1923
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address 4817 Oak Knoll Indpls, Marion, Ind.
Maiden Name if Different _____

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

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

Usual Occupation Dr. Clerk: Allison Dr GMC.

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

☒ Other (Specify) Drives license

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father Thomas Walter Marshall
Residence of father (if deceased so state) Indianapolis, Ind.
Occupation of father Retired Race of father white
Birthplace of father (State or foreign country) South Bend, Ind.
- Full maiden name of mother Utha Alice Turner
Residence of mother (if deceased so state) deceased
Occupation of mother _____ Race of mother white
Birthplace of mother (State or foreign country) Bridgport, Ill.

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

County of _____
Signed Audrey M. Marshall

New Address Same
Subscribed and sworn to before me this 13th day of November, 1965
Clerk John L. Marshall HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of HENDRICKS

Signed _____ Father
Signed _____ Mother

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

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 17th day of November, 1965, authorizing the joining together as husband and wife of Robert L. Stevenson and Audrey M. Marshall.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, R. W. Marks hereby certify that on the 14th day of November,
one thousand nine hundred and sixty-five at Indianapolis, County of Marion,
State of Indiana, Groom Robert L. Stevenson of Hendricks County, State of Indiana,
and, Bride Audrey M. Marshall 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 24th day of November, 1965.
Signed R. W. Marks
Official Designation Methodist Minister
day of November, 1965.
Signed John L. Marshall, Jr. Clerk
Hendricks Circuit Court

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 333
File Book 28
Date of Application 13 November 1965

MALE
Medical Examination Report Dated 6 November 1965
Name of Physician John Ellett Jr. M.D.

FEMALE
Medical Examination Report Dated 6 November 1965
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 Daniel Austin Lowry
Date of Birth December 10 1946
Place of Birth Indianapolis, Ind.
Residence Address Rt. 380, Plainfield, Hendricks Co., Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Painter: Link Belt

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

☐ Other (Specify) _____

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

(a) List their full names, ages and addresses

| Name | Age | Address |
|------|-----|---------|
| | | |
| | | |

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

11. Full name of father Emaley Wilbur Lowry
Residence of father (if deceased so state) Plainfield, Ind.
Occupation of father Millwright: Link Belt Race of father white
Birthplace of father (State or foreign country) Indpls, Ind.
12. Full maiden name of mother Elma Lou Goddard
Residence of mother (if deceased so state) Plainfield, Ind.
Occupation of mother Housewife Race of mother white
Birthplace of mother (State or foreign country) Brazil, Ind.

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

Signed Daniel Austin Lowry
New Address 120 E. Main St., Plainfield, Ind.

Subscribed and sworn to before me this 13th day of November, 1965
Clerk John Gamble HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

Signed Emaley Wilbur Lowry Father
Signed Elma Lou Goddard Mother

Subscribed and sworn to before me this 13th day of November, 1965
Clerk John Gamble HENDRICKS Circuit Court

FEMALE APPLICANT

Name Linda Dean Kelly
Date of Birth December 15 1946
Place of Birth Greencastle, Indiana
Residence Address 125 W. Vine, Plainfield, Hendricks Co., Ind.
Maiden Name if Different _____

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Accountant: Anchor Serum 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 ☐
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 Hubert W. Kelly
Residence of father (if deceased so state) Plainfield, Ind.
Occupation of father Foreman: Bridgeport Race of father white
Birthplace of father (State or foreign country) Coatesville, Ind.
8. Full maiden name of mother Barbara Dean Brown
Residence of mother (if deceased so state) Plainfield, Ind.
Occupation of mother Housewife Race of mother white
Birthplace of mother (State or foreign country) Danville, Ind.

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

Signed Linda Kelly

New Address Same

Subscribed and sworn to before me this 13th day of November, 1965
Clerk John Gamble HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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 November, 1965, authorizing the joining together as husband and wife

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

I, J. Shields White hereby certify that on the 20th day of November, one thousand nine hundred and sixty-five at Indianapolis, County of Marion, State of Indiana, Groom Daniel Austin Lowry of Hendricks County, State of Indiana and, Bride Linda Dean Kelly of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 20th day of November, 1965.

Signed J. Shields White

Official Designation Minister: Methodist Church

Filed and recorded in accordance with the laws of the State of Indiana this 22nd day of November, 1965.

Signed John Gamble, Jr. 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. 334
File Book 28
Date of Application November 1965

MALE
Medical Examination Report Dated 9 November 1965
Name of Physician L.E. Foltz, MD

FEMALE
Medical Examination Report Dated 9 November 1965
Name of Physician L.E. Foltz, 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, representa-

MALE APPLICANT

Name Willis First Grattan Middle Yeager Last
Date of Birth October Month 31 Day 1945 Year
Place of Birth (State or foreign country) Greencastle, Ind.
Residence Address R2, Bx 178AA, Brownsburg, Ind. Street or R.R. City County State
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Draftsman: E.I. Brown
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) _____

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

Name Age Address

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

11. Full name of father Royce Lafayette Yeager
Residence of father (if deceased so state) Brownsburg, Ind.
Occupation of father Solvent Phillips Race of father White
Birthplace of father (State or foreign country) Marion Co., Ind.
12. Full maiden name of mother Margaret Merle Magan
Residence of mother (if deceased so state) Brownsburg, Ind.
Occupation of mother Housewife Race of mother White
Birthplace of mother (State or foreign country) Putnam Co., Ind.

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

Signed Willis Grattan Yeager
New Address 109 N. Adams, Brownsburg, Ind.

Subscribed and sworn to before me this 10th day of November, 1965
Clerk John G. Lamb HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
Signed Royce Lafayette Yeager Father
Signed Margaret Merle Magan Mother
Subscribed and sworn to before me this 10th day of November, 1965
Clerk John G. Lamb HENDRICKS Circuit Court

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana, dated the 18 day of November, 1965, authorizing the joining together as husband and wife of Willis Grattan Yeager and Bette Jean Brown.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Ernest E. Thompson, hereby certify that on the 20th day of November, one thousand nine hundred and sixty-five at Indianapolis, County of Marion, State of Indiana, Groom Willis Grattan Yeager of Hendricks County, State of Indiana, and, Bride Bette Jean Brown of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.
Dated this 20th day of November, 1965. Signed Ernest E. Thompson
Official Designation Minister
Filed and recorded in accordance with the laws of the State of Indiana this 23rd day of November, 1965.
Signed John G. Lamb, Jr. Clerk
Hendricks Circuit Court

FEMALE APPLICANT

Name Bette First Sean Middle Brown Last
Date of Birth August Month 16 Day 1945 Year
Place of Birth (State or foreign country) Lebanon, Ind.
Residence Address 16 N. Grant, Brownsburg, Ind. Street or R.R. City County State
Maiden Name if Different _____

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Key Punch Opr: PSCI

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

☐ Other (Specify) _____

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father Justin Theodore Brown
Residence of father (if deceased so state) Brownsburg, Ind.
Occupation of father Eng. Ind. Station Race of father White
Birthplace of father (State or foreign country) Kosciusko, Co.

8. Full maiden name of mother Hazel Belle Partwood
Residence of mother (if deceased so state) Brownsburg, Ind.
Occupation of mother Housewife Race of mother White
Birthplace of mother (State or foreign country) Hendricks Co., Ind.

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

Signed Bette Jean Brown
New Address 16 N. Grant, Brownsburg, Ind.

Subscribed and sworn to before me this 10th day of November, 1965
Clerk John G. Lamb HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No.

335

File

Book K 28

13 November 1965

Date of Application

MALE
Medical Examination Report Dated

8 November 1965

Name of Physician

Robert P. Scott, M.D.

FEMALE

Medical Examination Report Dated

29 October 1965

Name of Physician

W.F. Ramage, 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 Charles B. Lohman
Date of Birth March 22 1913
Place of Birth Lebanon, Indiana
Residence Address 296 N. Mill, Apt 11, Plainfield, Hendricks Co., 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 Accounting Super. Plumbing St.

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

☐ Other (Specify) Drivers license

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

Name Age Address

(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 Franklin Lohman

Residence of father (if deceased so state) Deceased

Occupation of father _____ Race of father white

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

12. Full maiden name of mother Mary Elizabeth Trader

Residence of mother (if deceased so state) Deceased

Occupation of mother _____ Race of mother white

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

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

County of _____ Signed Charles B. Lohman

New Address 296 N. Mill, Apt 11, P. Rd.

Subscribed and sworn to before me this 11th day of November, 1965

John Hammond, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 1965

_____ Clerk

FEMALE APPLICANT

Name Frances E. Reidy
Date of Birth April 22 1915
Place of Birth Indianapolis, Ind.
Residence Address 56 S. 8th Beech Grove, Marion, Ind.
Maiden Name if Different Frances M. Esther
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 clerk: RCA

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

☒ Other (Specify) Drivers license

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

7. Full name of father Peter John Esther

Residence of father (if deceased so state) Deceased

Occupation of father _____ Race of father white

Birthplace of father (State or foreign country) Amsterdam, Holland

8. Full maiden name of mother Mildred Lee Metzger

Residence of mother (if deceased so state) Indianapolis, Ind.

Occupation of mother Retired Race of mother white

Birthplace of mother (State or foreign country) Kankakee, Ill.

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

County of _____ Signed Frances E. Reidy

New Address Same

Subscribed and sworn to before me this 11th day of November, 1965

John Hammond, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 1965

_____ 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 November, 1965, authorizing the joining together as husband and wife

Charles B. Lohman and Frances E. Reidy

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

I, Warren A. Robbins, hereby certify that on the 20th day of November,

one thousand nine hundred and sixty-five at Plainfield, County of Hendricks,

State of Indiana, Groom Charles B. Lohman of Hendricks County, State of Indiana,

and, Bride Frances E. Reidy of Hendricks County, State of Indiana,

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

Dated this 20th day of November, 1965.

Signed Warren A. Robbins

Official Designation Christian Minister

Filed and recorded in accordance with the laws of the State of Indiana this 23rd day of November, 1965.

Signed John Hammond, Jr. 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.

336

File

Book 28

Date of Application

16 November 1965

MALE

Medical Examination Report Dated

27th October 1965

Name of Physician

Albert M. Donato MD

FEMALE

Medical Examination Report Dated

27 October 1965

Name of Physician

Albert M. Donato 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, representa-

MALE APPLICANT

Name Ronald Bruce Staley
Date of Birth August 19 1942
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address R.R. 1, Bx 76, Clayton, Hendricks, Ind.
Previous Marital Status: ☒ Never Married ☐ Divorce ☐ Annulment

Last Marriage Ended By: ☐ Death ☐ Divorce ☐ Annulment

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

Usual Occupation Machinist: Allison DVGMC.
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

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

(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 Aden Dale Staley
Residence of father (if deceased so state) Martinsville, Ind.
Occupation of father Time Study: Allison Race of father white
Birthplace of father (State or foreign country) Indianapolis, Ind.

12. Full maiden name of mother Leona Irene Keys
Residence of mother (if deceased so state) Deceased
Occupation of mother Deceased Race of mother white
Birthplace of mother (State or foreign country) Deceased

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

Signed Ronald Bruce Staley
New Address 16th

Subscribed and sworn to before me this 16th day of November, 1965
Clerk John G. Galt HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of HENDRICKS

Signed _____ Father
Signed _____ Mother
Signed _____

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

FEMALE APPLICANT

Name Sarah Frances Hargis
Date of Birth September 18 1945
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address R.R. Bx 373 Indianapolis, Hendricks, Ind.
Maiden Name if Different _____

Previous Marital Status: ☒ Never Married ☐ Divorce ☐ Annulment

Last Marriage Ended By: ☐ Death ☐ Divorce ☐ Annulment

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

Usual Occupation Florist: Kiefer Floral.
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

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

7. Full name of father Herbert Allen Hargis
Residence of father (if deceased so state) Indianapolis, Ind.
Occupation of father Retired Race of father white
Birthplace of father (State or foreign country) Spencer, Ind.
8. Full maiden name of mother Ellen Louise Russell
Residence of mother (if deceased so state) Indianapolis, Ind.
Occupation of mother Secy: Agres Race of mother white
Birthplace of mother (State or foreign country) Johnson Co., Ind.

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

Signed Sarah Frances Hargis
New Address 16th

Subscribed and sworn to before me this 16th day of November, 1965
Clerk John G. Galt HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of HENDRICKS

Signed _____ Father
Signed _____ Mother
Signed _____

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ 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 22nd day of November, 1965, authorizing the joining together as husband and wife of Ronald Bruce Staley and Sarah Frances Hargis.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Paul Taylor hereby certify that on the 10th day of December, at Clayton, County of Hendricks, State of Indiana,
one thousand nine hundred and sixty-five of Hendricks County, State of Indiana,
State of Indiana, Groom Ronald Bruce Staley of Hendricks County, State of Indiana,
and, Bride Sarah Frances Hargis 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 December, 1965.

Signed Paul Taylor
Official Designation Minister Methodist Church
14th day of December, 1965.
Signed John G. Galt, Jr. Clerk
Hendricks Circuit Court

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 337
File Book 28
Date of Application 16 November 65

MALE
Medical Examination Report Dated 7 November 1965
Name of Physician Thomas M. Walker MD

FEMALE
Medical Examination Report Dated 7 November 1965
Name of Physician Thomas M. Walker 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 Robert Hughie Mizell
Date of Birth November 8 1944
Place of Birth Glasgow, Kentucky
Residence Address 1712 Ladoga Rd, Crawfordsville, Mont.
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 Barber: Ralph Smith S'way
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

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

| Name | Age | Address |
|---|-----|---------|
| (b) Are you supporting or contributing to their support? Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| (c) Are you complying with any court order or orders issued for their support? Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| 11. Full name of father: <u>Joseph Crittington Mizell</u> | | |
| Residence of father (if deceased so state): <u>Crawfordsville, Ind.</u> | | |
| Occupation of father: <u>Auto Mech. Edw Mot.</u> Race of father: <u>white</u> | | |
| Birthplace of father (State or foreign country): <u>Dawson, Ill</u> | | |
| 12. Full maiden name of mother: <u>Rebecca Louise Emberton</u> | | |
| Residence of mother (if deceased so state): <u>Crawfordsville, Ind.</u> | | |
| Occupation of mother: <u>Housewife</u> Race of mother: <u>white</u> | | |
| Birthplace of mother (State or foreign country): <u>Louisville, Ind.</u> | | |

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

Signed Robert Hughie Mizell
New Address Crawfordsville, Ind.
Subscribed and sworn to before me this 16th day of November, 1965
John Gambold Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, HENDRICKS } ss:
County of HENDRICKS
Signed..... Father
Signed..... Mother
Subscribed and sworn to before me this..... day of....., 19.....
..... Clerk

FEMALE APPLICANT
Name Denver Sue Niemeier
Date of Birth October 13 1946
Place of Birth Glasgow, Kentucky
Residence Address RI Bx SIC, Brownsburg, 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 office work: Ind. Bell.
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify).....
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the groom closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - Full name of father: Denver S. Niemeier
Residence of father (if deceased so state): Brownsburg, Ind.
Occupation of father: Dept. Mgr. Penix S'way Race of father: white
Birthplace of father (State or foreign country): Louisville, Ky.
 - Full maiden name of mother: Mildred Louise Steenbergen
Residence of mother (if deceased so state): Brownsburg, Ind.
Occupation of mother: Housewife Race of mother: white
Birthplace of mother (State or foreign country): Glasgow, Ky.

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

Signed Denver Sue Niemeier
New Address Same
Subscribed and sworn to before me this 16th day of November, 1965
John Gambold Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, HENDRICKS } ss:
County of HENDRICKS
Signed..... Father
Signed..... Mother
Subscribed and sworn to before me this..... day of....., 19.....
..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 20th day of November, 1965, authorizing the joining together as husband and wife Robert Hughie Mizell and Denver Sue Niemeier.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Denver J. Niemeier hereby certify that on the 27th day of November, one thousand nine hundred and fifty-five at Jamestown, State of Indiana, Groom Robert Hughie Mizell of Montgomery County, State of Indiana and, Bride Denver Sue Niemeier 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 27th day of November, 1965.

Signed Denver J. Niemeier
Official Designation Minister, Church of Christ
Signed John Gambold Jr Clerk Hendricks Circuit Court
Filed and recorded in accordance with the laws of the State of Indiana this 30th day of November, 1965.

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 338

HENDRICKS

County

File

Nov 17 - 1965
Date of Application

MALE

Medical Examination Report Dated 20 January 1965
Name of Physician D.D. Cheesman & S.H. Belli M.D.

FEMALE

Medical Examination Report Dated 11-16-65
Name of Physician A.D. Seudder 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 Middle Last
Donald L. Andrew
Date of Birth February 16 1946
Place of Birth Crawfordsville, Ind.
Residence Address Litzton Bl. Hendricks, 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 Fireman App: USN

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

☒ Other (Specify) Navy 12.

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

Name Age Address

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

11. Full name of father Archie Ellsworth Andrew
Residence of father (if deceased so state) English, Indian.
Occupation of father Truck driver Race of father white.
Birthplace of father (State or foreign country) English, Indian.
12. Full maiden name of mother Rosa Lee Johnson
Residence of mother (if deceased so state) Litzton, Indian.
Occupation of mother Housewife Race of mother white.
Birthplace of mother (State or foreign country) Taylor Co., Ky.

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

Signed Donald L. Andrew

New Address USS Gnd Canyon 90 Fleet PO.

Subscribed and sworn to before me this 20th day of November, 1965
John Gambold Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of 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 custody.

State of Indiana, Hendricks } ss:

Signed Rosa Lee Austin Father

Signed Rosa Lee Austin Mother

Subscribed and sworn to before me this 20th day of November, 1965
John Gambold Clerk

FEMALE APPLICANT

Name First Middle Last
Rita Rene Johnson
Date of Birth July 17 1949
Place of Birth (State or foreign country) Ind.
Residence Address Indianapolis Ind.
Maiden Name if Different North Salem Ind.

Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation none

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

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father Joe Calvin Johnson
Residence of father (if deceased so state) North Salem
Occupation of father Carpenter Race of father W
Birthplace of father (State or foreign country) Indiana
- Full maiden name of mother Lavina Williams
Residence of mother (if deceased so state) North Salem
Occupation of mother Waitress Race of mother W
Birthplace of mother (State or foreign country) Indiana

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

Signed Rita Rene Johnson

New Address Bx 147 North Salem, Ind.

Subscribed and sworn to before me this 17 day of Nov., 1965
John Gambold Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

Consent of Father attached.

State of Indiana, Hendricks } ss:

Signed Lavina W. Johnson Father

Signed Lavina W. Johnson Mother

Subscribed and sworn to before me this 17 day of Nov., 1965
John Gambold, Jr. Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Court by written order issued _____ and filed in _____ authorizing the joining together as husband and wife of Indiana dated the 20th day of November, 1965.

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

I, Rev. Richard J. Cable, hereby certify that on the 21st day of November, 1965, at _____, County of Boone, State of Indiana, Groom Donald Lee Andrew, of Hendricks, County, State of Indiana, and, Bride Rita Rene Johnson, of Hendricks, County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.

Dated this 21st day of November, 1965.

Signed Rev. Richard J. Cable

Official Designation Baptist Minister

22nd day of November, 1965

Signed John Gambold, Jr. Clerk

Hendricks Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 338

File

Nov 17 - 1965
Date of Application

MALE
Medical Examination Report Dated 20 January 1965
Name of Physician D.D. Cheesman & S.H. Belli M.D.

FEMALE
Medical Examination Report Dated 11-16-65
Name of Physician A.D. Seudder 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 Middle Last
Donald L. Andrew
Date of Birth Month Day Year
February 16 1946
Place of Birth (State or foreign country)
Crawfordsville, Ind.
Residence Address Street or R. R. City County State
Liztan Bl. Hendricks, 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 Fireman App: USN
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Navy ID.
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
No ☒ Yes ☐

FEMALE APPLICANT

Name First Middle Last
Rita Rene Johnson
Date of Birth Month Day Year
July 17 1949
Place of Birth (State or foreign country)
Indianapolis, Ind.
Residence Address Street or R. R. City County State
North Haven 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 now or have you been within five (5) years an inmate of a county asylum or
No ☒ Yes ☐

I Joe Johnson give my consents for
Rita Johnson to marry Donald Lee
Andrew.

Joe Johnson

Mr. Joe Johnson appeared before me, a notary public, this 15 day
of Nov. 1965 and subscribed to the above consent for marriage of
his daughter.

notary public

my commission expires
May 21, 1966

signs, state facts which render the consent of the other parent unnecessary.

Parents divorced: Mother
has custody.

State of Indiana, Hendricks } ss:
County of

Signed Rosa Lee Austin Father
Signed Mother

Subscribed and sworn to before me this 20th day of November, 1965
John Gambold, Jr. Clerk

State of Indiana, Hendricks } ss:
County of

Signed Father
Signed Leona W. Johnson Mother

Subscribed and sworn to before me this 17th day of Nov. 1965
John Gambold, Jr. Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court
of Indiana dated the 20th day of November, 1965, authorizing the joining together as husband and wife
of Donald L. Andrew and Rita Rene Johnson
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Richard J. Cable, hereby certify that on the 21st day of November
at Jamestown, County of Boone
one thousand nine hundred and sixty-five, County, State of Indiana
State of Indiana, Groom Donald Lee Andrew of Hendricks County, State of Indiana
and, Bride Rita Rene Johnson of Hendricks County, State of Indiana
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks
County.
Dated this 21st day of November, 1965
Signed Rev. Richard J. Cable
Official Designation Baptist Minister
22nd day of November, 1965
Signed John Gambold, Jr. Clerk
Hendricks Circuit Court

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 339
File Book 28
20 November 1965
Date of Application

MALE
Medical Examination Report Dated 13 November 1965
Name of Physician Don E. Kelly MD

FEMALE
Medical Examination Report Dated 13 November 1965
Name of Physician Don E. Kelly 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 Phillip Lee Myers
Date of Birth December 5 1945
Place of Birth (State or foreign country) Beech Grove, Indiana
Residence Address 1050 S. Reiser Indianapolis, 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 Receiving clk K: LeTourneau West

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

☐ Other (Specify).....

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

(a) List their full names, ages and addresses

Name Age Address

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

11. Full name of father Arthur Wickham Myers

Residence of father (if deceased so state) Indianapolis, Ind.

Occupation of father Electroplate - Alben Race of father white

Birthplace of father (State or foreign country) Charleston, W. Virginia

12. Full maiden name of mother Leana Elizabeth Staden

Residence of mother (if deceased so state) Indianapolis, Ind.

Occupation of mother housewife Race of mother white

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

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

Signed Phillip Lee Myers

New Address 1050 S. Reiser, Indpls

Subscribed and sworn to before me this 20th day of November, 1965

John Gambold Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS ss:

Signed Arthur W. Myers Father

Signed Leana E. Myers Mother

Subscribed and sworn to before me this 20th day of November, 1965

John Gambold Clerk

FEMALE APPLICANT

Name Linda Dianne Buck
Date of Birth November 15 1947
Place of Birth (State or foreign country) Brownsburg, Ind.
Residence Address RI 3x228R Brownsburg, Ind.
Maiden Name if Different Louisville, Ky.

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 Edwin Forrest Buck Jr.

Residence of father (if deceased so state) Brownsburg, Ind.

Occupation of father Liographer: Studio 7 Race of father white

Birthplace of father (State or foreign country) Memphis, Tenn

8. Full maiden name of mother Mary Bettie Dorsett

Residence of mother (if deceased so state) Brownsburg, Ind.

Occupation of mother housewife Race of mother white

Birthplace of mother (State or foreign country) Burlington, N.C.

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

Signed Linda Dianne Buck

New Address Same

Subscribed and sworn to before me this 20th day of November, 1965

John Gambold Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS ss:

Signed..... Father

Signed..... Mother

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

..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 24th day of November, 1965, authorizing the joining together as husband and wife

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

I, Rev. Lee A. Perry hereby certify that on the 27th day of November,

one thousand nine hundred and sixty-five at Indianapolis, County of Marion,

State of Indiana, Groom Phillip Lee Myers of Marion County, State of Indiana

and, Bride Linda Dianne Buck 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 27th day of November, 1965.

Signed Rev. Lee A. Perry

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 1st day of December, 1965.

Signed John Gambold Jr. 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. 340

File Book 28

Date of Application 20 November 1965

MALE

Medical Examination Report Dated 15 November 1965

Name of Physician Irvin Cohen M.D.

FEMALE

Medical Examination Report Dated 15 November 1965

Name of Physician Irvin Cohen M.D.

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

MALE APPLICANT

Name Jerry Lee Sutton
Date of Birth April 1917
Place of Birth Plainfield, Indiana
Residence Address 305 N. East, Plainfield, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Butcher, Std Groc.
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

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

(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 Beagle Sutton
Residence of father (if deceased so state) Plainfield, Ind.
Occupation of father Machine Setup S.W. Race of father White
Birthplace of father (State or foreign country) Brookhead, Ky.
12. Full maiden name of mother Rissie Ruth Barnett
Residence of mother (if deceased so state) Plainfield, Ind.
Occupation of mother Housewife Race of mother White
Birthplace of mother (State or foreign country) Brookhead, Ky.

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

Signed Jerry Lee Sutton
New Address 215 N. Ind. Apt 13 P.H.
Subscribed and sworn to before me this 20th day of November, 1965.
John Gambrell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of
Signed Beagle Sutton Father
Signed Rissie Ruth Sutton Mother
Subscribed and sworn to before me this 20th day of November, 1965.
John Gambrell Clerk

FEMALE APPLICANT

Name Theresa Michele Helms
Date of Birth November 20 1947
Place of Birth Pontiac, Michigan
Residence Address 215 N. Indiana Apt 13, Plainfield, 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: PSC1
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify)
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the groom closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - Full name of father Neil Archibald Helms
Residence of father (if deceased so state) Michigan
Occupation of father Car Dealer Race of father White
Birthplace of father (State or foreign country) Detroit Michigan
 - Full maiden name of mother Mary Theresa 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) Detroit Michigan

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

Signed Theresa Michele Helms
New Address Sano
Subscribed and sworn to before me this 20th day of November, 1965.
John Gambrell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 24 day of November, 1965, authorizing the joining together of husband and wife Jerry Lee Sutton and Theresa Michele Helms.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Eugene E. Crawley hereby certify that on the 24th day of November, at Plainfield, County of Hendricks, State of Indiana, one thousand nine hundred and Sixty-five of Hendricks County, State of Indiana, Groom Jerry Lee Sutton and, Bride Theresa Michele Helms 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 24th day of November, 1965.

Signed Eugene E. Crawley
Official Designation Justice of the Peace
Subscribed and sworn to before me this 1st day of December, 1965.
John Gambrell, Jr. Clerk
Hendricks Circuit Court

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 541
File Book 28
Date of Application 20 November 1965

MALE
Medical Examination Report Dated 19 November 1965
Name of Physician F.R. Warbinta M.D.

FEMALE
Medical Examination Report Dated 19 November 1965
Name of Physician F.B. Warbinta 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 Fred R. Hamilton
Date of Birth April 16 1931
Place of Birth Billerie, Indiana
Residence Address RI Bx 100 Clayton, Hendricks, Ind.
Previous Marital Status: Never Married ☐ Divorced ☐ Annulment ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Amateur Bridgeport Brass

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

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

Name Carl Russell Age 8 Address Clayton RI Bx 100

- (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 Milton Hamilton
Residence of father (if deceased so state) Deceased
Occupation of father _____ Race of father white
Birthplace of father (State or foreign country) Kokomo, Ind.

12. Full maiden name of mother Lillie Era Borwer
Residence of mother (if deceased so state) Clayton, Ind.
Occupation of mother Nurse A.D. Glenard Race of mother white
Birthplace of mother (State or foreign country) Marion Co., Ind.

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

Signed Fred R. Hamilton
New Address RI Bx 100 Clayton

Subscribed and sworn to before me this 20th day of November, 1965
Clerk John Gambrell Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

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

FEMALE APPLICANT

Name Anna Lucille Ashby
Date of Birth November 6 1929
Place of Birth Marion Co., Ind.
Residence Address 4221 Clark St. Anderson, Madison, Ind.
Maiden Name if Different Anna Lucille DeLong
Previous Marital Status: Never Married ☐ Divorced ☒ Annulment ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Canteen Bridgeport Brass

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

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

8. Full maiden name of mother Cassie Laven Miller
Residence of mother (if deceased so state) Anderson, Ind.
Occupation of mother Housewife Race of mother white
Birthplace of mother (State or foreign country) Marion Co., Ind.

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

Signed Anna Lucille Ashby
New Address Same

Subscribed and sworn to before me this 20th day of November, 1965
Clerk John Gambrell Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 24 day of Nov, 1965, authorizing the joining together as husband and wife of Fred R. Hamilton and Anna Lucille Ashby.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, William E. Black hereby certify that on the 25th day of November, one thousand nine hundred and 65 at Anderson, County of Madison, State of Indiana, Groom Fred R. Hamilton of Hendricks County, State of Indiana and, Bride Anna Lucille Ashby of Madison County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.
Dated this 25th day of November, 1965.

Signed William E. Black
Official Designation Minister
Signed John Gambrell, Jr. Clerk
Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 3rd day of January, 1966.

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. 342

File Book 28

20 November 1965
Date of Application

MALE

Medical Examination Report Dated 11 November 1965
Name of Physician Lloyd Terry M.D.

FEMALE

Medical Examination Report Dated 11 November 1965
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, representa-

MALE APPLICANT

Name Edgar R. Land
Date of Birth January 13 1940
Place of Birth (State or foreign country) Pittsboro, Indiana
Residence Address Rt 1, Lizton, Hendricks Ind
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Farmer
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) _____

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

| Name | Age | Address |
|------|-----|---------|
| | | |
| | | |

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

11. Full name of father Emerald Arthur Land
Residence of father (if deceased so state) Lizton, Ind.
Occupation of father Custodian: Lizton, Ind. Race of father white
Birthplace of father (State or foreign country) Brownsville, Ind.
12. Full maiden name of mother Delpha Marie Therp
Residence of mother (if deceased so state) Deceased
Occupation of mother Race of mother white
Birthplace of mother (State or foreign country) Clermont, Ind.

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

Signed Edgar R. Land

New Address 236 N. Cross, Danville, Ind.

Subscribed and sworn to before me this 20th day of November, 1965
Clerk John G. Gansbold Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father

Signed _____ Mother

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

FEMALE APPLICANT

Name Ariss O. Whitaker
Date of Birth October 2 1936
Place of Birth (State or foreign country) Lee Co., Virginia
Residence Address 236 N. Cross, Danville, Ind.
Maiden Name if Different Ariss O. Hansen
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 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 Charlie E. Hansen
Residence of father (if deceased so state) Lizton, Ind.
Occupation of father Farmer Race of father white
Birthplace of father (State or foreign country) Lee Co., Virginia
8. Full maiden name of mother Ollice Orlena Kimberling
Residence of mother (if deceased so state) Lizton, Ind.
Occupation of mother Housewife Race of mother white
Birthplace of mother (State or foreign country) Lee Co., Virginia

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

Signed Ariss O. Whitaker

New Address Same

Subscribed and sworn to before me this 20th day of November, 1965
Clerk John G. Gansbold Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father

Signed _____ Mother

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____
of Indiana dated the 24th day of November, 1965, authorizing the joining together as husband and wife
of Edgar R. Land and Ariss O. Whitaker

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Edgar R. Land hereby certify that on the 27th day of November,
one thousand nine hundred and sixty-five at Danville, County of Hendricks
State of Indiana, Groom Edgar R. Land of Lizton, Hendricks County, State of Indiana
and, Bride Ariss O. Whitaker 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 27th day of November, 1965. Signed Edgar R. Land
Official Designation Minister, 1965
day of December

Filed and recorded in accordance with the laws of the State of Indiana this 28th day of December, 1965.
Signed John G. Gansbold, Jr. 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. 343
File Book 28
Date of Application 22 November 1965

MALE
Medical Examination Report Dated 12 November 1965
Name of Physician C. David Ryan M.D.

FEMALE
Medical Examination Report Dated 9 November 1965
Name of Physician Wesley M. Brock 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 Ervin David Herness
Date of Birth May 12 1938
Place of Birth (State or foreign country) Whitehall, Wis.
Residence Address 15507 1st Ave So Apt 17 Seattle, King Co, Wash
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) Boeing
Usual Occupation Civil Eng.
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 Henrik Raymond Herness
Residence of father (if deceased so state) Whitehall, Wis.
Occupation of father Mgr. ASC Race of father White
Birthplace of father (State or foreign country) Chicago, Ill.
12. Full maiden name of mother Florence Elizabeth Dissmore
Residence of mother (if deceased so state) Whitehall, Wis.
Occupation of mother Housewife Race of mother White
Birthplace of mother (State or foreign country) Whitehall, Wis.

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

Signed Ervin David Herness

New Address 14105 Columbian Apt 409 Seattle

Subscribed and sworn to before me this 22nd day of November, 1965
Clerk John Samblak HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father

Signed _____ Mother

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

Clerk _____

FEMALE APPLICANT

Name Sidney Kay Senkel
Date of Birth January 18 1943
Place of Birth (State or foreign country) Alton, Ill.
Residence Address 416 Dan Jones Rd Plainfield, Ind.
Maiden Name if Different _____
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Nurse: Methodist
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 Elvis Herman Senkel
Residence of father (if deceased so state) Plainfield, Ind.
Occupation of father Construction Race of father White
Birthplace of father (State or foreign country) Pineknayville, Ill.
8. Full maiden name of mother Julia Pauline Francis
Residence of mother (if deceased so state) Plainfield, Ind.
Occupation of mother LPN. Methodist Race of mother White
Birthplace of mother (State or foreign country) West Frankfort, Ill.

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

Signed Sidney Kay Senkel

New Address _____

Subscribed and sworn to before me this 22nd day of November, 1965
Clerk John Samblak HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father

Signed _____ Mother

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

Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana dated the 26 day of November, 1965, authorizing the joining together as husband and wife

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

I, Conley Bauman hereby certify that on the 27th day of November, one thousand nine hundred and 65 at Plainfield, County of Hendricks, State of Indiana, Groom Ervin David Herness of King County, State of Washington and, Bride Sidney Kay Senkel 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 27th day of November, 1965.

Signed Conley Bauman

Official Designation Minister

Signed John Samblak Jr Clerk

Filed and recorded in accordance with the laws of the State of Indiana this 16th day of April, 1966.

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. 344
File Book 28
22 November 1965
Date of Application

MALE

Medical Examination Report Dated 11-17-65
Name of Physician Thomas Walker

FEMALE

Medical Examination Report Dated 11-17-65
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 Middle Last
Vernon Eugene Ploughe
Date of Birth Month Day Year
Aug 5 1937
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address Street or R. R. City County State
1040 White Ave. Brownsburg 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 Restaurant
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: Nola Kenneth Ploughe
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: Geraldine Louise Jarvis
Residence of mother (if deceased so state) Brownsburg
Occupation of mother: Restaurant
Race of mother: W
Birthplace of mother (State or foreign country) Indiana
State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of
Signed: Vernon Eugene Ploughe
New Address

Subscribed and sworn to before me this 22 day of Nov. 1965
John Hambold, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, Hendricks } ss:
County of
Signed: Father
Signed: Mother
Subscribed and sworn to before me this day of 1965
Clerk

FEMALE APPLICANT

Name First Middle Last
Theresa M Wynne
Date of Birth Month Day Year
March 28 1942
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address Street or R. R. City County State
Rt 3 Box 50AA Danville Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation 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: Patrick Joseph Wynne
Residence of father (if deceased so state) Rt 21 Box 185 Brownsburg
Occupation of father: Farmer Race of father: W
Birthplace of father (State or foreign country) Ireland
8. Full maiden name of mother: Mary Kate Barlow
Residence of mother (if deceased so state) Brownsburg
Occupation of mother: housewife Race of mother: W
Birthplace of mother (State or foreign country) Ireland

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

Signed: Theresa M. Wynne
New Address

Subscribed and sworn to before me this 22 day of Nov. 1965
John Hambold, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, Hendricks } ss:
County of
Signed: Father
Signed: Mother
Subscribed and sworn to before me this day of 1965
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

We It Remembered, there was filed in my office a marriage license issued by the clerk of the Court of the State of Indiana, Hendricks County, authorizing the joining together as husband and wife of Indiana dated the 26 day of November 1965 and Theresa M Wynne
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Charles Noll hereby certify that on the 27th day of November 1965 at St. Malachy, Brownsburg, County of Hendricks, State of Indiana, Groom Vernon Eugene Ploughe of Hendricks County, State of Indiana, and, Bride Theresa M. Wynne 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 27th day of November 1965. Signed: Rev. Charles Noll
Official Designation: Catholic Priest
day of December 1965
Signed: John Hambold, Jr. Clerk
Hendricks Circuit Court

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 345
File Book 28
Date of Application 22 November 1965

MALE
Medical Examination Report Dated 20 November 1965
Name of Physician Evans L. Lehman M.D.

FEMALE
Medical Examination Report Dated 19 November 1965
Name of Physician Evans L. Lehman 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 William R. Pierson
Date of Birth April 19 1915
Place of Birth (State or foreign country) Oakland, Ill.
Residence Address Rt. 1 Bx 181 Martinsville, Morgan, Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Marion, Ind. 1958
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Truck driver: Trans. Co.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Driver license

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

| Name | Age | Address |
|------|-----|---------|
| | | |

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

11. Full name of father William Stephens Pierson
Residence of father (if deceased so state) Deceased
Occupation of father Race of father white
Birthplace of father (State or foreign country) Oakland, Ill.
12. Full maiden name of mother Lula Belle Hawk
Residence of mother (if deceased so state) Deceased
Occupation of mother Race of mother white
Birthplace of mother (State or foreign country) Oakland, Ill.

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

Signed William R. Pierson

New Address Rt. 1 Bx 181 Martinsville, Ind.

Subscribed and sworn to before me this 22nd day of November, 1965
Clerk John Gambold, Jr. HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:

Signed _____ Father
Signed _____ Mother

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

FEMALE APPLICANT

Name Norma Jean Eaglin
Date of Birth November 23 1925
Place of Birth (State or foreign country) Clay City, Ind.
Residence Address Rt. 2 Bx 119, Indianapolis, Ind.
Maiden Name if Different Norma Jean Miller
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Mar 1964
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Inventory clerk: Inland Cont.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) written proof

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father Emory Pierson Miller
Residence of father (if deceased so state) Deceased
Occupation of father Race of father white
Birthplace of father (State or foreign country) Clay City, Ind.
8. Full maiden name of mother Hallie Eva Marshall
Residence of mother (if deceased so state) Clay City, Ind.
Occupation of mother Housewife Race of mother white
Birthplace of mother (State or foreign country) Ellettsburg, Ill.

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

Signed Norma Jean Eaglin

New Address Same

Subscribed and sworn to before me this 22nd day of November, 1965
Clerk John Gambold, Jr. HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:

Signed _____ Father
Signed _____ Mother

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 26th day of November, 1965, authorizing the joining together as husband and wife William R. Pierson and Norma Jean Eaglin.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Jake M. Greene, hereby certify that on the 28th day of November, one thousand nine hundred and sixty-five at Indianapolis, County of Marion, State of Indiana, Groom William R. Pierson of Morgan County, State of Indiana and, Bride Norma Jean Eaglin 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 28th day of November, 1965.

Signed Jake M. Greene

Official Designation Justice of the Peace
30th day of November, 1965

Signed John Gambold, Jr. Clerk
Hendricks Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 346

File Book 28

22 November 1965
Date of Application

MALE

Medical Examination Report Dated 22 November 1965
Name of Physician L.E. Foltz, M.D.

FEMALE

Medical Examination Report Dated 22 November 1965
Name of Physician L.E. Foltz M.D.

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

MALE APPLICANT

Name First Richard G. Last Konczal
Date of Birth June 10 1935
Place of Birth (State or foreign country) Wyandotte, Michigan
Residence Address 3936 Gateway St., Indpls, Marion, Ind.
Previous Marital Status: Never Married
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Sales Rep. Sinclair Ref.
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify)

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

Name Age Address

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

11. Full name of father Chester Thomas Konczal
Residence of father (if deceased so state) Wyandotte, Mich
Occupation of father Paperman: clerk. Race of father white
Birthplace of father (State or foreign country) Wyandotte, Michigan
12. Full maiden name of mother Margaret Catherine Frisch
Residence of mother (if deceased so state) Wyandotte, Ind.
Occupation of mother Housewife. Race of mother white
Birthplace of mother (State or foreign country) New Boston, Mich

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

Signed Richard G. Konczal
New Address 3936 Gateway St., Indpls, Ind.
Subscribed and sworn to before me this 22nd day of November, 1965
John Sanford P. Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, Hendricks } ss:
County of

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name First Priscilla Middle Last Clements
Date of Birth April 25 1946
Place of Birth (State or foreign country) Dunnville, Kentucky
Residence Address Box 189 Liza, Hendricks, Ind.
Maiden Name if Different
Previous Marital Status: Never Married
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Waitress: M.C.L.
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify)

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father Thomas L. Person Clements
Residence of father (if deceased so state) Liza, Ind.
Occupation of father Farmer Race of father white
Birthplace of father (State or foreign country) Dunnville, Ky.

8. Full maiden name of mother Sarah Engle Jane Thomas
Residence of mother (if deceased so state) Liza, Ind.
Occupation of mother Housewife. Race of mother white
Birthplace of mother (State or foreign country) Pelletton, Ky.

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

Signed Priscilla Clements
New Address Same

Subscribed and sworn to before me this 22nd day of November, 1965
John Sanford P. Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, Hendricks } ss:
County of

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 26 day of November 1965 authorizing the joining together as husband and wife of Richard G. Konczal and Priscilla Clements

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Carl A. Shumaker, hereby certify that on the 27th day of November, 1965, at Indianapolis, County of Marion, State of Indiana, Groom Richard G. Konczal of Hendricks County, State of Indiana, and, Bride Priscilla Clements 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 27th day of November, 1965. Signed Rev. Carl A. Shumaker
Official Designation Roman Catholic Priest
1st day of December, 1965. Signed John Sanford P. Clerk Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 347
File Book 28
23 November 1965
Date of Application

MALE

Medical Examination Report Dated 20 November 1965
Name of Physician Thomas Walker M.D.

FEMALE

Medical Examination Report Dated 20 November 1965
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 Michael William Foster
Date of Birth December 12, 1947
Place of Birth Indianapolis, Indiana
Residence Address 703 Alpha Brownsburg Hwy, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) Unemployed
Usual Occupation Unemployed
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) _____

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

Name Age Address

support? Yes ☐ No ☐
orders issued for Yes ☐ No ☐

Name William Foster
Residence Brownsburg, Ind.
Race of father White
Residence Indianapolis, Ind.
Race of mother White
Residence Indianapolis, Ind.

I depose and state the information given in this application is true and correct.

Signed William Foster
day of November, 1965
Clerk HENDRICKS Circuit Court

I consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

Signed Foster Father
Signed Foster Mother
day of November, 1965
Clerk Gambell

FEMALE APPLICANT

Name Brenda Jane Albertson
Date of Birth October 14, 1949
Place of Birth Indianapolis, Indiana
Residence Address 517 Sunnybrook Dr. Brownsburg Hwy, Ind.
Maiden Name if Different Clark
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) Unemployed
Usual Occupation Unemployed
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) _____

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father Howard Albertson
Residence of father (if deceased so state) Brownsburg, Ind.
Occupation of father Truck Driver: Comm. M.F. Race of father White
Birthplace of father (State or foreign country) Marion Co., Ind.
- Full maiden name of mother Mary Elizabeth Gaalema
Residence of mother (if deceased so state) Brownsburg, Ind.
Occupation of mother Clark: Topps Race of mother White
Birthplace of mother (State or foreign country) Indianapolis, Ind.

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

Signed Brenda Jane Albertson
New Address Same
Subscribed and sworn to before me this 23rd day of November, 1965
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.
Father notarized consent attached.

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father
Signed Mary E. Albertson Mother
Subscribed and sworn to before me this 23rd day of November, 1965
Clerk Gambell

ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Clerk of the County of Hendricks Court by written order issued 23 November 1965 and filed in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties. 32 & age 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 23rd day of November, 1965, authorizing the joining together as husband and wife of Michael William Foster and Brenda Jane Albertson.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
1, Donald E. Riggs hereby certify that on the 28th day of November, one thousand nine hundred and sixty-five at Indianapolis, County of Marion, State of Indiana, Groom Michael William Foster of Hendricks County, State of Indiana and, Bride Brenda Jane Albertson 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 23rd day of November, 1965.

Signed Donald E. Riggs

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 30th day of November, 1965.

Signed John Gambell, Jr. 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. 347
File Book 28
Date of Application 23 November 1965

MALE
Medical Examination Report Dated 20 November 1965
Name of Physician Thomas Walker MD.

FEMALE
Medical Examination Report Dated 20 November 1965
Name of Physician Thomas Walker 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 Michael William Foster
Date of Birth December 12, 1947
Place of Birth Indianapolis, Indiana
Residence Address 703 Alpha Brownsburg Hwy, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) Unemployed
Usual Occupation Unemployed
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Unemployed

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

| Name | Age | Address |
|------|-----|---------|
| | | |

FEMALE APPLICANT

Name Brenda Jane Albertson
Date of Birth October 19, 1949
Place of Birth Indianapolis, Indiana
Residence Address 517 Sunnybrook Dr. Brownsburg Hwy, Ind.
Maiden Name if Different Unemployed
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) Unemployed
Usual Occupation Unemployed
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Unemployed

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father: Howard Albertson
Residence of father (if deceased so state) Brownsburg, Ind.
Occupation of father Truck Driver: Comm. M.F. Race of father White

(foreign country) Mary Elizabeth Gaalema
Brownsburg, Ind.
TOPPS Race of mother White
Indianapolis, Ind.

I Howard Albertson give my
consent for my daughter
Brenda Jane Albertson to marry
Michael William Foster

County of Marion State of Indiana

Howard Albertson
Robert E. Snipson

Notary Public

My commission expires Nov. 29, 1968

I depose and state the information given
in this application is true and correct.

Brenda Jane Albertson
Sane
23rd day of November, 1965
Clerk HENDRICKS Circuit Court

OR GUARDIAN

by give consent for this marriage. If only one parent
sent of the other parent unnecessary

notarized consent

Father

Mother

23rd day of November, 1965

Clerk Samuel Gambell

in refusal to the above named parties, the

23 November 1965 and filed

32 & age Wain

COMPLETE IF MARRIAGE LICENSE ISSUED
in Hendricks County Circuit Court by written order issued 23 November 1965
in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 23rd day of November, 1965, authorizing the joining together as husband and wife of Michael William Foster and Brenda Jane Albertson.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Donald E. Riggs, hereby certify that on the 28th day of November, one thousand nine hundred and sixty-five at Indianapolis, County of Marion, State of Indiana, Groom Michael William Foster of Hendricks County, State of Indiana, and, Bride Brenda Jane Albertson 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 23rd day of November, 1965.

Signed Donald E. Riggs

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 30th day of November, 1965.

Signed John Gambold, Jr. 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. 348
File Book 28
23 November 1965
Date of Application

MALE
Medical Examination Report Dated 22 November 1965
Name of Physician Lloyd Terry M.D.

FEMALE
Medical Examination Report Dated 22 November 1965
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, representa-

MALE APPLICANT
Name John Rader
Date of Birth April 1901
Place of Birth (State or foreign country) Indiana
Residence Address 217 S. Indiana Hendricks Danville, Ind.
Previous Marital Status: Never Married ☐ Divorce ☐ Annulment ☐
Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Administrative: Weber Nursery
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Drives 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
home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages?
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address
(b) Are you supporting or contributing to their support? Yes ☐ No ☐
(c) Are you complying with any court order or orders issued for
their support? Yes ☐ No ☐
11. Full name of father Richard Douglas Rader
Residence of father (if deceased so state) Deceased
Occupation of father _____ Race of father White
Birthplace of father (State or foreign country) Monroe Co., Ind.
12. Full maiden name of mother Phoebe Hudson
Residence of mother (if deceased so state) Deceased
Occupation of mother _____ Race of mother White
Birthplace of mother (State or foreign country) Deceased

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

Signed John L. Rader
New Address 5025 E. Minnesota, N. Ind.
Subscribed and sworn to before me this 23rd day of November, 1965
John Hamilton Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

Clerk

FEMALE APPLICANT
Name Virginia Keeney
Date of Birth July 1917
Place of Birth (State or foreign country) Ohio
Residence Address 5025 E. Minnesota Marion Ind.
Maiden Name if Different Virginia M. Carrico
Previous Marital Status: Never Married ☐ Divorce ☒ Annulment ☐
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Nurse A. J. Weber
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Drives 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 Lee Andrew Carrico
Residence of father (if deceased so state) South Point, Ohio
Occupation of father Retired Race of father White
Birthplace of father (State or foreign country) S. Point, Ohio
8. Full maiden name of mother Gertrude Elizabeth McKee
Residence of mother (if deceased so state) South Point, Ohio
Occupation of mother Housewife Race of mother White
Birthplace of mother (State or foreign country) S. Point, Ohio

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

Signed Virginia M. Keeney
New Address Same
Subscribed and sworn to before me this 23rd day of November, 1965
John Hamilton Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court
of Indiana dated the 22th day of November, 1965, authorizing the joining together as husband and wife
John L. Rader and Virginia M. Keeney
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, George A. Harris hereby certify that on the 27th day of November,
one thousand nine hundred and sixty five at The Danville Christian Church, County of Hendricks,
State of Indiana, Groom John L. Rader of Hendricks County, State of Indiana,
and, Bride Virginia M. Keeney 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 27th day of November, 1965. Signed Rev. George A. Harris
Official Designation Minister
Filed and recorded in accordance with the laws of the State of Indiana this 29th day of November, 1965.
Signed John Hamilton, Jr. 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. 349
File Book 28
Date of Application 11-26-65

MALE
Medical Examination Report Dated 11-24-65
Name of Physician Carl L. Heinlein M.D.

FEMALE
Medical Examination Report Dated 11-24-65
Name of Physician Carl L. Heinlein 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 Denver Widner
Date of Birth March 4 1945
Place of Birth (State or foreign country) Cornettsville Kentucky
Residence Address 396 E Main St Danville Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Steel Worker
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

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

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

11. Full name of father Bass Widner
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 Martha Shipyard
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, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Denver Widner
New Address _____

Subscribed and sworn to before me this 26 day of Nov., 1965.
John Hambold, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

See attached Order of the Court waiving requirement of signatures filed in drawer in clerks room
State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother

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

FEMALE APPLICANT
Name Charlotte Nease
Date of Birth June 4 1947
Place of Birth (State or foreign country) Berham Kentucky
Residence Address 205 Cook Ave Danville Ind.
Maiden Name if Different _____
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Danville Wholesale Meats
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

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

7. Full name of father Ollie Emory Nease
Residence of father (if deceased so state) Kentucky
Occupation of father Coal Miner Race of father W
Birthplace of father (State or foreign country) Kentucky

8. Full maiden name of mother Audrey Ethel Morris
Residence of mother (if deceased so state) Kentucky
Occupation of mother housewife Race of mother W
Birthplace of mother (State or foreign country) Kentucky

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

Subscribed and sworn to before me this 26 day of Nov., 1965.
John Hambold, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Hendricks County Circuit Court by written order issued 11-26-65 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 26 day of November, 1965, authorizing the joining together as husband and wife

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

I, Fred A. Ash, hereby certify that on the 28th day of November, one thousand nine hundred and sixty-five at Danville, County of Hendricks, State of Indiana, Groom Denver Widner of Hendricks County, State of Indiana and, Bride Charlotte L. Nease 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 28th day of November, 1965.
Signed Fred A. Ash
Official Designation Pastor of Apostolic Church
1st day of December, 1965.

Signed John Hambold, Jr. Clerk
Hendricks Circuit Court

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 350
File Book K 28
Date of Application 26 November 1965

MALE
Medical Examination Report Dated 23 November 1965
Name of Physician James M. Himler MD

FEMALE
Medical Examination Report Dated 23 November 1965
Name of Physician James M. Himler 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, representa-

MALE APPLICANT

Name Dudley Robinson
Date of Birth February 19 1918
Place of Birth Brazil, Indiana
Residence Address 9825 W. Wash, Indianapolis, Ind. Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Formerly Ala. 64 Married
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Bus Operator: Indpls Transit
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Driver's Lic.

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

Name Age Address
Wallace Eugene 18 Fairhope, Ala

- (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 Thomas Robinson
Residence of father (if deceased so state) Deceased
Occupation of father white
Race of father white
Birthplace of father (State or foreign country) Brazil, Indiana
12. Full maiden name of mother Clellie Schrefflerman
Residence of mother (if deceased so state) Deceased
Occupation of mother white
Race of mother white
Birthplace of mother (State or foreign country) Brazil, Indiana

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

Signed Dudley Robinson
New Address 9825 W. Wash, Hi 40 TP.
Subscribed and sworn to before me this 26th day of November, 1965
John G. Samuels Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

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

Clerk

FEMALE APPLICANT

Name Betty A. Dickerson
Date of Birth January 8 1918
Place of Birth Indianapolis, Indiana
Residence Address 421 Temple, Indpls, Marion, Ind.
Maiden Name if Different Betty A. Hilgadiack
Previous Marital Status: Never Married ☐ Number of Previous Marriages 4
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
1936: 8 1944, 1953, 1962 Married
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Sales clerk: Spiegel's
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) written proof

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 Ernest Hilgadiack
Residence of father (if deceased so state) Indianapolis, Ind.
Occupation of father Retired Race of father white
Birthplace of father (State or foreign country) Frankville, Ind.
8. Full maiden name of mother Ruby Sims
Residence of mother (if deceased so state) Deceased
Occupation of mother white Race of mother white
Birthplace of mother (State or foreign country) Spencer, Ind.

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

Signed Betty A. Dickerson
New Address Same
Subscribed and sworn to before me this 26th day of November, 1965
John G. Samuels Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

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

Clerk

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

We It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 30 day of November, 1965, authorizing the joining together as husband and wife of Dudley Robinson and Betty A. Dickerson
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Walter Bradford, hereby certify that on the 30th day of November, 1965, at Indianapolis, County of Marion, State of Indiana, Groom Dudley Robinson of Hendricks County, State of Indiana and, Bride Betty A. Dickerson 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 30th day of November, 1965.

Signed Walter Bradford
Official Designation Justice of Peace, 1965
3rd day of December
Signed John G. Samuels, Jr. Clerk
Hendricks Circuit Court

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 351
File Book K 28
Date of Application 27 November 1965

MALE
Medical Examination Report Dated 8 November 1965
Name of Physician Joseph E. Ball MD

FEMALE
Medical Examination Report Dated 8 November 1965
Name of Physician Joseph E. Ball 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 David William Crosby
Date of Birth January 26, 1946
Place of Birth Schenectady New York
Residence Address R2 Bx 14 Clayton, Hendricks, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation College Student: Ind State U.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Driver's license

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

| Name | Age | Address |
|------------------------|-----|---------------|
| William Charles Crosby | | Clayton, Ind. |
| Betty Jane Thompson | | Clayton, Ind. |

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

11. Full name of father William Charles Crosby
Residence of father (if deceased so state) Clayton, Ind.
Occupation of father Eng. Staff Adj. Dir. Race of father white
Birthplace of father (State or foreign country) Indianapolis, Ind.
12. Full maiden name of mother Betty Jane Thompson
Residence of mother (if deceased so state) Clayton, Ind.
Occupation of mother Housewife Race of mother white
Birthplace of mother (State or foreign country) Indianapolis, Ind.

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

Signed David W. Crosby
New Address 1645 E. Main, P. H. 1, Ind.
Subscribed and sworn to before me this 27th day of November, 1965
Clerk John Lambell HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of _____

Signed William C. Crosby Father
Signed Betty Jane Thompson Mother
Subscribed and sworn to before me this 27th day of November, 1965
Clerk John Lambell

FEMALE APPLICANT
Name Linda B. Gleason
Date of Birth April 25, 1944
Place of Birth Cedar Rapids, Iowa
Residence Address 1645 E. Main, Plainfield, Ind.
Maiden Name if Different _____
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Secretary: Imp. Casualty
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Driver's lic.

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father Oscar Frank Gleason
Residence of father (if deceased so state) Lebanon, Ind.
Occupation of father Super. Trucks Race of father white
Birthplace of father (State or foreign country) Mechanicsville, Iowa

8. Full maiden name of mother Dorothy Gertrude Stoneking
Residence of mother (if deceased so state) Plainfield, Ind.
Occupation of mother Housewife Race of mother white
Birthplace of mother (State or foreign country) Lebanon, Iowa

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

Signed Linda B. Gleason
New Address same

Subscribed and sworn to before me this 27th day of November, 1965
Clerk John Lambell HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of _____

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana dated the 3 day of Dec., 1965, authorizing the joining together as husband and wife of David William Crosby and Linda B. Gleason.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, C. Luther Bostrom, hereby certify that on the 18th day of December, one thousand nine hundred and 65, at Clayton, County of Hendricks, State of Indiana, Groom David William Crosby of Hendricks County, State of Indiana, and, Bride Linda B. Gleason of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.
Dated this 18th day of December, 1965.

Filed and recorded in accordance with the laws of the State of Indiana this 3rd day of January, 1966.

Signed C. Luther Bostrom
Official Designation Presbyterian Minister
Signed John Lambell 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. 352
File Book 28
Date of Application 27 November 1965

MALE

Medical Examination Report Dated 22 November 1965
Name of Physician T.V. Petranoff, M.D.

FEMALE

Medical Examination Report Dated 22 November 1965
Name of Physician T.V. Petranoff, M.D.

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

MALE APPLICANT

Name Michael Frederick Schenk
Date of Birth April 12 1916
Place of Birth Indianapolis, Ind.
Residence Address 730 S. 41 Louisville, Ky.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) Mexican

Usual Occupation Maintenance: Sunnybook.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Drugs license.

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

| Name | Age | Address |
|------|-----|---------|
| | | |

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

11. Full name of father Michael Schenk
Residence of father (if deceased so state) Deceased.
Occupation of father Deceased. Race of father white
Birthplace of father (State or foreign country) Evansville, Ind.
12. Full maiden name of mother Minnie Katherine Abop
Residence of mother (if deceased so state) Deceased. Race of mother white
Occupation of mother Deceased. Birthplace of mother (State or foreign country) Rosine, Ky.

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

Signed Michael F. Schenk
New Address Louisville, Ky.

Subscribed and sworn to before me this 27th day of November, 1965
Clerk John Samuels HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of HENDRICKS

Signed _____ Father
Signed _____ Mother

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

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 3rd day of December, 1965, authorizing the joining together as husband and wife of Michael Frederick Schenk and Mary Evelyn Conway.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, R.B. Pickard, hereby certify that on the 3rd day of December, at Parisville, County of Hendricks, one thousand nine hundred and sixty-five of Jefferson County, State of Indiana, State of Indiana, Groom Michael Frederick Schenk of Marion County, State of Indiana, and, Bride Mary Evelyn Conway of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.
Dated this 3rd day of December, 1965.

Signed R.B. Pickard
Official Designation Justice of the Peace
3rd day of December, 1965.
Signed John Samuels, Jr. Clerk
Hendricks Circuit Court

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 353
File Book 28
Date of Application 29 November 1965

MALE
Medical Examination Report Dated 18 November 1965
Name of Physician Norman E. Whitney D.O.

FEMALE
Medical Examination Report Dated 18 November 1965
Name of Physician Norman E. Whitney D.O.

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 Charles R. Pryor
Date of Birth June 21 1924
Place of Birth Morgan Co., Indiana
Residence Address R.R. 3 Mooreville, Morgan, Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 3
Last Marriage Ended By: Merced Co. Cal. 42 Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) Morgan: Aug 63
Usual Occupation Truck Driver, Motor Exp. Adj.
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

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

(a) List their full names, ages and addresses

| Name | Age | Address |
|---------------|-----|---------------|
| Danna Lynn | 12 | R3 Mooreville |
| Sharon Sue | 11 | |
| Chas. Jr. | 10 | |
| Christina Mae | 9 | |
| Dwight Allen | 7 | |
| Stephen | 5 | |

(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: Jewey Raymond Pryor
Residence of father (if deceased so state): Mooreville, Ind.
Occupation of father: Retired Race of father: white
Birthplace of father (State or foreign country): Morgan Co., Ind.

12. Full maiden name of mother: Eva Mae Weddle
Residence of mother (if deceased so state): Mooreville, Ind.
Occupation of mother: Housewife Race of mother: white
Birthplace of mother (State or foreign country): Tenn. Haute, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed: Charles R. Pryor
New Address: Morgan Co., Ind. (containing)
Subscribed and sworn to before me this 29th day of November, 1965
Clerk: John Gambell HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary _____

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

FEMALE APPLICANT

Name Margaret A. Hornaday
Date of Birth September 21 1920
Place of Birth Morgan Co., Indiana
Residence Address 117 W. Tenny, Danville, Ind.
Maiden Name if Different Margaret A. Bain
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Morgan Aug 65 Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Housewife
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

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

8. Full maiden name of mother: Emma Elva Keys
Residence of mother (if deceased so state): Mooreville, Ind.
Occupation of mother: Housewife Race of mother: white
Birthplace of mother (State or foreign country): Morgan Co., Ind.

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

Signed: Margaret Hornaday
New Address: Same
Subscribed and sworn to before me this 29th day of November, 1965
Clerk: John Gambell HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary _____

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana dated the 29th day of December, 1965, authorizing the joining together as husband and wife of Charles R. Pryor and Margaret A. Hornaday.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rew Ralph P. Wade hereby certify that on the 4th day of December, one thousand nine hundred and sixty-five at R.R. 3, Mooreville, County of Morgan, State of Indiana, Groom Charles R. Pryor of Morgan County, State of Indiana and, Bride Margaret A. Hornaday 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 December, 1965.

Signed: Rew Ralph P. Wade, Pastor
Official Designation: Friendswood Baptist Church
Clerk: John Gambell, Jr.
Subscribed and sworn to before me this 6th day of December, 1965
Clerk: Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 354
File Book 28
3 December 1965
Date of Application

MALE
Medical Examination Report Dated 1 December 1965
Name of Physician R. M. Vandier MD

FEMALE
Medical Examination Report Dated 1 December 1965
Name of Physician R. M. Vandier 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 John First Michael Middle Musgrave Last
Date of Birth July Month 8 Day 1941 Year
Place of Birth Robinson, Ill. (State or foreign country)
Residence Address 309 Duffey, Plainfield, Ind. Street or R. R. City County State
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Med student: 1 yrb.
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Dr. M. L. C.

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

| Name | Age | Address |
|--|---|---------|
| (b) Are you supporting or contributing to their support? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| (c) Are you complying with any court order or orders issued for their support? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 11. Full name of father <u>John Everett Musgrave</u> | | |
| Residence of father (if deceased so state) <u>Plainfield, Ind.</u> | | |
| Occupation of father <u>Supt. Refines Trans.</u> Race of father <u>white</u> | | |
| Birthplace of father (State or foreign country) <u>Hutsonville, Ill.</u> | | |
| 12. Full maiden name of mother <u>Martha Melissa Raigs</u> | | |
| Residence of mother (if deceased so state) <u>Plainfield, Ind.</u> | | |
| Occupation of mother <u>Housewife</u> Race of mother <u>white</u> | | |
| Birthplace of mother (State or foreign country) <u>Hutsonville, Ind.</u> | | |

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed John Michael Musgrave
New Address 201 Turtle Creek N. Dr. Apt 9
Subscribed and sworn to before me this 3rd day of December, 1965
Clerk John G. Smith Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

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

FEMALE APPLICANT
Name Portia First Elaine Middle Mutschler Last
Date of Birth November Month 12 Day 1942 Year
Place of Birth South Bend, Indiana (State or foreign country)
Residence Address 201 N. Madison, Elkhart, Nappanee, Ind. Street or R. R. City County State
Maiden Name if Different _____

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 Carlyle Albert Mutschler
- Residence of father (if deceased so state) Nappanee, Ind.
- Occupation of father Pres. Kitchen Ind. Race of father white
- Birthplace of father (State or foreign country) Nappanee, Ind.
8. Full maiden name of mother Mary Alice Parks
- Residence of mother (if deceased so state) Nappanee, Ind.
- Occupation of mother Housewife Race of mother white
- Birthplace of mother (State or foreign country) Liberty, Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Portia Elaine Mutschler
New Address Same
Subscribed and sworn to before me this 3rd day of December, 1965
Clerk John G. Smith Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 7th day of December, 1965, authorizing the joining together as husband and wife of John Michael Musgrave and Portia Elaine Mutschler.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Harold M. Mascher, hereby certify that on the 18th day of December, 1965, at Elkhart Nappanee, County of Elkhart, State of Indiana, Groom John Michael Musgrave of Hendricks County, State of Indiana, and, Bride Portia Elaine Mutschler of Elkhart 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 18th day of December, 1965.
Signed Harold M. Mascher
Official Designation Methodist Minister, 1966
Signed John G. Smith Clerk
Hendricks Circuit Court

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 355
File Book 28
Date of Application 4 December 1965

MALE
Medical Examination Report Dated 29 November 1965
Name of Physician Irving Cohen M.D.

FEMALE
Medical Examination Report Dated 29 November 1965
Name of Physician Irving Cohen M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT
Name Robert S. Fluney Sr.
Date of Birth March 1911
Place of Birth (State or foreign country) Manhattan, New York
Residence Address Rt 3 Box 83 Plainfield, Ind.
Previous Marital Status: Never Married ☐ Divorce ☐ Annulment ☐
Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Electrician: Robinson Ind.
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

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

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

11. Full name of father Robert John Fluney Sr.
Residence of father (if deceased so state) Plainfield, Ind.
Occupation of father Retired Race of father white
Birthplace of father (State or foreign country) Carlin, Ontario, Canada
12. Full maiden name of mother Elizabeth Anna Maloney
Residence of mother (if deceased so state) Deceased
Occupation of mother _____ Race of mother white
Birthplace of mother (State or foreign country) Liverpool, England

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

Signed Robert J. Fluney Sr.
New Address Rt 3 Box 83, Plainfield, Ind.
Subscribed and sworn to before me this 4th day of December, 1965
Clerk John Gambold Jr. HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS ss:
County of _____

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

FEMALE APPLICANT
Name Zella Gao
Date of Birth September 21 1921
Place of Birth (State or foreign country) Liberty, Kentucky
Residence Address 40 Butler Dr. Plainfield, Ind.
Maiden Name if Different Zella Wilham
Previous Marital Status: Never Married ☐ Divorce ☐ Annulment ☐
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Practical Nurse
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

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

8. Full maiden name of mother Mary Eliza Farls
Residence of mother (if deceased so state) Mooreville, Ind.
Occupation of mother Housewife Race of mother white
Birthplace of mother (State or foreign country) Liberty, Ky.

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

Signed Zella Gao
New Address Same
Subscribed and sworn to before me this 4th day of December, 1965
Clerk John Gambold Jr. HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS ss:
County of _____

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 8 day of December, 1965, authorizing the joining together as husband and wife of Robert J. Fluney, Jr. and Zella Gao.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
1. Bill P. Russell hereby certify that on the 10th day of December, one thousand nine hundred and sixty-five at Plainfield, County of Hendricks, State of Indiana, Groom Robert J. Fluney, Jr. of Hendricks County, State of Indiana and, Bride Zella Gao 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 December, 1965.

Signed R. P. Russell, Minister
Official Designation Church of The Nazarene
Filed and recorded in accordance with the laws of the State of Indiana this 14th day of December, 1965.
Signed John Gambold, Jr. 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. 556
File Book 28
Date of Application Dec 6-1965

MALE
Medical Examination Report Dated 12-2-65
Name of Physician Lloyd Jerry M.D.

FEMALE
Medical Examination Report Dated 12-6-65
Name of Physician Lloyd Jerry M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, represents or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT
Name Roger J. Stroke
Date of Birth June 27 1943
Place of Birth (State or foreign country) Columbus Ind.
Residence Address R 8 Columbus Bartholomew 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)
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? ☐ Yes ☒ No
Of Unsound Mind? ☐ Yes ☒ No
 - Are you under guardianship as a person of unsound mind?
☐ Yes ☒ No
 - Have you been within five (5) years an inmate of a county asylum or home for indigent persons?
If answer to 3 is "yes" has the cause of such condition been removed?
☐ Yes ☒ No
 - Are you afflicted with a transmissible disease? ☐ Yes ☒ No
 - Are you related to the bride closer than second cousin? ☐ Yes ☒ No
 - Are you now under the influence of intoxicating liquor? ☐ Yes ☒ No
 - Are you now under the influence of a narcotic drug? ☐ Yes ☒ No
 - Are you able to support a family? ☐ Yes ☒ No
 - Are you likely to so continue? ☐ Yes ☒ No
 - Do you have minor children from one or more former marriages?
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

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

11. Full name of father Franklin Strohe
Residence of father (if deceased so state) Columbus
Occupation of father Retired Race of father W
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Josephine Brandt
Residence of mother (if deceased so state) Columbus
Occupation of mother housewife Race of mother W
Birthplace of mother (State or foreign country) Indiana

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

Subscribed and sworn to before me this 6 day of Dec, 1965
John Gambold, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

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

FEMALE APPLICANT
Name Marcia K. Rinderknecht
Date of Birth May 5 1947
Place of Birth (State or foreign country) Ind.
Residence Address Indianspolis Ind.
Maiden Name if different: R 3 Box 363 Danville Hend.
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) Explosion Record

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

7. Full name of father William Russell Rinderknecht
Residence of father (if deceased so state) Danville
Occupation of father Wood lathe maker Race of father W
Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Evangelina Miller
Residence of mother (if deceased so state) Danville
Occupation of mother housewife Race of mother W
Birthplace of mother (State or foreign country) S. Carolina

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

Subscribed and sworn to before me this 6 day of Dec, 1965
John Gambold, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 10th day of December, 1965 authorizing the joining together as husband and wife of Roger J. Stroke and Marcia K. Rinderknecht.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Edward McLaughlin hereby certify that on the 11th day of December, 1965 at Danville, County of Hendricks, one thousand nine hundred and sixty-five as Bartholomew, County, State of Indiana, State of Indiana, Groom Roger J. Stroke of Hendricks, County, State of Indiana, and, Bride Marcia K. Rinderknecht 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.
Filed this 11th day of December, 1965.

Signed Edward McLaughlin
Official Designation Catholic Priest - Pastor
13th day of December, 1965
Signed John Gambold, Jr. Clerk
Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 357
File Book 28
Date of Application 9 December 1965

MALE
Medical Examination Report Dated 6 December 1965
Name of Physician Steven Glock M.D.

FEMALE
Medical Examination Report Dated 6 December 1965
Name of Physician Steven Glock 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 Harry G. Rickenback Jr.
Date of Birth September 5, 1947
Place of Birth Indianapolis, Indiana
Residence Address 1036 Spring Crest Plainfield, Ind.
Previous Marital Status: ☒ Never Married ☐ Number of Previous Marriages 0
Last Marriage Ended By: ☐ Death ☐ Divorce ☐ Annulment ☐
Color or Race ☒ White ☐ Negro ☐ Other ☐ (specify) W.A. Butler Co.
Usual Occupation Truck Driver
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

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

(If yes, answer questions a, b, c)

(a) List their full names, ages and addresses

Name Age Address

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

11. Full name of father Harry Gilbert Rickenback Sr.
Residence of father (if deceased so state) Plainfield, Ind.
Occupation of father Machinist Race of father white
Birthplace of father (State or foreign country) Indianapolis, Ind.
12. Full maiden name of mother Marcella Irene Davis
Residence of mother (if deceased so state) Plainfield, Ind.
Occupation of mother Book: W.A. Butler Co. Race of mother white
Birthplace of mother (State or foreign country) Wisconsin

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

Signed Harry G. Rickenback
New Address 981 N. Main St., Danville, Ind.

Subscribed and sworn to before me this 9th day of December, 1965.
Clerk John Samuels HENDRICKS Circuit Court

PARENTS, PARENT OR GUARDIAN

We, the parents, of 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 parents notarized consent attached

HENDRICKS } ss:

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this 13th day of December, 1965.
Clerk John Samuels HENDRICKS Circuit Court

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 _____ 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 dated the 13th day of December, 1965, authorizing the joining together as husband and wife of Harry G. Rickenback Jr. and Cheryl L. Ford.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Darrell W. Cox, Pastor hereby certify that on the 13th day of December, one thousand nine hundred and sixty-five at Maple Grove Baptist Church County of Hendricks, State of Indiana, Groom Harry G. Rickenback Jr. of Hendricks County, State of Indiana, and, Bride Cheryl L. Ford 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 13th day of December, 1965.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1965.

Signed Darrell W. Cox, Pastor
Official Designation Maple Grove Baptist Church
Signed John Samuels, Jr. 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. 357
File Book 28
Date of Application 9 December 1965

MALE
Medical Examination Report Dated 6 December 1965
Name of Physician Steven Glock M.D.

FEMALE
Medical Examination Report Dated 6 December 1965
Name of Physician Steven Glock 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 Harry G. Rickenback Jr.
Date of Birth September 5, 1947
Place of Birth Indianapolis, Indiana
Residence Address 1036 Spring Crest Plainfield, Ind.
Previous Marital Status: ☒ Never Married ☐ Number of Previous Marriages 0
Last Marriage Ended By: ☐ Death ☐ Divorce ☐ Annulment ☐
Color or Race ☒ White ☐ Negro ☐ Other ☐ (specify) W.A. Butler Co.
Usual Occupation Truck Driver
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

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

(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

| Name | Age | Address |
|-------------------------|-----|------------------|
| Harry G. Rickenback Sr. | | Plainfield, Ind. |
| Marcella Irene Davis | | Plainfield, 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
- Full name of father Harry G. Rickenback Sr.
Residence of father (if deceased so state) Plainfield, Ind.
Occupation of father Machinist Race of father White
Birthplace of father (State or foreign country) Indianapolis, Ind.
 - Full maiden name of mother Marcella Irene Davis
Residence of mother (if deceased so state) Plainfield, Ind.
Occupation of mother Cook Race of mother White
Birthplace of mother (State or foreign country) Wisconsin

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

Signed Harry G. Rickenback Jr.
New Address 981 N. Main St., Danville, Ind.
Subscribed and sworn to before me this 9th day of December, 1965

FEMALE APPLICANT
Name Cheryl L. Ford
Date of Birth June 1, 1947
Place of Birth Indianapolis, Indiana
Residence Address R2 Bx 78 Indianapolis, Ind.
Maiden Name if Different _____
Previous Marital Status: ☒ Never Married ☐ Number of Previous Marriages 0
Last Marriage Ended By: ☐ Death ☐ Divorce ☐ Annulment ☐
Color or Race ☒ White ☐ Negro ☐ Other ☐ (specify) _____
Usual Occupation Unemployed
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify) _____
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? ☐ No ☒ Yes
 - Are you under guardianship as a person of unsound mind? ☐ No ☒ Yes
 - Are you afflicted with a transmissible disease? ☐ No ☒ Yes
 - Are you related to the groom closer than second cousin? ☐ No ☒ Yes
 - Are you now under the influence of intoxicating liquor? ☐ No ☒ Yes
 - Are you now under the influence of a narcotic drug? ☐ No ☒ Yes
 - Full name of father James Leroy Ford Sr.
Residence of father (if deceased so state) Indianapolis, Ind.
Occupation of father Dispatcher Eastern Race of father White
Birthplace of father (State or foreign country) Indianapolis, Ind.
 - Full maiden name of mother Mildred Maud Myers
Residence of mother (if deceased so state) Indianapolis, Ind.
Occupation of mother Housewife Race of mother White
Birthplace of mother (State or foreign country) Indianapolis, Ind.

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

Signed Cheryl L. Ford
New Address Same
Subscribed and sworn to before me this 9th day of December, 1965

John G. Gault, Jr. Clerk
HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent gives consent, the consent of the other parent unnecessary.

Harry G. Rickenback Sr.
I, Marcella Rickenback, hereby give my consent for my son Harry G. Rickenback Jr. to marry Cheryl Ford.

Subscribed and sworn to before me this 13th day of Dec, 1965

Meredith L. Pope
Notary Public

My Commission Expires Feb 4, 1969

of Indiana dated the 13th day of December, 1965.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Barrell W. Cox, Pastor, hereby certify that on the 13th day of December, 1965, at Maple Grove Baptist Church, County of Hendricks, State of Indiana, Groom Harry G. Rickenback Jr. of Hendricks County, State of Indiana, and Bride Cheryl L. Ford 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 13th day of December, 1965.

Signed Barrell W. Cox, Pastor
Official Designation Maple Grove Baptist Church
Signed John G. Gault, Jr. Clerk
Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 16th day of December, 1965.

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

No. 358File Book 28Date of Application 10 December 1965**MALE**

Medical Examination Report Dated 3 December 1965
Name of Physician Donald D. Cheesman M.D.

FEMALE

Medical Examination Report Dated 3 December 1965
Name of Physician Donald D. Cheesman

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

MALE APPLICANT

Name Squire S. Fritz
Date of Birth August 17 1925
Place of Birth (State or foreign country) Indiana
Residence Address 3425 Kentucky Danville, Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Hendricks
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation RR Mail Clerk
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Drives License

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

(a) List their full names, ages and addresses

| Name | Age | Address |
|------|-----|---------|
| | | |

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

11. Full name of father Younger Fritz
Residence of father (if deceased so state) Deceased
Occupation of father Deceased
Birthplace of father (State or foreign country) Brazil, Ind.
12. Full maiden name of mother Inez Marie Trout
Residence of mother (if deceased so state) Deceased
Occupation of mother Deceased
Birthplace of mother (State or foreign country) Clay Co., Ind.

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

Signed Squire J. Fritz
New Address Indianapolis, Ind.
Subscribed and sworn to before me this 10th day of December, 1965
Clerk John G. Hamblin HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of _____

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

FEMALE APPLICANT

Name E. Joan Tooops
Date of Birth January 22 1933
Place of Birth (State or foreign country) Indiana
Residence Address 442 N. Walcott Indianapolis, Mar. Ind.
Maiden Name if Different Joan Slone
Previous Marital Status: Never Married ☐ Number of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Marion Ind.
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Factory worker
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) _____

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father Henry Eston Slone
Residence of father (if deceased so state) Indianapolis, Ind.
Occupation of father Fuel oil Drive: DX Race of father white
Birthplace of father (State or foreign country) Indianapolis, Ind.
- Full maiden name of mother Catherine Virginia Thomas
Residence of mother (if deceased so state) Mishawaka, Ind.
Occupation of mother Housewife Race of mother white
Birthplace of mother (State or foreign country) Louisville, Ky.

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

Signed E. Joan Tooops
New Address Same
Subscribed and sworn to before me this 10th day of December, 1965
Clerk John G. Hamblin HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of _____

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 14 day of December, 1965, authorizing the joining together as husband and wife of Squire J. Fritz and E. Joan Tooops.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Eugene E. Crawley, hereby certify that on the 14th day of December,
one thousand nine hundred and sixty-five at Plainfield, County of Hendricks,
State of Indiana, Groom Squire J. Fritz of Marion County, State of Indiana,
and, Bride E. Joan Tooops 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 14th day of December, 1965. Signed Eugene E. Crawley
Official Designation Justice of Peace, 1965.
Signed John G. Hamblin, Jr. Clerk
Hendricks Circuit Court

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 359
File Book 28
Date of Application 11 December 1965

MALE

Medical Examination Report Dated 20 December 1965
Name of Physician Lloyd Terry M.D.

FEMALE

Medical Examination Report Dated 29 November 1965
Name of Physician Elmer H. Koch 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 Elvin R. Cassidy
Date of Birth March 16, 1944
Place of Birth Indianapolis, Ind.
Residence Address R2 Bx82 Danville, Hend. Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Armer. U.S. Army
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

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

Name Age Address

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

11. Full name of father Ernest Willard Cassidy
Residence of father (if deceased so state) Danville, Ind.
Occupation of father Assemblyman Race of father white
Birthplace of father (State or foreign country) Hendricks Co., Ind.
12. Full maiden name of mother Florence Virginia McHugh
Residence of mother (if deceased so state) Danville, Ind.
Occupation of mother Clerk: ISP Race of mother white
Birthplace of mother (State or foreign country) Putnam Co., Ind.

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

Signed Elvin R. Cassidy

New Address Ft. Hood, Tex

Subscribed and sworn to before me this 20th day of December, 1965
Clerk John Samuel Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father

Signed _____ Mother

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

FEMALE APPLICANT

Name Kathleen M. Darison
Date of Birth June 13, 1945
Place of Birth Rensselaer, Indiana
Residence Address 299 S. Indiana, Danville, Hend. Ind.
Maiden Name if Different _____
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Clerk: Blue Cross
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

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

7. Full name of father Oscar Samuel Darison
Residence of father (if deceased so state) Danville, Ind.
Occupation of father Teacher: Fulton Race of father white
Birthplace of father (State or foreign country) Shoals, Ind.
8. Full maiden name of mother Mary Kathryn Glazebrook
Residence of mother (if deceased so state) Danville, Ind.
Occupation of mother Teacher: Avon Race of mother white
Birthplace of mother (State or foreign country) Lafayette, Ind.

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

Signed Kathleen M. Darison

New Address Same

Subscribed and sworn to before me this 11th day of December, 1965
Clerk John Samuel Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father

Signed _____ Mother

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 22nd day of December, 1965, authorizing the joining together as husband and wife of Elvin R. Cassidy and Kathleen M. Darison.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Edward McLaughlin hereby certify that on the 22nd day of December, one thousand nine hundred and 65 at Danville, County of Hendricks, State of Indiana, Groom Elvin R. Cassidy of Hendricks County, State of Indiana and, Bride Kathleen M. Darison 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 December, 1965.

Signed Edward McLaughlin

Official Designation Catholic Priest - Pastor

Signed John Samuel Clerk

Subscribed and sworn to before me this 3rd day of January, 1966
Clerk John Samuel Circuit Court

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 360
File Book 28
Date of Application 11 December 1965

MALE

Medical Examination Report Dated 10 December 1965
Name of Physician Wloyd J. Terry M.D.

FEMALE

Medical Examination Report Dated 10 December 1965
Name of Physician Wloyd J. 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 Willard S. Berry
Date of Birth July 20 1921
Place of Birth (State or foreign country) Amo, Indiana
Residence Address Rt 1 Box 886 Danville, 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 Typewriter Opr. Mechanic
Date of birth verified by ☐ Birth Cert. ☐ Judicial Decree ☒ Other (Specify) Drives Lic.

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

| Name | Age | Address |
|--|-----------------------------|---------|
| (b) Are you supporting or contributing to their support? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | |
| (c) Are you complying with any court order or orders issued for their support? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | |
| 11. Full name of father <u>Willard John Berry Sr.</u> | | |
| Residence of father (if deceased so state) <u>Deceased</u> | | |
| Occupation of father _____ | Race of father <u>white</u> | |
| Birthplace of father (State or foreign country) <u>Casey, Ill.</u> | | |
| 12. Full maiden name of mother <u>Lula Antie Miller</u> | | |
| Residence of mother (if deceased so state) <u>Danville, Ind.</u> | | |
| Occupation of mother <u>Housewife</u> | Race of mother <u>white</u> | |
| Birthplace of mother (State or foreign country) <u>Crawfordsville, Ind.</u> | | |

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Willard J. Berry
New Address _____
Subscribed and sworn to before me this 11th day of December, 1965
Clerk John Samuel HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

FEMALE APPLICANT

Name Doris H. Hubbard
Date of Birth February 3 1928
Place of Birth (State or foreign country) Georgetown, Ill.
Residence Address 560 W. Mill Danville, Ind.
Maiden Name if Different Doris Smith
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 Book Keeper

- Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☒ Other (Specify) Drives Lic.
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
 2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
 4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
 5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father Joseph Smith
Residence of father (if deceased so state) Deceased
Occupation of father _____ Race of father white
Birthplace of father (State or foreign country) Danville, Ill.
8. Full maiden name of mother Lora Lora Stark
Residence of mother (if deceased so state) Georgetown, Ill.
Occupation of mother Housewife Race of mother white
Birthplace of mother (State or foreign country) Georgetown, Ill.

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

Signed Doris Hubbard
New Address _____
Subscribed and sworn to before me this 11th day of December, 1965
Clerk John Samuel HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license has been refused to the above named parties, the _____ and filed _____
Court by written order issued _____
County _____
in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 18th day of December, 1965, authorizing the joining together as husband and wife of Willard J. Berry and Doris Hubbard.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Marvin W. Cook at Danville, County of Hendricks, State of Indiana,
one thousand nine hundred and sixty-five of Hendricks County, State of Indiana,
State of Indiana, Groom Willard J. Berry of Hendricks County, State of Indiana,
and, Bride Doris Hubbard 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 18th day of December, 1965.

Signed Marvin W. Cook
Official Designation Minister, 1965.
Subscribed and sworn to before me this 21st day of December, 1965.
Clerk John Samuel HENDRICKS Circuit Court

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No.

File

Date of Application

361

Book 28

11 December 1965

MALE

Medical Examination Report Dated

7 December 1965

Name of Physician

Thos. M. Walker M.D.

FEMALE

Medical Examination Report Dated

7 December 1965

Name of Physician

Thos. M. 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 Gary L. Hughes
Date of Birth August 14 1943
Place of Birth (State or foreign country) Finley, Ohio
Residence Address 110 Franklin, Brownsburg, Hendricks, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) Dr. of Card.
Usual Occupation Machinist: Allison
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Dr. of Card.

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

Name Age Address

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

11. Full name of father Bill Billow Hughes
Residence of father (if deceased so state) Port Clinton, Ohio
Occupation of father Machinist Race of father white
Birthplace of father (State or foreign country) Finley, Ohio
12. Full maiden name of mother Ruth M. Gamble
Residence of mother (if deceased so state) Port Clinton, Ohio
Occupation of mother housewife Race of mother white
Birthplace of mother (State or foreign country) Finley, Ohio

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

Signed

New Address

Subscribed and sworn to before me this 11th day of December, 1965
Clerk John S. Smith HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of HENDRICKS

Signed

Signed

Father

Mother

Subscribed and sworn to before me this 11th day of December, 1965
Clerk

FEMALE APPLICANT

Name Patricia A. Jackson
Date of Birth November 7 1947
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address 82 Bx 21, Brownsburg, Hendricks, Ind.
Maiden Name if Different Patricia A. Jackson

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Typist: PSC1

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

☐ Other (Specify) Dr. of Card.

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

7. Full name of father Eugene Floyd Jackson
Residence of father (if deceased so state) Brownsburg, Ind.
Occupation of father Maintenance: Linde Race of father white
Birthplace of father (State or foreign country) Terre Haute, Ind.
8. Full maiden name of mother Opal Sean Bowling
Residence of mother (if deceased so state) Brownsburg, Ind.
Occupation of mother housewife Race of mother white
Birthplace of mother (State or foreign country) Ky.

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

Signed

New Address

Subscribed and sworn to before me this 11th day of December, 1965
Clerk John S. Smith HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of HENDRICKS

Signed

Signed

Father

Mother

Subscribed and sworn to before me this 11th day of December, 1965
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Hendricks Court by written order issued 11th day of December, 1965 and filed in Hendricks 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 December, 1965, authorizing the joining together as husband and wife of Gary L. Hughes and Patricia A. Jackson.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Lester B. Yearick, hereby certify that on the 18th day of December, one thousand nine hundred and 65, at Brownsburg, County of Hendricks, State of Indiana, Groom Gary L. Hughes of Hendricks County, State of Indiana and, Bride Patricia A. Jackson 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 18th day of December, 1965.

Signed Lester B. YearickOfficial Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 3rd day of January, 1966.

Signed John S. Smith, Jr. Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 362
File Book 28
Date of Application 11 December 1965

MALE
Medical Examination Report Dated 8 December 1965
Name of Physician Wm. A. Kriel, M.D.

FEMALE
Medical Examination Report Dated 8 December 1965
Name of Physician Wm. A. Kriel M.D.

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

MALE APPLICANT
Name William H. Freeman
Date of Birth June 16 1944
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address 70 Box 31006, Indianapolis 16, 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 Auditor: Dept. Nat. Rec.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Drives Lic.

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

| Name | Age | Address |
|------|-----|---------|
| | | |
| | | |

- (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 Freeman
Residence of father (if deceased so state) Deceased
Occupation of father _____ Race of father white
Birthplace of father (State or foreign country) Indianapolis, Ind.
12. Full maiden name of mother Margaret Marie Potter
Residence of mother (if deceased so state) Indianapolis, Ind.
Occupation of mother Housewife Race of mother white
Birthplace of mother (State or foreign country) Indianapolis, Ind.

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

Signed William H. Freeman
New Address R2 Box 40 inpls, Ind.

Subscribed and sworn to before me this 11th day of December, 1965
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother

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

FEMALE APPLICANT
Name Vicki A. Fields
Date of Birth January 16 1946
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address 132 W. Warr, Mooresville, Morgan 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: Ind. Boiler & Pressure
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Drives Lic.

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father Roscoe Condit Fields
Residence of father (if deceased so state) Mooresville, Ind.
Occupation of father Supervisor: Alcoa Race of father white
Birthplace of father (State or foreign country) Mooresville, Ind.
- Full maiden name of mother Ina Mildred Dismore
Residence of mother (if deceased so state) Mooresville, Ind.
Occupation of mother Housewife Race of mother white
Birthplace of mother (State or foreign country) Scottsburg, Ind.

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

Signed Vicki A. Fields
New Address Same

Subscribed and sworn to before me this 11th day of December, 1965
Clerk HENDRICKS Circuit Court

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother

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

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

We It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 15 day of December, 1965, authorizing the joining together as husband and wife of William H. Freeman and Vicki A. Fields

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Russell E. Rees hereby certify that on the 18th day of December, 1965, at Mooresville, County of Morgan, one thousand nine hundred and sixty-five at Mooresville, County, State of Indiana, State of Indiana, Groom William H. Freeman of Hendricks County, State of Indiana, and, Bride Vicki A. Fields 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 18th day of December, 1965. Signed Russell E. Rees

Official Designation Minister
Filed and recorded in accordance with the laws of the State of Indiana this 20th day of December, 1965.
Signed John H. Henshold, Jr. 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. 363
File Book 28
Date of Application 13 December 1965

MALE
Medical Examination Report Dated 9 December 1965
Name of Physician Carl A. Freed M.D.

FEMALE
Medical Examination Report Dated 9 December 1965
Name of Physician Carl A. Freed 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 Billy Donale Keeton
Date of Birth October 8 1943
Place of Birth (State or foreign country) Libbourn, Missouri
Residence Address RI Bx 187 Danville, Nev. Ind.

Previous Marital Status: Never Married ☐ Number of Previous Marriages Mar 64: Maria

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

Usual Occupation Salesman: Wigg (Cap City)

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

☒ Other (Specify) Army Discharge

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

Name Dayman L.T. Age 3 1/2 Address unk.

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

11. Full name of father Daymon Lloyd Thurston Keeton
Residence of father (if deceased so state) Indianapolis, Ind.
Occupation of father Night club owner Race of father white
Birthplace of father (State or foreign country) Spartan, Mo.

12. Full maiden name of mother Ola Mae O'Hare
Residence of mother (if deceased so state) unk.
Occupation of mother unk. Race of mother white
Birthplace of mother (State or foreign country) unk.

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

Signed Wesley O. Kead

New Address 4315 Stanish Dr. Indpls.

Subscribed and sworn to before me this 13th day of December, 1965

Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS ss:

Signed _____ Father
Signed _____ Mother

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

Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana dated the _____ day of _____, 19____, authorizing the joining together as husband and wife

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

I, _____ hereby certify that on the _____ day of _____, 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

FEMALE APPLICANT
Name Jannette Sue Brown
Date of Birth June 29 1943
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address 4315 Stanish Dr. Indpls, Marion, Ind.

Maiden Name if Different Jannette Sue Johnston

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 Asst Mgr. Cap City

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

☒ Other (Specify) Birth License

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

Residence of father (if deceased so state) Indianapolis, Ind.

Occupation of father owner of trucks Race of father white

Birthplace of father (State or foreign country) Bowling Green, Ky.

8. Full maiden name of mother Mildred East Martin

Residence of mother (if deceased so state) Indianapolis, Ind.

Occupation of mother Housewife Race of mother white

Birthplace of mother (State or foreign country) Bowling Green, Ky.

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

Signed Jannette Sue Brown

New Address Same

Subscribed and sworn to before me this 13th day of December, 1965

Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS ss:

Signed _____ Father

Signed _____ Mother

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

Clerk _____

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 364
File Book 28
Date of Application 13 December 1965

MALE
Medical Examination Report Dated 9 December 1965
Name of Physician Robert K. Sterling D.O.

FEMALE
Medical Examination Report Dated 9 December 1965
Name of Physician Robert K. Sterling D.O.

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

MALE APPLICANT
Name Michael Dean Gregory
Date of Birth April 18, 1944
Place of Birth Indianapolis, Indiana
Residence Address 171, Bx 552 Plainfield, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Tool & Die: Wallace Engr.
Date of birth verified by ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Driver's Lic.

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

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

11. Full name of father Gilbert Gregory
Residence of father (if deceased so state) Plainfield, Ind.
Occupation of father Lab Super. B. Brass Race of father white
Birthplace of father (State or foreign country) Kentucky
12. Full maiden name of mother Marjorie Jean Plummer
Residence of mother (if deceased so state) Plainfield, Ind.
Occupation of mother Housewife Race of mother white
Birthplace of mother (State or foreign country) Indianapolis, Ind.

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

Signed Michael Dean Gregory
New Address 4805 Waverly Ct., Indianapolis
Subscribed and sworn to before me this 13th day of December, 1965
Clerk John Gambold, Jr. HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

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

FEMALE APPLICANT
Name Linda Sue Wunningham
Date of Birth September 28, 1946
Place of Birth Livingston, Tenn.
Residence Address 157 Bx 454 Indpls, Marion, Ind.
Maiden Name if Different _____
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Unemployed
Date of birth verified by ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Driver's Permit

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

8. Full maiden name of mother Ann Delphia Sells
Residence of mother (if deceased so state) Indianapolis, Ind.
Occupation of mother Housewife Race of mother white
Birthplace of mother (State or foreign country) Livingston, Tenn

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

Signed Linda Sue Wunningham
New Address Same
Subscribed and sworn to before me this 13th day of December, 1965
Clerk John Gambold, Jr. HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the Clerk of the Hendricks Circuit Court of Indiana dated the 17th day of December, 1965, authorizing the joining together as husband and wife of Michael Dean Gregory and Linda Sue Wunningham
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev Ralph P. Wade hereby certify that on the 17th day of December, 1965, at Friendswood, County of Marion, State of Indiana, Groom Michael Dean Gregory of Hendricks County, State of Indiana and, Bride Linda Sue Wunningham 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 17th day of December, 1965.

Signed Rev Ralph P. Wade
Official Designation Pastor, Friendswood Baptist Church
Subscribed and sworn to before me this 20th day of December, 1965
Clerk John Gambold, Jr. HENDRICKS Circuit Court

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 365
File Book 28
Date of Application 14 December 1965

MALE
Medical Examination Report Dated 6 December 1965
Name of Physician Irving Cohen M.D.

FEMALE
Medical Examination Report Dated 6 December 1965
Name of Physician Irving Cohen 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 Charles W. Stinnett
Date of Birth September 23 1933
Place of Birth (State or foreign country) Gary, Ind.
Residence Address 9626 W. Washington, Indianapolis, 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 Nurseryman: Hobbs
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Drives 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 Stinnett
Residence of father (if deceased so state) Indpls. Ind.
Occupation of father Nurseryman: Hobbs Race of father White
Birthplace of father (State or foreign country) Nicholasville, Ky.
12. Full maiden name of mother Pearl Mae Burgess
Residence of mother (if deceased so state) Indpls. Ind.
Occupation of mother Spring North Pr. Dist. Race of mother White
Birthplace of mother (State or foreign country) Winchester, Ky.

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

Signed Charles W. Stinnett

New Address Bradford Rd. 3rd St. Gary, Ind.

Subscribed and sworn to before me this 14th day of December, 1965
Clerk John G. Gammall, Jr. HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:

Signed..... Father

Signed..... Mother

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

FEMALE APPLICANT

Name Patricia Lou Moore
Date of Birth January 18 1944
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address 626 Roosevelt, Plainfield, 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 Amos Theodore Moore

Residence of father (if deceased so state) Pennington Gap, Va.

Occupation of father Unk. Race of father White

Birthplace of father (State or foreign country) Pennington Gap, Va.

8. Full maiden name of mother Mary Louise Toland

Residence of mother (if deceased so state) Plainfield, Ind.

Occupation of mother Super: Alcoa Race of mother White

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

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

Signed Patricia Lou Moore

New Address Same

Subscribed and sworn to before me this 14th day of December, 1965
Clerk John G. Gammall, Jr. HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:

Signed..... Father

Signed..... Mother

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 18th day of December, 1965, authorizing the joining together as husband and wife of Charles W. Stinnett and Patricia Lou Moore.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Warren A. Robbins, hereby certify that on the 18th day of December, one thousand nine hundred and sixty-five at Plainfield, County of Hendricks, State of Indiana, Groom Charles W. Stinnett of Hendricks County, State of Indiana and, Bride Patricia Lou Moore 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 18th day of December, 1965.

Signed Warren A. Robbins
Official Designation Christian Minister

22th day of December, 1965

Signed John G. Gammall, Jr. Clerk
Hendricks Circuit Court

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

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No.

File

Date of Application

MALE

Medical Examination Report Dated

Name of Physician

FEMALE

Medical Examination Report Dated

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, representa-

MALE APPLICANT

Name Leonard Wayne Furry
Date of Birth March 10, 1934
Place of Birth Flushing, Queens, N.Y.
Residence Address 316 W. 93rd St., New York, N.Y.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Artist
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree ☐ Other (Specify) _____

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

| Name | Age | Address |
|--------------------------|-----|--------------------|
| Arthur Edward Furry | | New York, New York |
| Margaret Elizabeth Skuse | | New York, New York |

(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 Edward Furry
Residence of father (if deceased so state) New York, New York
Occupation of father Engineer Race of father White
Birthplace of father (State or foreign country) Flushing, N.Y.
12. Full maiden name of mother Margaret Elizabeth Skuse
Residence of mother (if deceased so state) New York, New York
Occupation of mother Housewife Race of mother White
Birthplace of mother (State or foreign country) Flushing, N.Y.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Leonard Wayne Furry
New Address 316 W. 93rd St., New York, N.Y.
Subscribed and sworn to before me this 23rd day of December, 1965
Clerk John L. Hamilton Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.
State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Court _____
of Indiana dated the 23rd day of December, 1965, authorizing the joining together as husband and wife
of Leonard Wayne Furry and Kathleen V. Dunigan
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Richard L. Lancaster, hereby certify that on the 26th day of December,
one thousand nine hundred and 65, at Plainfield, County of Hendricks,
State of Indiana, Groom Leonard Wayne Furry of New York, County, State of New York
and, Bride Kathleen V. Dunigan of New York, County, State of New York
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 26th day of December, 1965.
Signed Richard L. Lancaster
Official Designation Clergyman, 1966.
Signed John L. Hamilton, Jr. Clerk
Clerk Hendricks Circuit Court

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

FEMALE APPLICANT

Name Kathleen V. Dunigan
Date of Birth June 18, 1941
Place of Birth Jamaca, New York
Residence Address 701 Rayman, Plainfield, New Jersey
Maiden Name if Different _____
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Editor: Red Book Mag.
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 Raymond Dunigan
Residence of father (if deceased so state) Plainfield, Ind.
Occupation of father VP: PSCI Race of father White
Birthplace of father (State or foreign country) Washington, D.C.
8. Full maiden name of mother Virginia Elizabeth Barrows
Residence of mother (if deceased so state) Plainfield, Ind.
Occupation of mother Housewife Race of mother White
Birthplace of mother (State or foreign country) Brooklyn, N.Y.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Kathleen V. Dunigan
New Address 316 W. 93rd St., New York, N.Y.
Subscribed and sworn to before me this 15th day of December, 1965
Clerk John L. Hamilton Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.
State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

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

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

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

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

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

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

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

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

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

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 367

File Book K 28

Date of Application 17 December 1965

MALE

Medical Examination Report Dated 8 December 1965
Name of Physician James S. Sullivan, MD.

FEMALE

Medical Examination Report Dated 8 December 1965
Name of Physician James S. Sullivan 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 Leonard Gann
Date of Birth November 17 1938
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address R 2, Box 1A Denville, Hend. 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 Sec. Sta. Attenant. Pierson
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

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

| Name | Age | Address |
|------|-----|---------|
| | | |

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

11. Full name of father Frank Oliver Gann
Residence of father (if deceased so state) u.k.
Occupation of father Salesman Race of father white
Birthplace of father (State or foreign country) Kentucky
12. Full maiden name of mother Anna Ellen Rader
Residence of mother (if deceased so state) Indianapolis, Ind.
Occupation of mother Housewife Race of mother white
Birthplace of mother (State or foreign country) Indianapolis, Ind.

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

Signed Leonard Gann
New Address Hend. Co. Ind.
Subscribed and sworn to before me this 17th day of December, 1965
Clerk John Gaudin HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of.....

Signed..... Father
Signed..... Mother

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

FEMALE APPLICANT

Name Bonnie Rice
Date of Birth April 11 1944
Place of Birth (State or foreign country) West Meridian, Tenn.
Residence Address 5403 S. Victoria Dr. Indianapolis, Ind.
Maiden Name if Different Bonnie Slayton
Previous Marital Status: Never Married ☐ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Marian '64
Color or Race White ☒ Negro ☐ Other ☐ (specify).....
Usual Occupation Assembly Line: Cars Mfg.

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

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

7. Full name of father Charles Thomas Slayton
Residence of father (if deceased so state) Indianapolis, Ind.
Occupation of father Laborer: Hilgemeyer Race of father white
Birthplace of father (State or foreign country) W. Meridian, Tenn.
8. Full maiden name of mother Myrtle Kathryn Seng
Residence of mother (if deceased so state) Indianapolis, Ind.
Occupation of mother Housewife Race of mother white
Birthplace of mother (State or foreign country) W. Meridian, Tenn.

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

Signed Bonnie Rice
New Address Sams
Subscribed and sworn to before me this..... day of December, 1965
Clerk John Gaudin HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of.....

Signed..... Father
Signed..... Mother

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the..... Hendricks Circuit Court of Indiana dated the 23rd day of December, 1965, authorizing the joining together as husband and wife of Leonard Gann and Bonnie Rice
Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I,..... hereby certify that on the..... day of....., at....., County of....., 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

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. 368
File Book 28
Date of Application 17 December 1965

MALE

Medical Examination Report Dated 13 December 1965
Name of Physician Forrest L. Denny M.D.

FEMALE

Medical Examination Report Dated 13 December 1965
Name of Physician Forrest L. Denny M.D.

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

MALE APPLICANT

Name Jack L. Gibson
Date of Birth August 3 1921
Place of Birth (State or foreign country) Sonoma, Arkansas
Residence Address 1141 N. Concord Indianapolis, Ind.
Previous Marital Status: Never Married ☐ Divorced ☐ Annulment ☐ Number of Previous Marriages 3
Last Marriage Ended By: Married 46, 50, 64
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Conductor: N.Y.C.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Drives Lic.

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

| Name | Age | Address |
|--------------|-----|--------------------|
| Linda Louise | 19 | 9502 E. Wash. Ind. |
| Sherry Jean | 16 | Calif. |
| Gary Lee | 15 | 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? None in effect to his knowledge Yes ☐ No ☒

11. Full name of father Sarty Corbin Gibson
Residence of father (if deceased so state) Deceased
Occupation of father Deceased Race of father White
Birthplace of father (State or foreign country) Wyatt, Mo.
12. Full maiden name of mother Dorothy Bessler Simpson
Residence of mother (if deceased so state) Indianapolis, Ind.
Occupation of mother Housewife Race of mother White
Birthplace of mother (State or foreign country) Blytheville, Ark.

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

Signed Jack L. Gibson
New Address 1141 Concord Indianapolis, Ind.
Subscribed and sworn to before me this 17th day of December, 1965
Clerk John Lambell HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

FEMALE APPLICANT

Name Sarah E. Robertson
Date of Birth October 3 1931
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address Carterburg, Hendricks, Indiana
Maiden Name if Different Sarah E. Weeks
Previous Marital Status: Never Married ☐ Divorced ☐ Annulment ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death San Antonio 1965
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Cook: Fredricks Pfl.
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify)

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father Edward Francis Weeks
Residence of father (if deceased so state) Deceased
Occupation of father _____ Race of father White
Birthplace of father (State or foreign country) Columbus, Ind.
8. Full maiden name of mother Marcella Spence Dunn
Residence of mother (if deceased so state) Carterburg, Ind.
Occupation of mother Factory worker Race of mother White
Birthplace of mother (State or foreign country) Scotland

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

Signed Sarah E. Robertson
New Address 17th Same
Subscribed and sworn to before me this 17th day of December, 1965
Clerk John Lambell HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 21 day of December, 1965, authorizing the joining together as husband and wife of Jack L. Gibson and Sarah E. Robertson.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, R. B. Richard, hereby certify that on the 23rd day of December, 1965, at Indianapolis, County of Hendricks, State of Indiana, one thousand nine hundred and 65 of Marion County, State of Indiana, and, Bride Sarah E. Robertson 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 23rd day of December, 1965.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of January, 1966.
Signed R. B. Richard
Official Designation J. P.
Signed John Lambell 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. 369File Book 28

18 December 1965
Date of Application

MALE

Medical Examination Report Dated 11 December 1965
Name of Physician David B. Haggard MD

FEMALE

Medical Examination Report Dated 11 December 1965
Name of Physician David B. Haggard 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 Buddy R. Harris
Date of Birth March 11 1947
Place of Birth (State or foreign country) Burksville, Ky.
Residence Address 504 Aron Ave Plainfield, Hend, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Salesman, Curtess Med. Sup.

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

☒ Other (Specify) Drives license

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

Name Age Address

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

11. Full name of father Thomas Frank Harris
Residence of father (if deceased so state) Plainfield, Ind.
Occupation of father Metal Finisher Race of father white
Birthplace of father (State or foreign country) Burksville, Ky.
12. Full maiden name of mother Ruth Ann Orr
Residence of mother (if deceased so state) Plainfield
Occupation of mother Housewife Race of mother white
Birthplace of mother (State or foreign country) Sullivan, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Buddy R. Harris

New Address _____

Subscribed and sworn to before me this 18th day of December, 1965
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Thomas F. Harris Father

Signed Mrs. Ruth A. Harris Mother

Subscribed and sworn to before me this 18th day of December, 1965
Clerk John G. Campbell Circuit Court

FEMALE APPLICANT

Name Linda K. Dooley
Date of Birth August 19 1946
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address 8506 Bridge Ct, Indpls, Marion, Ind.
Maiden Name if Different _____

Previous Marital Status: Never Married ☐ Number of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Marion 1965

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation IBM Key Punch, Vernon Ind.

Date of birth verified by: ☐ Birth Cert. ☒ Judicial Decree

☒ Other (Specify) Drives lic.

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father Robert Charles Dooley
Residence of father (if deceased so state) Indianapolis, Ind.
Occupation of father Fireman Race of father white
Birthplace of father (State or foreign country) Indianapolis, Ind.
8. Full maiden name of mother Rosie Lee Griffith
Residence of mother (if deceased so state) Indianapolis, Ind.
Occupation of mother Housewife Race of mother white
Birthplace of mother (State or foreign country) Ashland, Ky.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Linda K. Dooley

New Address _____

Subscribed and sworn to before me this 18th day of December, 1965
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____ Circuit Court

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ 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 December, 1965, authorizing the joining together as husband and wife

Be it further remembered the following marriage certificate was filed in my office, to-wit:

I, Eugene E. Crawley hereby certify that on the 24th day of December, one thousand nine hundred and 65 at Plainfield, County of Hendricks, State of Indiana, Groom Buddy R. Harris of Hendricks County, State of Indiana and, Bride Linda K. Dooley 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 December, 1965

Signed Eugene E. Crawley

Official Designation Justice of Peace
5th day of January, 1966

Signed John G. Campbell Jr. Clerk
Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

541

No. 370

File Book 28

18 December 1965
Date of Application

MALE

Medical Examination Report Dated 1 December 1965

Name of Physician S.M. Miller MD

FEMALE

Medical Examination Report Dated 1 December 1965

Name of Physician S.M. Miller 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, representa-

tion or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)."

MALE APPLICANT

Name First Stephen Middle Robert Last Hancock
Date of Birth June 7 1942
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address 698 French St., Plainfield, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Student: IU
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☐ Other (Specify)

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages?
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

- Are you supporting or contributing to their support? Yes ☐ No ☐
 - Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Robert Taylor Hancock
Residence of father (if deceased so state) Plainfield, Ind.
Occupation of father Factory Worker Race of father white
Birthplace of father (State or foreign country) Arden, Ind.
12. Full maiden name of mother Ruth Elizabeth Tipps
Residence of mother (if deceased so state) Plainfield, Ind.
Occupation of mother Clerk, PSC Race of mother white
Birthplace of mother (State or foreign country) Paragon, Ind.

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.

Signed Stephen Robert Hancock

New Address 310 N. 11th Ave 300 St Bloomington

Subscribed and sworn to before me this 18th day of December, 1965
John Samuels Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, Hendricks } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name First Peggy Middle Lee Last Harness
Date of Birth October 28 1946
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address 7402 College Ave, Indianapolis, Marion, Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Student: IU
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☐ Other (Specify)

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father Harold Franklin Harness
Residence of father (if deceased so state) Indianapolis, Ind.
Occupation of father Air Force Race of father white
Birthplace of father (State or foreign country) Okla

- Full maiden name of mother Maxine May Mc Claren
Residence of mother (if deceased so state) Indianapolis, Ind.
Occupation of mother Housewife Race of mother white
Birthplace of mother (State or foreign country) Kansas

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.

Signed Peggy Lee Harness

New Address Same

Subscribed and sworn to before me this 18th day of December, 1965
John Samuels Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, Hendricks } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ and filed _____
County _____ Court by written order issued _____
in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 22 day of December, 1965, authorizing the joining together as husband and wife of Steven Robert Hancock and Peggy Lee Harness
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Russell B. Stained hereby certify that on the 26th day of December, 1965, at St. Paul's Church, Hendricks County, State of Indiana, Groom Steven Robert Hancock of Hendricks County, State of Indiana, and, Bride Peggy Lee Harness 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 Marion County.
Dated this 26th day of December, 1965.

Signed Russell B. Stained

Official Designation Rector, St. Paul's Church

day of January, 1966

Signed John Samuels, Jr. Clerk Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 371
File Book 28
Date of Application 20 December 1965

MALE
Medical Examination Report Dated 8 December 1965
Name of Physician David B. Haggard, M.D.

FEMALE
Medical Examination Report Dated 8 December 1965
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 Roger Allen Elmore
Date of Birth August 17 1946
Place of Birth Indianapolis, Ind.
Residence Address 9880 W. 10th, Indianapolis, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Time Keeper: Link Belt
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify) _____
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the bride closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - Are you able to support a family? Yes ☒ No ☐
 - Are you likely to so continue? Yes ☒ No ☐
 - Do you have minor children from one or more former marriages? (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 Edgar Elmore
Residence of father (if deceased so state) Deceased
Occupation of father _____ Race of father white
Birthplace of father (State or foreign country) P. Habor, Ind.

12. Full maiden name of mother Eva Ruth Duncan
Residence of mother (if deceased so state) Indianapolis, Ind.
Occupation of mother Cashier: Bankers Race of mother white
Birthplace of mother (State or foreign country) Clermont, Ind.

State of Indiana, } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS

Signed Roger Allen Elmore
New Address R2, Box 119, Ind. 26, Ind.
Subscribed and sworn to before me this 20th day of December, 1965
Clerk John Samuels HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

Father deceased

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father
Signed Eva Ruth Elmore Mother
Subscribed and sworn to before me this 20th day of December, 1965
Clerk John Samuels

FEMALE APPLICANT

Name Patricia Ann Wilson
Date of Birth January 6 1947
Place of Birth Indianapolis, Ind.
Residence Address R2, Box 302 K, Plainfield, Ind.
Maiden Name if Different _____
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Student: Central Business
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify) _____
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the groom closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father Hubert Allen Wilson
Residence of father (if deceased so state) Plainfield, Ind.
Occupation of father Time study Link Belt Race of father white
Birthplace of father (State or foreign country) Maryland, Ind.

8. Full maiden name of mother Bessie Seale Matlock
Residence of mother (if deceased so state) Plainfield, Ind.
Occupation of mother Welder: Wilco Race of mother white
Birthplace of mother (State or foreign country) Hendricks, Co., Ind.

State of Indiana, } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS

Signed Patricia A. Wilson
New Address Same
Subscribed and sworn to before me this 20th day of December, 1965
Clerk John Samuels HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ 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 27th day of December, 1965, authorizing the joining together as husband and wife of Roger Allen Elmore and Patricia Ann Wilson.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, L. George Hostetler hereby certify that on the first day of January, 1966, at Chapel Hill Methodist Church County of Madison, State of Indiana, of Hendricks County, State of Indiana, and, Bride Patricia Ann Wilson 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 first day of January, 1966.

Signed L. George Hostetler
Official Designation Minister
Filed and recorded in accordance with the laws of the State of Indiana this 6th day of January, 1966.
Signed John Samuels, Jr. 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. 372
File Book 28
Date of Application 20 December 1965

MALE
Medical Examination Report Dated 8 December 1965
Name of Physician Earl Hare M.D.

FEMALE
Medical Examination Report Dated 14 December 1965
Name of Physician J. Robt Coughenour M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

tion or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Lester Robert Carter
Date of Birth December 9, 1939
Place of Birth Indianapolis, Ind.
Residence Address 234 S. Maple Pittsburg, Hen, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Engineer: State Bd Health.
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Drinks License.

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

(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 Wayne Carter
Residence of father (if deceased so state) Deceased.
Occupation of father _____ Race of father white
Birthplace of father (State or foreign country) Clark Co., Ind.
12. Full maiden name of mother Mary Maxine Wills
Residence of mother (if deceased so state) Pittsburg, Ind.
Occupation of mother Missess. Singer Race of mother white
Birthplace of mother (State or foreign country) Pittsburg, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Lester Robert Carter
New Address 104 Turtle Creek So. Dr. Apt 4
Subscribed and sworn to before me this 20th day of December, 1965
Clerk John Sandell HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

FEMALE APPLICANT

Name Martha S. Winkelmenn
Date of Birth August 9, 1942
Place of Birth Indianapolis, Ind.
Residence Address 604 Tuttle G. Dr. Indpls, Marion, Ind.
Maiden Name if Different _____
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Teacher: MSD. Deater Tp.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Drinks Lic.

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father George Edw. Winkelmenn
Residence of father (if deceased so state) Pittsburg, Ind.
Occupation of father Mgr. Storken Race of father white
Birthplace of father (State or foreign country) Kennedy, N.Y.
8. Full maiden name of mother Mary Scennette Evans
Residence of mother (if deceased so state) Pittsburg, Ind.
Occupation of mother Teacher: Pittsburg Race of mother white
Birthplace of mother (State or foreign country) Wilkinson, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Martha S. Winkelmenn
New Address Same
Subscribed and sworn to before me this 20th day of December, 1965
Clerk John Sandell HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
in Hendricks County Circuit Court by written order issued 23 December 1965 and filed
in Clerks office authorizes and directs the issuance of a marriage license to the above named parties. 3da Water

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 December, 1965, authorizing the joining together as husband and wife
of Lester Robert Carter and Martha S. Winkelmenn
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Thomas R. Stralton hereby certify that on the 23rd day of December,
one thousand nine hundred and 65 at Pittsburg, County of Hendricks,
State of Indiana, Groom L. Robert Carter of Hendricks County, State of Indiana,
and, Bride Martha S. Winkelmenn 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 23rd day of December, 1965. Signed Thomas R. Stralton
Official Designation Minister, 1966.
3rd day of January, 1966.
Signed John Sandell, Jr. Clerk
Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 373
File Book 28
Date of Application 23 December 1965

MALE
Medical Examination Report Dated 1 December 1965
Name of Physician H. Geo. A. Rice M.D. USNR

FEMALE
Medical Examination Report Dated 22 December 1965
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 Robert Peter Lindsey
Date of Birth January 28 1942
Place of Birth Portland, Maine
Residence Address 244 Div HHS/3-6 Camp Sene, Onslow, N.C.
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 ES: U.S.M.C.
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify).....
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the bride closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - Are you able to support a family? Yes ☒ No ☐
 - Are you likely to so continue? Yes ☒ No ☐
 - Do you have minor children from one or more former marriages? No ☐ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

| Name | Age | Address |
|------|-----|---------|
| | | |
| | | |

- (b) Are you supporting or contributing to their support? Yes ☐ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
- Full name of father Robert Percy Lindsey
Residence of father (if deceased so state) Chesapeake, Va
Occupation of father Engr. Civil Engr. Race of father white
Birthplace of father (State or foreign country) Belmont, Va.
 - Full maiden name of mother Anne Winifred Joyce
Residence of mother (if deceased so state) Chesapeake, Va.
Occupation of mother Housewife Race of mother white
Birthplace of mother (State or foreign country) Portland, Maine.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS

Signed Robert P. Lindsey
New Address 4301 Towanda Rd. E. Chesapeake Va
Subscribed and sworn to before me this 29th day of December, 1965
Clerk John G. Hamblin HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, HENDRICKS } ss:
County of HENDRICKS

Signed..... Father
Signed..... Mother
Subscribed and sworn to before me this..... day of....., 19.....
Clerk.....

FEMALE APPLICANT
Name Phyllis Dee Unversaw
Date of Birth October 3 1946
Place of Birth Martinsville, Indiana
Residence Address RI Coatesville, Hendricks, 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: S.I.A.
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify).....
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the groom closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father Delbert Maine Unversaw
Residence of father (if deceased so state) Coatesville, Ind.
Occupation of father Tool maker: IH Race of father white
Birthplace of father (State or foreign country) Indianapolis, Ind.
8. Full maiden name of mother Dorothy Agnes Baley
Residence of mother (if deceased so state) Coatesville, Ind.
Occupation of mother Housewife Race of mother white
Birthplace of mother (State or foreign country) Morgan Co., Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS

Signed Phyllis Dee Unversaw
New Address Same
Subscribed and sworn to before me this 23rd day of December, 1965
Clerk John G. Hamblin HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, HENDRICKS } ss:
County of HENDRICKS

Signed..... Father
Signed..... Mother
Subscribed and sworn to before me this..... day of....., 19.....
Clerk.....

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 29th day of December, 1965, authorizing the joining together as husband and wife of Robert Peter Lindsey and Phyllis Dee Unversaw.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Wallace Jeffs, hereby certify that on the 29th day of December, one thousand nine hundred and 65 at Amo, County of Hendricks, State of Indiana, Groom Robert P. Lindsey of Hendricks County, State of Indiana and, Bride Phyllis D. Unversaw 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 December, 1965.

Signed Wallace Jeffs
Official Designation Baptist Minister
Filed and recorded in accordance with the laws of the State of Indiana this 3rd day of January, 1966.
Signed John G. Hamblin, Jr. 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. 374
File Book 28
23 December 1965
Date of Application

MALE

Medical Examination Report Dated 20 December 1965
Name of Physician James J. Sullivan, M.D.

FEMALE

Medical Examination Report Dated 20 December 1965
Name of Physician James J. Sullivan, M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name Charles E. Rye
Date of Birth August 13, 1943
Place of Birth Bud, W. Va.
Residence Address R2 Bx 333 Plainfield, Hendricks, 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 Warehousman: Dinwiddie, Ind.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Draft 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? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

(b) Are you supporting or contributing to their support? Yes ☐ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Warren Rye
Residence of father (if deceased so state) Deceased
Occupation of father — Race of father white
Birthplace of father (State or foreign country) N. Car.
12. Full maiden name of mother Polly Jane Lester
Residence of mother (if deceased so state) Bud, W. Va.
Occupation of mother housewife Race of mother white
Birthplace of mother (State or foreign country) Bud, W. Va.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS

Signed Charles E. Rye Plainfield, Ind.

New Address —

Subscribed and sworn to before me this 23rd day of December, 1965
John G. Gault Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name Jewell Byrd
Date of Birth September 17, 1948
Place of Birth Douglas Green, Ky.
Residence Address 824 E 36th Indpls, Marion, Ind.
Maiden Name if Different —
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race ☒ White ☐ Negro ☐ Other ☐ (specify)
Usual Occupation 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 Thomas Byrd

Residence of father (if deceased so state) unk.

Occupation of father USA.F. Race of father white

Birthplace of father (State or foreign country) Scallation, Tenn.

8. Full maiden name of mother Mary June Proctor

Residence of mother (if deceased so state) Indianapolis, Ind.

Occupation of mother Mach. Opr. W.E. Race of mother white

Birthplace of mother (State or foreign country) Browning, Ky.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS

Signed Jewell Byrd

New Address —

Subscribed and sworn to before me this 23rd day of December, 1965
John G. Gault Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of 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 custody.

State of Indiana, HENDRICKS } ss:
County of HENDRICKS

Signed _____ Father

Signed Mrs. Marshall Galloway Mother

Subscribed and sworn to before me this 23rd day of December, 1965
John G. Gault Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ Court by written order issued _____ and filed _____
County _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 27 day of December, 1965, authorizing the joining together as husband and wife

of Charles E. Rye and Jewell Byrd

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Luise L. Parrott hereby certify that on the 8th day of January, 1966, County of Hendricks,

one thousand nine hundred and 66 at Plainfield County, State of Indiana

State of Indiana, Groom Charles E. Rye of Hendricks County, State of Indiana

and, Bride Jewell Byrd 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 27th day of December, 1965. Signed Luise L. Parrott, Pastor

Official Designation Plainfield Baptist Church, 1966

Signed John G. Gault Jr. Clerk

Filed and recorded in accordance with the laws of the State of Indiana this 10th day of January, 1966
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. 375
File Book 28
Date of Application 24 December 1965

MALE
Medical Examination Report Dated 23 December 1965
Name of Physician Walter M. Mannis M.D.

FEMALE
Medical Examination Report Dated 23 December 1965
Name of Physician Walter M. Mannis 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 Luther Eugene Zorman
Date of Birth June 17 1947
Place of Birth Indianapolis, Indiana
Residence Address R2 Bx 287A, Plainfield, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages _____

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Stock Boy: Kroger.

Date of birth verified by: ☐ Birth Cert. ☒ Judicial Decree

☒ Other (Specify) Drivers License.

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

- Are you supporting or contributing to their support? Yes ☐ No ☒
- Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father Luther Zorman
Residence of father (if deceased so state) Avon, Ind.
Occupation of father Same as father of father white
Birthplace of father (State or foreign country) Marytown, Ind.
12. Full maiden name of mother Mary Adeline Edwards
Residence of mother (if deceased so state) Plainfield, Ind.
Occupation of mother Housewife Race of mother white
Birthplace of mother (State or foreign country) Samborn, Ind.

State of Indiana, } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS

Signed Luther Eugene Zorman

New Address 322 S. W. Schaefer, Indpls, Ind.

Subscribed and sworn to before me this 24th day of December, 1965

John Samball Clerk HENDRICKS Circuit Court

PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

Father's notarized consent attached.

HENDRICKS } ss:
Signed Mary Adeline Edwards Father
Signed Luther Eugene Zorman Mother

Subscribed and sworn to before me this 24th day of December, 1965

John Samball Clerk

FEMALE APPLICANT

Name Cheryl Ann Davis
Date of Birth January 23 1947
Place of Birth Quincy, Ill.
Residence Address 1622 N. Centennial, Marion, Ind.
Maiden Name if Different _____

Previous Marital Status: Never Married ☒ Number of Previous Marriages _____

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Typist. Wallace Exp. Mach.

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) _____

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father Clarence B. Davis
Residence of father (if deceased so state) Indianapolis, Ind.

Occupation of father Truck Dr. Term Trans. Race of father white
Birthplace of father (State or foreign country) Mt. Sterling, Versailles, Ill.

8. Full maiden name of mother Lillian Hamilton
Residence of mother (if deceased so state) Quincy, Ill.

Occupation of mother Housewife Race of mother white
Birthplace of mother (State or foreign country) Mt. Sterling, Ill.

State of Indiana, } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS

Signed Cheryl Davis

New Address Same.

Subscribed and sworn to before me this 24th day of December, 1965

John Samball Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

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

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 December, 1965, authorizing the joining together as husband and wife

of Luther Eugene Zorman and Cheryl Ann Davis.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Howard T. Beer hereby certify that on the 31st day of December

one thousand nine hundred and 65 at Speedway City, County of Marion

State of Indiana, Groom Luther Eugene Zorman of Marion County, State of Indiana

and, Bride Cheryl Ann 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 31st day of December, 1965.

Signed Howard T. Beer

Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 3rd day of January, 1966.

Signed John Samball, Jr. 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. 376
File Book 28
Date of Application 29 December 1965

MALE
Medical Examination Report Dated 28 December 65
Name of Physician M.M. Aitken, M.D.

FEMALE
Medical Examination Report Dated 28 December 1965
Name of Physician M.M. Aitken 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 Frederick L. Butts
Date of Birth January 31 1942
Place of Birth Chicago, Ill.
Residence Address Box 432 R.R. 31 Indpls. 31 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) Feb 1964 + 4 Wmth, Tex
Usual Occupation Teacher: Sam's Tech Inst.
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify) _____
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the bride closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - Are you able to support a family? Yes ☒ No ☐
 - Are you likely to so continue? Yes ☒ No ☐
 - Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

(a) List their full names, ages and addresses
Name Age Address
Frederick Lynn Jr. 3 813 Elm Hill Rd, Rome, N.Y.
Kenneth Wayne 2

- (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? Living w/ grandparents Yes ☐ No ☒
- Full name of father Sohn Fitzgerald Butts
Residence of father (if deceased so state) Deceased
Occupation of father _____ Race of father white
Birthplace of father (State or foreign country) Rome, N.Y.
 - Full maiden name of mother Helen Virginia Trembeth
Residence of mother (if deceased so state) Rome, N.Y.
Occupation of mother Bookkeeper: Alcoa Race of mother white
Birthplace of mother (State or foreign country) Terre Haute, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Frederick L. Butts
New Address Box 432 Indpls. Ind.
Subscribed and sworn to before me this 29th day of December, 1965
Clerk John L. Smith HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary _____

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

FEMALE APPLICANT
Name Sherry L. King
Date of Birth May 10 1943
Place of Birth Clarksburg, West Va.
Residence Address 2628 Harrison, Waukegan, Lake, Ill.
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) _____
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the groom closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father Harold R. King
Residence of father (if deceased so state) Clarksburg, W. Va.
Occupation of father Electrician Race of father white
Birthplace of father (State or foreign country) Bluefield, W. Va.
8. Full maiden name of mother Maddyn Marie Cries
Residence of mother (if deceased so state) Clarksburg, W. Va.
Occupation of mother Housewife Race of mother white
Birthplace of mother (State or foreign country) Clarksburg, W. Va.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Sherry L. King
New Address Same
Subscribed and sworn to before me this 29th day of December, 1965
Clerk John L. Smith HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary _____

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ Court by written order issued 29 December 1965 and filed in Hendricks County Circuit Court authorizes and directs the issuance of a marriage license to the above named parties. 3 Da Wmth

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 _____ Court, authorizing the joining together as husband and wife of Indiana dated the 29th day of December, 1965, and _____
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, R. B. Pickard hereby certify that on the 31st day of December, 1965, at Capville, _____ County of Hendricks, State of Indiana, one thousand nine hundred and 65, Frederick L. Butts of Hendricks County, State of Indiana, and, Bride Sherry L. King 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 December, 1965.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1966.
Signed R. B. Pickard Justice of the Peace
John L. Smith Jr. Clerk
Clerk John L. Smith 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. 377
File Book 28
29 December 1965
Date of Application

MALE
Medical Examination Report Dated 29 December 1965
Name of Physician Paul Stanley Lewis MD.

FEMALE
Medical Examination Report Dated 29 December 1965
Name of Physician Paul Stanley Lewis 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 Harry E. Farthing
Date of Birth December 25, 1942
Place of Birth Huntington, Ind.
Residence Address Box 125 Stilesville, Hend. Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Nov 1965
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation ELI: U.S. Army
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify) _____
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the bride closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - Are you able to support a family? Yes ☒ No ☐
 - Are you likely to so continue? Yes ☒ No ☐
 - Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

| Name | Age | Address |
|--|--|---------|
| (b) Are you supporting or contributing to their support? | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| (c) Are you complying with any court order or orders issued for their support? | Yes <input type="checkbox"/> No <input type="checkbox"/> | |

11. Full name of father Paul Farthing
Residence of father (if deceased so state) Stilesville, Ind.
Occupation of father Butcher: Wellmark Race of father white
Birthplace of father (State or foreign country) Huntington, Ind.
12. Full maiden name of mother Helen Louise Haggis
Residence of mother (if deceased so state) Stilesville, Ind.
Occupation of mother Housewife Race of mother white
Birthplace of mother (State or foreign country) Clinton, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Harry E. Farthing
New Address Ft. Harrison, Indiana, Texas
Subscribed and sworn to before me this 29th day of December, 1965
Clerk John H. Gendall HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

FEMALE APPLICANT

Name Janet Sue Conner
Date of Birth May 19, 1946
Place of Birth Indianapolis, Ind.
Residence Address 1602 Sigabec, Indpls, Marion, Ind.
Maiden Name if Different _____
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Orlando, Orange, 65
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Cosmetics Saleslady: Studio
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify) _____
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the groom closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - Full name of father Robert Warden Conner
Residence of father (if deceased so state) Indianapolis, Ind.
Occupation of father Millwright: Chem. Race of father white
Birthplace of father (State or foreign country) Clinton Co., Ind.
8. Full maiden name of mother Hazel Edna Davids
Residence of mother (if deceased so state) Indpls, Ind.
Occupation of mother Housewife Race of mother white
Birthplace of mother (State or foreign country) La Porte Co., Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Janet Sue Conner
New Address 1602 Sigabec, Indpls.
Subscribed and sworn to before me this 29th day of December, 1965
Clerk John H. Gendall HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Hendricks County Circuit Court by written order issued 20 December 1965 and filed in Clerks office authorizes and directs the issuance of a marriage license to the above named parties. 3de Wain

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 December, 1965, authorizing the joining together as husband and wife of Larry E. Farthing and Janet Sue Conner.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, C. A. Agnew hereby certify that on the 31st day of December, 1965, at Indianapolis, County of Putnam, State of Indiana, Groom Larry E. Farthing of Hendricks County, State of Indiana and, Bride Janet Sue Conner 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 31st day of December, 1965.

Signed C. A. Agnew
Official Designation Justice of the Peace
Filed and recorded in accordance with the laws of the State of Indiana this 3rd day of January, 1966.
Signed John H. Gendall, Jr. 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.

File

Date of Application

MALE

Medical Examination Report Dated

Name of Physician

FEMALE

Medical Examination Report Dated

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, representa-

MALE APPLICANT

Name John Steve Tucker
Date of Birth January 24 1946
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address 330 E. Thompson Rd., Indpls, Marion, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Truck Maintenance: D.C. Tucker & Co.
Date of birth verified by: ☒ Birth Cert. ☐ Judicial 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? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

(b) Are you supporting or contributing to their support? Yes ☐ No ☒
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father John Day Tucker
Residence of father (if deceased so state) Deceased
Occupation of father _____ Race of father White
Birthplace of father (State or foreign country) Winston Salem, N.C.

12. Full maiden name of mother Dorothy Christine Harston
Residence of mother (if deceased so state) Indpls, Ind.
Occupation of mother Housewife Race of mother White
Birthplace of mother (State or foreign country) Bowling Green, Ky.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed John Steve Tucker
New Address 7717 W. Wagon, Indpls, Ind.

Subscribed and sworn to before me this 30th day of December, 1965
Clerk John S. Sander Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.
Father deceased; Mother notorized consent attached.

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this 30th day of December, 1965
Clerk John S. Sander Circuit Court

FEMALE APPLICANT

Name Rebecca June Harris
Date of Birth June 14 1948
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address Box 1676 Brownsburg, Ind.
Maiden Name if Different _____
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Job Training: Goodwill
Date of birth verified by: ☐ Birth Cert. ☐ Judicial 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 Eugene Warren Harris
Residence of father (if deceased so state) Lawrence, Ind.
Occupation of father laborer Race of father white
Birthplace of father (State or foreign country) Indpls, Ind.

8. Full maiden name of mother Iris Wanieta Murrell
Residence of mother (if deceased so state) Lawrence, Ind.
Occupation of mother Housewife Race of mother white
Birthplace of mother (State or foreign country) Indpls, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Rebecca June Harris
New Address Same

Subscribed and sworn to before me this 30th day of December, 1965
Clerk John S. Sander Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.
Father & Mother no consent attached.

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____

Subscribed and sworn to before me this 30th day of December, 1965
Clerk John S. Sander Circuit Court

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties.

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 _____ County, Indiana, dated the 30th day of January, 1966, authorizing the joining together as husband and wife of John Steve Tucker and Rebecca June Harris.

Be it further remembered, the following marriage certificate was filed in my office, to-wit: _____ hereby certify that on the 7th day of January, 1966, at Brownsburg, County of Marion, State of Indiana, one thousand nine hundred and 66 of Hendricks County, State of Indiana, and, Bride Rebecca June Harris of _____ 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 7th day of January, 1966.

Filed and recorded in accordance with the laws of the State of Indiana this 29th day of January, 1966.

Signed Rev. Donald Tyler Official Designation Baptist Minister

Signed John S. Sander Clerk

Clerk John S. Sander 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. 378
File Book 28
Date of Application 30 December 1965

MALE
Medical Examination Report Dated 27 December 1965
Name of Physician Walter M. Mannis MD.

FEMALE
Medical Examination Report Dated 9 December 1965
Name of Physician Thomas M. Walker 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, representa-

MALE APPLICANT

Name John Stene Tucker
Date of Birth January 2A 1946
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address 330 E. Thompson Rd., Indianapolis, Marion, Ind.

Previous Marital Status: Never Married ☒ Divorce ☐ Annulment ☐
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Truck Maintenance: D.C. Tucker & Co.
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify) _____
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the bride closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - Are you able to support a family? Yes ☒ No ☐
 - Are you likely to so continue? Yes ☒ No ☐
 - Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

| Name | Age | Address |
|------|-----|---------|
| | | |
| | | |

- (b) Are you supporting or contributing to their support? Yes ☐ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father John Day Tucker
Residence of father (if deceased so state) Deceased
Occupation of father Race of father White
Birthplace of father (State or foreign country) Winston-Salem, N.C.
12. Full maiden name of mother Dorothy Christine Harston
Residence of mother (if deceased so state) Indianapolis, Ind.
Occupation of mother Housewife Race of mother White
Birthplace of mother (State or foreign country) Bowling Green, Ky.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

FEMALE APPLICANT

Name Rebecca June Harris
Date of Birth June 1A 1948
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address State Rt. Bx 1676 Brownsburg, Hancock, Ind.
Maiden Name if Different _____

Previous Marital Status: Never Married ☒ Divorce ☐ Annulment ☐
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Job Training: Goodwill
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify) _____
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the groom closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father Eugene Warren Harris
Residence of father (if deceased so state) Laurance, Ind.
Occupation of father Laborer Race of father White
Birthplace of father (State or foreign country) Indpls, Ind.
8. Full maiden name of mother Iris Wanieta Muddell
Residence of mother (if deceased so state) Laurance, Ind.
Occupation of mother Housewife Race of mother White
Birthplace of mother (State or foreign country) Indpls, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Rebecca June Harris

New Address Same

Subscribed and sworn to before me this 30th day of December, 1965
Clerk HENDRICKS Circuit Court

Subscribed

CONSENT

We, the par

signs, state

State of Indi

County of

Subscribed ar

COMPLET

in

WE, Eugene and Iris W. Harris, hereby give my consent for
my daughter Rebecca June Harris
to marry John S. Tucker

Eugene Harris # Iris W. Harris
Subscribed and sworn to before me this 29th day of Dec., 1965

Notary Public

My commission expires 11/16/67.

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 January, 1966 authorizing the joining together as husband and wife of John Stene Tucker and Rebecca June Harris.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Donald Tyler, hereby certify that on the 7th day of January, 1966, at Brownsburg, County of Hendricks, State of Indiana, one thousand nine hundred and 66, of Marion County, State of Indiana, and, Bride, Rebecca June Harris, 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 January, 1966.

Signed Rev. Donald Tyler
Official Designation Pastor Minister, 1966
Clerk John S. Tucker
Signed Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

No. 378
File Book 28
Date of Application 30 December 1965

HENDRICKS County

MALE
Medical Examination Report Dated 27 December 1965
Name of Physician Walter M. Mannis M.D.

FEMALE
Medical Examination Report Dated 9 December 1965
Name of Physician Thomas M. Walker M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

tion or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name John Stene Tucker
Date of Birth January 24 1946
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address 330 E. Thompson Rd., Indianapolis, Marion, Ind.
Previous Marital Status: Never Married ☒ Divorce ☐ Annulment ☐
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Truck Maintenance: D.C. Tucker & Co.
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify) _____
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the bride closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - Are you able to support a family? Yes ☒ No ☐
 - Are you likely to so continue? Yes ☒ No ☐
 - Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

(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 Day Tucker
Residence of father (if deceased so state) Deceased
Occupation of father _____ Race of father White
Birthplace of father (State or foreign country) Winston-Salem, N.C.
12. Full maiden name of mother Dorothy Christine Harston
Residence of mother (if deceased so state) Indianapolis, Ind.
Occupation of mother Housewife Race of mother White
Birthplace of mother (State or foreign country) Bowling Green, Ky.

State of Indiana, } ss: I depose and state the information given
County of _____ } in this application is true and correct

FEMALE APPLICANT

Name Rebecca June Harris
Date of Birth June 14 1948
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address State Rt. Bx 1676 Brownsburg, Hendricks, Ind.
Maiden Name if Different _____
Previous Marital Status: Never Married ☒ Divorce ☐ Annulment ☐
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Job Training: Goodwill
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify) _____
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the groom closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - Full name of father Eugene Warren Harris
Residence of father (if deceased so state) Laurance, Ind.
Occupation of father Laborer Race of father White
Birthplace of father (State or foreign country) Indpls, Ind.
 - Full maiden name of mother Iris Wanieta Muddell
Residence of mother (if deceased so state) Laurance, Ind.
Occupation of mother Housewife Race of mother White
Birthplace of mother (State or foreign country) Indpls, Ind.

State of Indiana, } ss: I depose and state the information given
County of HENDRICKS } in this application is true and correct.

Signed Rebecca June Harris
New Address Same
Subscribed and sworn to before me this 28 day of December, 1965
Clerk HENDRICKS Circuit Court

Subscribed and

CONSENT

We, the par

signs, state

State of Indi

County of

Subscribed and

COMPLETE

in

I, Dorothy C. Tucker, hereby give my consent for
my son, John Stene Tucker, to
marry Rebecca June Harris.

Subscribed and sworn to before me this 28 day of Dec, 1965

Mon Emma Mueller
Notary Public
Comm. Expires: 5/13/69

Be it Remembered that on this 28 day of January, 1966,
of Indiana dated the 28 day of January, 1966,
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Donald Tyler, hereby certify that on the 7th day of January,
at Brownsburg, County of Hendricks, State of Indiana,
one thousand nine hundred and 66, of Marion, County, State of Indiana,
State of Indiana, Groom John Stene Tucker, of Hendricks, County, State of Indiana,
and, Bride Rebecca June Harris, 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, Hendricks,
Dated this 7th day of January, 1966.

Filed and recorded in accordance with the laws of the State of Indiana this 29th day of January, 1966.
Signed John Stene Tucker Clerk
Rebecca June Harris 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. 1

File

Book 28

3 January 1965

Date of Application

MALE

Medical Examination Report Dated 28 December 1965

Name of Physician Evan L. Lehman MD.

FEMALE

Medical Examination Report Dated 28 December 1965

Name of Physician Evan L. Lehman 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 James Middle Lee Last Holladay
Date of Birth September 15 1944
Place of Birth Clinton, Indiana
Residence Address R2 Bx 92 Danville, 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: Rutledge Feed Mill
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c) No ☒ Yes ☐
(a) List their full names, ages and addresses

| Name | Age | Address |
|------|-----|---------|
| | | |

- Are you supporting or contributing to their support? Yes ☐ No ☐
- Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Rufus Lee Holladay
Residence of father (if deceased so state) Lakewood, Fla.
Occupation of father Dryline Spr. County Race of father white
Birthplace of father (State or foreign country) Alabama
12. Full maiden name of mother Betty Lee Sandusky
Residence of mother (if deceased so state) Danville, Ind.
Occupation of mother Housewife. Race of mother white
Birthplace of mother (State or foreign country) Ill.

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of Hendricks

Signed James Lee Holladay

New Address 337 N. Wash, Drville.

Subscribed and sworn to before me this 3rd day of January, 1965
J. L. Sandusky Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, Hendricks } ss:
County of Hendricks

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____
_____, Clerk

FEMALE APPLICANT

Name First Brenda Middle Lee Last Frye
Date of Birth February 20 1945
Place of Birth Indianapolis, Ind.
Residence Address 3350 S. Rybolt, Indpls, Marion, Ind.
Maiden Name if Different _____
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify).....
Usual Occupation Clerk-Typist: Soc. Security
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father Charles Eldred Frye
Residence of father (if deceased so state) Indianapolis, Ind.
Occupation of father Last work: Nacogdoches
Birthplace of father (State or foreign country) Kentucky
8. Full maiden name of mother Lu Vina Mings
Residence of mother (if deceased so state) Indpls, Ind.
Occupation of mother Housewife. Race of mother Ind.
Birthplace of mother (State or foreign country) Kentucky

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of Hendricks

Signed Brenda Lee Frye

New Address Same.

Subscribed and sworn to before me this 3rd day of January, 1965
J. L. Sandusky Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, Hendricks } ss:
County of Hendricks

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____
_____, Clerk

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 7th day of January, 1966, authorizing the joining together as husband and wife of James Lee Holladay and Brenda Lee Frye. Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Kenneth E. Taylor, hereby certify that on the 8th day of January, one thousand nine hundred and 66, at Indianapolis, County of Marion, State of Indiana, Groom James Lee Holladay of Marion County, State of Indiana, and, Bride Brenda Lee Frye 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 8th day of January, 1966.

Signed Kenneth E. Taylor

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 14th day of January, 1966.

Signed J. L. Sandusky Jr. 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. 2
File Book 28
Date of Application 3 January 1966

MALE

Medical Examination Report Dated 30 December 1965
Name of Physician James Black M.D.

FEMALE

Medical Examination Report Dated 30 December 1965
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, representa-

MALE APPLICANT

Name William F. Knox, Jr.
Date of Birth December 17, 1943
Place of Birth Indianapolis, Indiana
Residence Address 24 Whitelan Rd. Whiteland, Johnson, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) Ind. Die Cast
Usual Occupation Tool & Die App. Ind. Die Cast
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify) _____
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the bride closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - Are you able to support a family? Yes ☒ No ☐
 - Are you likely to so continue? Yes ☒ No ☐
 - Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

(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 Franklin Knox Sr.
Residence of father (if deceased so state) Whitelan, Ind.
Occupation of father Asst. Supt. NYC Race of father White
Birthplace of father (State or foreign country) Indpls, Ind.
12. Full maiden name of mother Katherine Savita Gilum
Residence of mother (if deceased so state) Whitelan, Ind.
Occupation of mother Bookkeeper, Farmhouse Race of mother White
Birthplace of mother (State or foreign country) _____

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed William F. Knox Jr.
New Address Rt 3 Box 201, Greenwood, Ind.
Subscribed and sworn to before me this 31 day of January, 1966
Clerk John Samuel H. HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

FEMALE APPLICANT

Name Carol Ann Easter
Date of Birth April 4, 1945
Place of Birth Indianapolis, Ind.
Residence Address 33 N. Grant St., Brownsburg, Hend. Ind.
Maiden Name if Different _____
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Asst Book Keeper, Manarch Mts.
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify) _____
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the groom closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - Full name of father Donald George Easter
Residence of father (if deceased so state) Indianapolis, Ind.
Occupation of father Truck driver, Roadway Race of father White
Birthplace of father (State or foreign country) Indianapolis, Ind.
 - Full maiden name of mother Norma Eugene Leagon
Residence of mother (if deceased so state) Brownsburg, Ind.
Occupation of mother Salon worker, Allison Race of mother White
Birthplace of mother (State or foreign country) Indianapolis, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Carol Easter
New Address Box 201, Greenwood
Subscribed and sworn to before me this 31 day of January, 1966
Clerk John Samuel H. HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ Court by written order issued _____ and filed _____
County _____
in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 7 day of January, 1966, authorizing the joining together as husband and wife of William F. Knox Jr. and Carol Ann Easter
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Lester B. Yearick hereby certify that on the 8th day of January,
one thousand nine hundred and 1966 at Brownsburg County of Hendricks,
State of Indiana, Groom William F. Knox Jr. of Hendricks County, State of Indiana,
and, Bride Carol Ann Easter 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 8th day of January, 1966. Signed Lester B. Yearick
Official Designation Minister
Subscribed and sworn to before me this 11th day of January, 1966.
Signed John Samuel H. Clerk
Clerk John Samuel H. HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 3File Book 28Date of Application January 1966

MALE

Medical Examination Report Dated 27 Dec 1965
Name of Physician Dan E. Talbott M.D.

FEMALE

Medical Examination Report Dated 27 Dec 1965
Name of Physician Dan E. Talbott 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 John William Bauer
Date of Birth May 3 1944
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address India Boys School, Plainfield, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify).....

Usual Occupation Student: Purdue

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify).....

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

| Name | Age | Address |
|------|-----|---------|
| | | |
| | | |

- Are you supporting or contributing to their support? Yes ☐ No ☐
- Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Frank Herman Bauer
Residence of father (if deceased so state) Plainfield, Ind.
Occupation of father Farm Supt. IRS Race of father white
Birthplace of father (State or foreign country) Vigo Co., Ind.
12. Full maiden name of mother Fern Evelyn Lange
Residence of mother (if deceased so state) Plainfield, Ind.
Occupation of mother Housewife Race of mother white
Birthplace of mother (State or foreign country) Indpls, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of.....

Signed John William Bauer

New Address Lafayette, Ind.

Subscribed and sworn to before me this 11th day of January, 1966
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, HENDRICKS } ss:
County of.....

Signed..... Father
Signed..... Mother

Subscribed and sworn to before me this..... day of....., 19.....
Clerk.....

FEMALE APPLICANT

Name Elizabeth Burnaby Craine
Date of Birth June 15 1947
Place of Birth (State or foreign country) Seattle, Washington
Residence Address 4164 Washington Blvd. Indpls, 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).....

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father John James Craine
Residence of father (if deceased so state) Indianapolis, Ind.
Occupation of father Exec. Eng. Race of father white
Birthplace of father (State or foreign country) Cleveland, Ohio

8. Full maiden name of mother Ester Judson Stray
Residence of mother (if deceased so state) Indpls, Ind.
Occupation of mother Housewife Race of mother white
Birthplace of mother (State or foreign country) Calif.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of.....

Signed Elizabeth Burnaby Craine

New Address same

Subscribed and sworn to before me this 11th day of January, 1966
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, HENDRICKS } ss:
County of.....

Signed..... Father

Signed..... Mother

Subscribed and sworn to before me this..... day of....., 19.....
Clerk.....

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
County..... Court by written order issued..... and filed
in..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 11th day of January, 1966, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Russell B. Staines hereby certify that on the 22nd day of January,
one thousand nine hundred and 66 at St. Paul's Episcopal Church County of Marion,
State of Indiana, Groom John William Bauer of Hendricks County, State of Indiana
and, Bride Elizabeth Burnaby Craine 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 22nd day of January, 1966.

Signed Russell B. Staines

Official Designation Rector, St. Paul's Church

Signed John H. Smith Jr. Clerk

Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 25th day of January, 1966.

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 4
File Book 28
Date of Application 8 January 1966

MALE
Medical Examination Report Dated 20 December 1966
Name of Physician Donald D. Cheesman MD

FEMALE
Medical Examination Report Dated 20 December 1966
Name of Physician Donald D. Cheesman 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, representa-

MALE APPLICANT

Name Steven Bradley Clark
Date of Birth February 6 1947
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address RI, BX 36FF, Danville, Hendricks, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Recording clerk: IH.

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Drivers License.

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
- If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

- (b) Are you supporting or contributing to their support? Yes ☐ No ☐
- (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Henry Robert Clark
Residence of father (if deceased so state) Danville, Ind.
Occupation of father Mgr. Aramco Ref. Race of father white
Birthplace of father (State or foreign country) Clinton, Ind.
12. Full maiden name of mother Eva Margaret Thorp
Residence of mother (if deceased so state) Danville, Ind.
Occupation of mother Housewife Race of mother white
Birthplace of mother (State or foreign country) Danville, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Steven Bradley Clark
New Address 981 N. Main, Danville, Ind.
Subscribed and sworn to before me this 8th day of January, 1966
Clerk John Sandell HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of 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 Notarized Consent Attached

State of Indiana, HENDRICKS } ss:

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this 8th day of January, 1966
Clerk John Sandell

FEMALE APPLICANT

Name Judith Ann Honaker
Date of Birth December 12 1946
Place of Birth (State or foreign country) Princeton, W. Va.
Residence Address 666 W. Mill, Danville, Hendricks, Ind.
Maiden Name if Different _____

Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Lab. Tech: Hand. G. Hosp.

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Alonzo Mack Honaker
Residence of father (if deceased so state) Deceased
Occupation of father _____ Race of father white
Birthplace of father (State or foreign country) Crumple, W. Va.

8. Full maiden name of mother Mary Frances
Residence of mother (if deceased so state) Danville
Occupation of mother clerk, An office Race of mother _____
Birthplace of mother (State or foreign country) Ashland, W. Va.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Judith Ann Honaker
New Address Same
Subscribed and sworn to before me this 8th day of January, 1966
Clerk John Sandell HENDRICKS

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:

Signed _____
Signed _____
Subscribed and sworn to before me this _____ day of _____, 1966

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named _____
County _____ Court by written order issued _____
in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____
of Indiana dated the 12th day of January, 1966, authorizing the joining together as husband and wife
of Steven Bradley Clark and Judith Ann Honaker
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, George A. Davis, hereby certify that on the 28th day of January,
one thousand nine hundred and 66, at Danville, Hendricks County, State of Indiana,
State of Indiana, Groom Steven Bradley Clark of Hendricks County, State of Indiana,
and, Bride Judith Ann Honaker 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 28th day of January, 1966.
Signed Rev. George A. Davis
Official Designation Minister, 1966.
Signed John Sandell Jr. Clerk
Clerk John Sandell Jr. Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 29th day of January, 1966.

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. 4

File Book 28

Date of Application 8 January 1966

MALE

Medical Examination Report Dated 20 December 1966
Name of Physician Donald D. Cheesman MD

FEMALE

Medical Examination Report Dated 20 December 1966
Name of Physician Donald D. Cheesman 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, representa-

MALE APPLICANT

Name Steven Bradley Clark
Date of Birth February 9 1947
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address RI, Bx 36FF, Denville, Hendricks, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Recording clerk: IH.

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?
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
home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages?
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

FEMALE APPLICANT

Name Judith Ann Honaker
Date of Birth December 12 1946
Place of Birth (State or foreign country) Princeton, W. Va.
Residence Address 666 W. Mill, Denville, Hendricks, Ind.
Maiden Name if Different _____

Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Lab. Tech: Hend. Co. Hosp.

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile?
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: Alonzo Mack Honaker
Residence of father (if deceased so state) Deceased.
Occupation of father _____ Race of father white
Birthplace of father (State or foreign country) Crumple, W. Va.

To whom it may concern:
Steven Bradley Clark (18)
has our permission to marry
Judith Ann Honaker.

Eva M. Clark
Henry R. Clark

State of Indiana, County of Hendricks

Before me, the undersigned, a Notary Public,
this 7th day of January, 1966, Henry
R. Clark Jr and Eva M. Clark
acknowledged the above statement.

My commission expires June 1, 1969
Henry R. Clark Jr.
Notary Public

FILED

JAN 8 1966

John Hamblin Jr.
CLERK HENDRICKS CIRCUIT COURT
SUPERIOR

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 12th day of January 1966, authorizing the joining together as husband and wife
Steven Bradley Clark and Judith Ann Honaker
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Gorge A. Davis hereby certify that on the 28th day of January
at Princeton, W. Va. County of Hendricks,
one thousand nine hundred and 66 of Hendricks County, State of Indiana,
State of Indiana, Groom Steven Bradley Clark of Hendricks County, State of Indiana,
and, Bride Judith Ann Honaker 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 28th day of January, 1966. Signed Roy Gorge A. Davis
Official Designation Minister
29th day of January, 1966. Signed John Hamblin Jr. Clerk
Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 5
File Book 28
Date of Application 10 January 1966

MALE
Medical Examination Report Dated 5 January 1966
Name of Physician David B. Haggard, MD.

FEMALE
Medical Examination Report Dated 5 January 1966
Name of Physician David B. Haggard, 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 Glenn R. Bradford
Date of Birth March 29 1911
Place of Birth (State or foreign country) Plainfield, Indiana
Residence Address 118 E. Main, Plainfield, Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 3
Last Marriage Ended By: Death ☐ 47 + 65 Autumn '32
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Cook: Fredricks
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) written proof.

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

| Name | Age | Address |
|------|-----|---------|
| | | |
| | | |
| | | |

(b) Are you supporting or contributing to their support? Yes ☐ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Layton Mille Bradford
Residence of father (if deceased so state) Deceased
Occupation of father _____ Race of father white
Birthplace of father (State or foreign country) Plainfield, Ind.
12. Full maiden name of mother Harriet Stanley
Residence of mother (if deceased so state) Deceased
Occupation of mother _____ Race of mother white
Birthplace of mother (State or foreign country) Plainfield, Ind.

State of Indiana, } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS

Signed Glenn R. Bradford
New Address 1415 E. Main St. Plainfield, Ind.
Subscribed and sworn to before me this 10th day of January, 1966.
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, } ss:
County of HENDRICKS
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk _____

FEMALE APPLICANT

Name Thelma L. Bradford
Date of Birth September 14 1908
Place of Birth (State or foreign country) Haskins, Ohio
Residence Address 1415 E. Main, Plainfield, Ind.
Maiden Name if Different Thelma L. Haskins
Previous Marital Status: Never Married ☐ Number of Previous Marriages 2
Last Marriage Ended By: Death ☐ 46 + 65 Remarriage
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Cook: Fredricks
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Driver's License

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father Sacob Haskins
Residence of father (if deceased so state) Deceased
Occupation of father _____ Race of father white
Birthplace of father (State or foreign country) Western, Ohio

8. Full maiden name of mother Sennie Whitney
Residence of mother (if deceased so state) Deceased
Occupation of mother _____ Race of mother white
Birthplace of mother (State or foreign country) Western, Ohio

State of Indiana, } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS

Signed Thelma L. Bradford
New Address Same
Subscribed and sworn to before me this 10th day of January, 1966.
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, } ss:
County of HENDRICKS
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk _____

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana dated the 14th day of January, 1966, authorizing the joining together as husband and wife of Glenn R. Bradford and Thelma L. Bradford.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Eugene E. Crawford, hereby certify that on the 14th day of January, one thousand nine hundred and 66 at Plainfield, County of Hendricks, State of Indiana, Groom Glenn R. Bradford of Hendricks County, State of Indiana and, Bride Thelma L. Bradford 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 14th day of January, 1966.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1966.

Signed Eugene E. Bradford
Official Designation Justice of the Peace
Signed John Samuel Jr. 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. 6
File Book 28
Date of Application Jan 11-1966

MALE

Medical Examination Report Dated 12-30-65
Name of Physician L. E. Foltz M.D.

FEMALE

Medical Examination Report Dated 12-30-65
Name of Physician L. E. Foltz 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 William Swift
Date of Birth Nov 11 1943
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address R2 Box 4R Brownsburg Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation meat cutter
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify) _____
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the bride closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - Are you able to support a family? Yes ☒ No ☐
 - Are you likely to so continue? Yes ☒ No ☐
 - Do you have minor children from one or more former marriages? No ☐ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

- (b) Are you supporting or contributing to their support? Yes ☐ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Clayton Miner Swift Jr.
Residence of father (if deceased so state) Brownsburg
Occupation of father Monarch Buick Race of father W
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Sada May Bradshaw
Residence of mother (if deceased so state) Brownsburg
Occupation of mother City Securities Race of mother W
Birthplace of mother (State or foreign country) West Virginia

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed William J. Swift

New Address _____

Subscribed and sworn to before me this 11 day of January, 1966
John Lambold, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

FEMALE APPLICANT

Name Dolores Myers
Date of Birth Sept 5 1947
Place of Birth (State or foreign country) Lebanon Ind.
Residence Address R1 Brownsburg Ind.
Maiden Name if Different _____
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Transcriber
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify) _____
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the groom closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - Full name of father Charles R. Myers
Residence of father (if deceased so state) Brownsburg
Occupation of father Self Employed Race of father W
Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Julia Alberta Allen
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, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Dolores J. Myers

New Address _____

Subscribed and sworn to before me this 11 day of January, 1966
John Lambold, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ and filed _____
County _____ Court by written order issued _____
in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

We It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Court, _____
of Indiana dated the 15 day of January, 1966, authorizing the joining together as husband and wife
Be it further remembered the following marriage certificate was filed in my office, to-wit:
I, Joseph D. Wilson at Brownsburg County of Hendricks, State of Indiana
one thousand nine hundred and 66 of Hendricks County, State of Indiana
State of Indiana, Groom William Joseph Swift of Hendricks
and, Bride Dolores Jean Myers 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 _____
County, _____
Dated this 16th day of January, 1966. Signed Joseph D. Wilson
Official Designation Minister
30th day of January, 1966
Signed John Lambold, Jr. Clerk
Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 7File Book 28Date of Application 11 January 1966**MALE**Medical Examination Report Dated 7 January 1966Name of Physician M.O. Scamahoon MD.**FEMALE**Medical Examination Report Dated 7 January 1966Name of Physician M.O. Scamahoon 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 Donald Ray Perry
Date of Birth May 25 1942
Place of Birth (State or foreign country) Madison, Indiana
Residence Address 118 Greenacre Dr. Brownsburg, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Laborer, Aeronautics Spt.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☒ Other (Specify) Draft Card

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

| Name | Age | Address |
|------------|-----|--|
| Carl Perry | | Florida |
| | | Laborer, White |
| | | Birthplace of father (State or foreign country) <u>Owen Co., Ky.</u> |

(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 Perry
Residence of father (if deceased so state) Florida
Occupation of father Laborer Race of father White
Birthplace of father (State or foreign country) Owen Co., Ky.

12. Full maiden name of mother: Debra May Lowden
Residence of mother (if deceased so state) Brownsburg, Ind.
Occupation of mother Housewife Race of mother White
Birthplace of mother (State or foreign country) Madison, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Donald Ray PerryNew Address 118 Greenacre Dr. Brownsburg

Subscribed and sworn to before me this 11th day of January, 1966
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk _____

FEMALE APPLICANT

Name Margaret A. Trent
Date of Birth December 18 1947
Place of Birth (State or foreign country) Tecumseh, Michigan
Residence Address North Salem, Hendricks, Indiana
Maiden Name if Different _____

Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Unemployed
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree ☐ Other (Specify) _____

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father: James James Trent
Residence of father (if deceased so state) North Salem, Ind.
Occupation of father Mechanic Race of father White
Birthplace of father (State or foreign country) Rogersville, Tenn

8. Full maiden name of mother: Ibelen Ferguson
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) North Salem, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Margaret A. TrentNew Address Same

Subscribed and sworn to before me this _____ day of January, 1966
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk _____

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana dated the 15th day of January, 1966, authorizing the joining together as husband and wife of Donald Ray Perry and Margaret A. Trent

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Ray Britton hereby certify that on the 15th day of January, one thousand nine hundred and 66 at Roachdale, County of Putnam, State of Indiana, Groom Donald Ray Perry of Hendricks County, State of Indiana and, Bride Margaret A. Trent 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 15th day of January, 1966

Signed Ray BrittonOfficial Designation Christian Minister

Filed and recorded in accordance with the laws of the State of Indiana this 18th day of January, 1966

Signed John Samuels Jr. Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 8
File Book 28
Date of Application 12 January, 1966

MALE
Medical Examination Report Dated Jan. 10, 1966
Name of Physician Thomas F. Chase, M.D.

FEMALE
Medical Examination Report Dated Jan. 10, 1966
Name of Physician Thomas F. Chase, M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name First Hayward Middle Dwayne Last Price
Date of Birth Month April Day 15 Year 1924
Place of Birth (State or foreign country) Wadestown, West Virginia
Residence Address RR #2, Box 371, Danville, Indiana, Hendricks
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation - Printer
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Driver License

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses:
Eric Marie Price Age 8, Chambersburg, Penn.
Hayward Dwayne Price, Jr. Age 17, Danville, Ind.
David Harold Price Age 16, Danville, Ind.
Stephen Wallace Price Age 9, C. Hospital, New Brighton, Penn.
(b) Are you supporting or contributing to their support? (2) Yes ☒ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father Ezra Wallace Price
Residence of father (if deceased so state) Deceased
Occupation of father _____ Race of father W.
Birthplace of father (State or foreign country) W. Virginia

12. Full maiden name of mother Eliza Jane Michels
Residence of mother (if deceased so state) Deceased
Occupation of mother _____ Race of mother W.
Birthplace of mother (State or foreign country) Pennsylvania

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Hayward Dwayne Price
New Address _____

Subscribed and sworn to before me this 12th day of January, 1966
John A. Fletcher, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary _____

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
_____, Clerk

FEMALE APPLICANT

Name First Betty Middle Jean Last Dove
Date of Birth Month August Day 10 Year 1933
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address Danville, Indiana, Hendricks
Maiden Name if Different Betty Jean
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 - Housekeeper - Housewife
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) _____

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father Harold Joseph Dove
Residence of father (if deceased so state) Deceased
Occupation of father _____ Race of father _____
Birthplace of father (State or foreign country) Indiana

8. Full maiden name of mother Kath Ester Clark
Residence of mother (if deceased so state) Indianapolis, Ind.
Occupation of mother Housewife Race of mother W.
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Betty Jean Dove
New Address _____
Subscribed and sworn to before me this 12th day of January, 1966
John A. Fletcher, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary _____

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
_____, Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ and filed _____
County _____ Court by written order issued _____
in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 12th day of January, 1966, authorizing the joining together as husband and wife of Hayward Dwayne Price and Betty Jean Dove.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, John A. Fletcher hereby certify that on the 15th day of January,
one thousand nine hundred and 66 at Bellville, County of Hendricks,
State of Indiana, Groom Hayward Dwayne Price of Hendricks County, State of Indiana,
and, Bride Betty Jean Dove 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 15th day of January, 1966.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1966.
Signed John A. Fletcher Minister, Danville Friends Church
John A. Fletcher, Jr. 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. 9

File Book 28

Date of Application 13 January 1966

MALE

Medical Examination Report Dated 6 January 1966

Name of Physician Arthur B. Mills MD

FEMALE

Medical Examination Report Dated 6 January 1966

Name of Physician Arthur B. Mills 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 Robert Earl McAvene
Date of Birth January 3 1947
Place of Birth (State or foreign country) Richmond, Indiana
Residence Address RR 8, Box 273B, Indpls, Hendricks, 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 Machinist: Ford Motor 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 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 Earl Ernest McAvene
Residence of father (if deceased so state) Richmond, Ind.
Occupation of father Freeman Telephone Race of father white
Birthplace of father (State or foreign country) Cincinnati, Ind.
12. Full maiden name of mother Ailene Philbeck
Residence of mother (if deceased so state) Richmond, Ind.
Occupation of mother Housewife Race of mother white
Birthplace of mother (State or foreign country) Dayton, Ohio

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS

Signed Robert Earl McAveneNew Address S. Lynchurst, Indpls, Ind.

Subscribed and sworn to before me this 13th day of January, 1966
John Gambell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

Father and mother notarized consent attached.

State of Indiana, HENDRICKS } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this 13th day of January, 1966
John Gambell Clerk

FEMALE APPLICANT

Name Janice Marie Morrison
Date of Birth February 20 1948
Place of Birth (State or foreign country) Bremerton, Wash.
Residence Address 217 NW 11th Richmond, Wayne, Ind.
Maiden Name if Different _____
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify).....
Usual Occupation Typist: Reed Mem. Hosp.
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 Thomas Joseph Morrison
Residence of father (if deceased so state) Richmond, Ind.
Occupation of father Inspector Hatched Race of father white
Birthplace of father (State or foreign country) Louisville, Ky

8. Full maiden name of mother Mary Jean Dolt
Residence of mother (if deceased so state) Richmond, Ind.
Occupation of mother Housewife Race of mother white
Birthplace of mother (State or foreign country) Louisville, Ky

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS

Signed Janice MorrisonNew Address Same

Subscribed and sworn to before me this 13th day of January, 1966
John Gambell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of HENDRICKS

Signed Thomas Morrison FatherSigned Mary Jean Morrison Mother

Subscribed and sworn to before me this 13th day of January, 1966
John Gambell 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 January, 1966, authorizing the joining together as husband and wife of Robert Earl McAvene and Janice Marie Morrison.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Wm. L. Blackwell hereby certify that on the 29th day of January, one thousand nine hundred and 66 at Indianapolis, County of Marion, State of Indiana, Groom Robert Earl McAvene of Hendricks County, State of Indiana and, Bride Janice Marie Morrison of Wayne 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 January, 1966.

Signed Wm. L. Blackwell

Official Designation R. C. Priest
2nd day of February, 1966

Signed John Gambell, Jr. Clerk
Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 2nd day of February, 1966.

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. 9
File Book 28
Date of Application 13 January 1966

MALE

Medical Examination Report Dated 6 January 1966
Name of Physician Arthur B. Millis MD

FEMALE

Medical Examination Report Dated 6 January 1966
Name of Physician Arthur B. Millis 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 Robert First Earl Middle McAvene Last
Date of Birth January Month 3 Day 1947 Year
Place of Birth (State or foreign country) Richmond, Indiana
Residence Address R.R. 3, Box 233, Indpls, Hendricks, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

FEMALE APPLICANT

Name Sanice First Marie Middle Morrison Last
Date of Birth February Month 20 Day 1948 Year
Place of Birth (State or foreign country) Bremerton Wash.
Residence Address 217 W. 11th Richmond, Wayne, Ind.
Maiden Name if Different _____
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

I Carl McAvene am the father of Robert McAvene
who is 19 years of age. I do give my consent to the marriage of
Robert McAvene.

Carl McAvene
Father

I Allene McAvene am the mother of Robert McAvene
who is 19 years of age. I do give my consent to the marriage of
Robert McAvene.

Allene McAvene
Mother

Subscribed and sworn to before me a Notary Public for the State of Indiana
County of Wayne this 12th day of January 1966.

MY COMMISSION EXPIRES APRIL 3, 1969

FILED

JAN 13 1966

John Lambold Jr.
CLERK HENDRICKS COUNTY
SUPERIOR COURT

Father and mother notarized
consent attached.

State of Indiana, } ss:
County of HENDRICKS }
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this 13th day of January, 1966
John Lambold Jr. Clerk

State of Indiana, } ss:
County of HENDRICKS }
Signed Thomas Morrison Father
Signed Mary Jean Morrison Mother
Subscribed and sworn to before me this 13th day of January, 1966
John Lambold Jr. 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 January, 1966, authorizing the joining together as husband and wife
of Robert Earl McAvene and Sanice Marie Morrison
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
1, Rev. Wm. L. Blackwell hereby certify that on the 29th day of January,
one thousand nine hundred and 66 at Indianapolis, County of Marion,
State of Indiana, Groom Robert Earl McAvene of Hendricks County, State of Indiana,
and, Bride Sanice Marie Morrison of Wayne 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 January, 1966.

Signed Wm. L. Blackwell

Official Designation R. C. Priest
Ind day of February, 1966

Signed John Lambold Jr. Clerk
Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 2nd day of February, 1966

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 10
File Book 28
14 January 1966
Date of Application

MALE

Medical Examination Report Dated 3 January 1966
Name of Physician Elmer L. Koch M.D.

FEMALE

Medical Examination Report Dated 3 January 1966
Name of Physician Elmer L. Koch 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 Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State
Previous Marital Status: Never Married ☐ Divorced ☐ Annulled ☐ 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 ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address
Betty Pearl 14 Clayton, 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 John Joseph Gibson
Residence of father (if deceased so state) Deceased
Occupation of father Race of father white
Birthplace of father (State or foreign country) Ky.
12. Full maiden name of mother Lizzie Blair
Residence of mother (if deceased so state) Danville, Ind.
Occupation of mother Housewife Race of mother white
Birthplace of mother (State or foreign country) Ky.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Wilson Gibson
New Address 202 E. Clinton, Danville, Ind.
Subscribed and sworn to before me this day of January, 1966.
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of. Signed Father
Signed Mother
Signed Clerk

Subscribed and sworn to before me this day of 1966.
Clerk

FEMALE APPLICANT

Name First Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State
Maiden Name if Different
Previous Marital Status: Never Married ☐ Divorced ☐ Annulled ☐ 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) written proof
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Boss Stone
Residence of father (if deceased so state) Deceased
Occupation of father Race of father white
Birthplace of father (State or foreign country) Webster Co., Ky.
8. Full maiden name of mother May Anna Senfons
Residence of mother (if deceased so state) Deceased
Occupation of mother Race of mother white
Birthplace of mother (State or foreign country) Webster Co., Ky.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Altha L. Cummings
New Address 14 January 1966

Subscribed and sworn to before me this day of January, 1966.
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of. Signed Father
Signed Mother
Signed Clerk

Subscribed and sworn to before me this day of 1966.
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court by written order issued
County. authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

We It Remembered, there was filed in my office a marriage license issued by the clerk of the County of HENDRICKS, Indiana, authorizing the joining together as husband and wife of Indiana dated the 18th day of January, 1966, and
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
1, A Minister of the Christian Church, hereby certify that on the 18th day of January, 1966, at Danville, Christian Church, County of HENDRICKS, Indiana, one thousand nine hundred and 66, of HENDRICKS, Indiana, County, State of Indiana, Groom Wilson Gibson, and, Bride Altha L. Cummings, 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, Indiana.
Dated this 18th day of January, 1966.
Signed Roy George A. Harris
Official Designation Minister
19th day of January, 1966.
Signed John Randall Jr. Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this
Signed John Randall Jr. 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. 11
File Book 28
15 January 1966
Date of Application

MALE

Medical Examination Report Dated 3 January 1966
Name of Physician Raymond D. Rice M.D.

FEMALE

Medical Examination Report Dated 3 January 1966
Name of Physician Raymond D. Rice 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 Lester Last Morris
Date of Birth January 29 1946
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address 435 S. Kentucky, Danville, Hendricks, 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, Van Camp

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Driver's license

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

- Are you supporting or contributing to their support? Yes ☐ No ☐
- Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father: James Lowell Morris
Residence of father (if deceased so state) Grand Rapids, Mich.
Occupation of father Salesman, Van Camp Race of father white
Birthplace of father (State or foreign country) Indiana

Full name of mother: Priscilla Joan Benson
Residence of mother (if deceased so state) Indianapolis, Ind.
Occupation of mother Housewife Race of mother white
Birthplace of mother (State or foreign country) Indianapolis, Ind.

HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed James Lester Morris
Address 435 S. Kentucky, Danville
to before me this 15th day of January, 1966
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of 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

HENDRICKS } ss:

Signed Mrs. Priscilla Joan Benson Father
Signed Mrs. Priscilla Joan Benson Mother

Subscribed and sworn to before me this 15th day of January, 1966
John G. Campbell Clerk

FEMALE APPLICANT

Name First Lora Middle Lynann Last Keeney
Date of Birth June 3 1946
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address 42 Walnut St., Danville, Hendricks, 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 Beautician, Blue Belle

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Driver's license

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father: Russell Howell Keeney
Residence of father (if deceased so state) Danville, Ind.
Occupation of father Creative Upholsterer Race of father white
Birthplace of father (State or foreign country) Indiana

8. Full maiden name of mother: Lorene Devier Leach
Residence of mother (if deceased so state) Danville, Ind.
Occupation of mother Housewife Race of mother white
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Lora Lynann Keeney

New Address: Same

Subscribed and sworn to before me this 15th day of January, 1966
John G. Campbell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana dated the 15th day of January, 1966, authorizing the joining together as husband and wife of James Lester Morris and Lora Lynann Keeney.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Frederick R. Davis & George A. Davis hereby certify that on the 22nd day of January, 1966, at Danville, County of Hendricks, State of Indiana, Groom James Lester Morris of Hendricks County, State of Indiana and, Bride Lora Lynann Keeney 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 January, 1966.

Signed Frederick R. Davis
George A. Davis

Official Designation Ministers
Signed John G. Campbell Jr. Clerk
Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 22nd day of February, 1966.

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. 11
File Book 28
15 January 1966
Date of Application

MALE
Medical Examination Report Dated 35 January 1966
Name of Physician Raymond D. Rice M.D.

FEMALE
Medical Examination Report Dated 3 January 1966
Name of Physician Raymond D. Rice M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT
Name James Lester Morris
Date of Birth January 29 1946
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address 435 S. Kentucky Danville, Hendricks, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Salesman, Van Camp

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Driver's license

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

- (b) Are you supporting or contributing to their support? Yes ☐ No ☐
- (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father James Lowell Morris
Residence of father (if deceased so state) Grand Rapids, Mich.
Occupation of father Salesman, Van Camp Race of father white
Birthplace of father (State or foreign country) Indiana

12. Full name of mother Lorene Devier Leach

Residence of mother (if deceased so state) Danville, Ind.

Occupation of mother Housewife Race of mother white

Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

County HENDRICKS

Subscribed and sworn to before me this 17 day of JAN 1966

by James Lowell Morris, hereby give my consent for

my son James Lester Morris to

marry Lyn Ann Keeney.

Subscribed and sworn to before me this 17 day of JAN 1966

James Lowell Morris

Notary Public

ROBERT W. MARLIN, JR.

Notary Public, Kent County, Michigan

My Commission Expires Nov. 14, 1969

Subscribed and sworn to before me this 15th day of January, 1966

John L. Lamm Clerk

Subscribed and sworn to before me this _____ day of _____, 19____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the

County _____ Court by written order issued _____ and filed

in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court

of Indiana dated the 20th day of January, 1966, authorizing the joining together as husband and wife

of James Lester Morris and Lora Lynn Keeney

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

Frederick R. Davis & George A. Davis hereby certify that on the 22nd day of January

one thousand nine hundred and 66 at Danville, County of Hendricks

State of Indiana, Groom James Lester Morris of Hendricks County, State of Indiana

and, Bride Lora Lynn Keeney 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 January, 1966.

Signed Frederick R. Davis

Official Designation Ministers

Signed John L. Lamm Clerk

Filed and recorded in accordance with the laws of the State of Indiana this 22nd day of February, 1966

Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 12
File Book 28
Date of Application 15 January 1966

MALE

Medical Examination Report Dated 14 January 1966
Name of Physician Lloyd Terry MD

FEMALE

Medical Examination Report Dated 14 January 1966
Name of Physician Lloyd Terry 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, representa-

MALE APPLICANT

Name First Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Mechanic; USAF
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) USAF I.D.

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

- (b) Are you supporting or contributing to their support? Yes ☐ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father: Homer Preston Bowman
Residence of father (if deceased so state): Danville, Indiana
Occupation of father: Carpenter; Sutherland Race of father: white
Birthplace of father (State or foreign country): Kansas City, Mo.
12. Full maiden name of mother: Elsie Amelia Rugh
Residence of mother (if deceased so state): Danville, Ind.
Occupation of mother: Housewife. Race of mother: white
Birthplace of mother (State or foreign country): Terre Haute, Ind.

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.

Signed: [Signature] New Address: 221 Danville, Ind.

Subscribed and sworn to before me this 15 day of January, 1966
Clerk: [Signature] Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, Hendricks } ss:
County of: Signed: _____ Father
Signed: _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____
Clerk: _____

FEMALE APPLICANT

Name First Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State
Maiden Name if Different
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Student: Beauty School
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify)

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father: Adrian LeRoy Kendall
Residence of father (if deceased so state): Danville, Indiana
Occupation of father: Salesman; Tyson Mob. Co. Race of father: white
Birthplace of father (State or foreign country): Spencer, Indiana
8. Full maiden name of mother: Edra Alberta Farrow
Residence of mother (if deceased so state): Danville, Ind.
Occupation of mother: Assale; Arent Elect. Race of mother: white
Birthplace of mother (State or foreign country): _____, Indiana

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.

Signed: Betty Kendall New Address: R1 Danville, Ind.

Subscribed and sworn to before me this 15 day of January, 1966
Clerk: [Signature] Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, Hendricks } ss:
County of: Signed: _____ Father
Signed: _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____
Clerk: _____

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ Court by written order issued _____ and filed _____ County _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 22nd day of January, 1966, authorizing the joining together as husband and wife of Ronald L. Bowman and Betty J. Kendall. Be it further remembered, the following marriage certificate was filed in my office, to-wit: 22nd day of January, 1966, hereby certify that on the _____ day of _____ at Brownsburg, County of Hendricks, State of Indiana, Groom: Ronald L. Bowman of Hendricks County, State of Indiana, and, Bride: Betty J. Kendall 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 January, 1966.

Signed: Marvin C. Miller, Minister
Official Designation: [Signature] 22nd day of January, 1966
Signed: [Signature] Clerk
Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____
Clerk: [Signature] 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. 13
File Book 28
Date of Application 15 January 1966

MALE

Medical Examination Report Dated 29 December 1965
Name of Physician Harold R. Hunt M.D.

FEMALE

Medical Examination Report Dated 30 December 1965
Name of Physician Harold R. Hunt 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 Lawrence R. O'Hair
Date of Birth February 22 1945
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address 21 Fillmore Putnam, 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 Student: Rose Poly.

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Birth Cert.

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? No ☐ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

- Are you supporting or contributing to their support? Yes ☐ No ☐
- Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Ormond Masten O'Hair
Residence of father (if deceased so state) Fillmore, Indiana
Occupation of father Factory exp. Ill. Race of father white
Birthplace of father (State or foreign country) Putnam Co., Ind.
12. Full maiden name of mother Helen Madeline Ryark
Residence of mother (if deceased so state) Fillmore, Ind.
Occupation of mother Teacher Race of mother white
Birthplace of mother (State or foreign country) Putnam Co., Ind.

State of Indiana, } ss: I depose and state the information given
County of HENDRICKS in this application is true and correct.

Signed Lawrence R. O'Hair

New Address Indpls, Ind.

Subscribed and sworn to before me this 15th day of January, 1966
Clerk John Samuel HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, } ss:
County of HENDRICKS

Signed Ormond O'Hair Father

Signed Madeline O'Hair Mother

Subscribed and sworn to before me this 15th day of January, 1966
Clerk John Samuel HENDRICKS Circuit Court

FEMALE APPLICANT

Name Constance Mae Hanson
Date of Birth August 5 1945
Place of Birth (State or foreign country) Yuba City, California
Residence Address 304 W. Marion Danville, Ind.
Maiden Name if Different

Previous Marital Status: Never Married ☒ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify).....

Usual Occupation Student: I.U.

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify).....

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father Franklin Lee Hanson
Residence of father (if deceased so state) Danville, Ind.
Occupation of father Director of Malt Race of father white
Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Evelyn Mae Hansen
Residence of mother (if deceased so state) Danville, Ind.
Occupation of mother Housewife Race of mother white
Birthplace of mother (State or foreign country) Indiana

State of Indiana, } ss: I depose and state the information given
County of HENDRICKS in this application is true and correct.

Signed Constance Mae Hanson

New Address Same

Subscribed and sworn to before me this 15th day of January, 1966
Clerk John Samuel HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, } ss:
County of HENDRICKS

Signed..... Father

Signed..... Mother

Subscribed and sworn to before me this..... day of....., 19.....
Clerk.....

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
County..... Court by written order issued..... and filed
in..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 22nd day of January, 1966, authorizing the joining together as husband and wife Lawrence R. O'Hair and Constance Mae Hanson.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, John R. Fletcher hereby certify that on the 29th day of January, one thousand nine hundred and 66 at Danville, County of Hendricks, State of Indiana, Groom Lawrence R. O'Hair and, Bride Constance Mae Hanson 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 29th day of January, 1966.

Signed John R. Fletcher

Official Designation Minister
day of January, 1966

Signed John Samuel Clerk
Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 31st

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 14

File Book 28

15 January 1966

Date of Application

MALE

Medical Examination Report Dated 10 January 1966

Name of Physician Paul Stanley Lewis MD

FEMALE

Medical Examination Report Dated 10 January 1966

Name of Physician Paul Stanley Lewis 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, representa-

MALE APPLICANT

Name First Roger Middle L Last Phillips
Date of Birth Month August Day 7 Year 1910
Place of Birth (State or foreign country) Fillmore, Indiana
Residence Address Street or R. R. Box 145 City Shoalsville 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 Assembler, Chevrolet

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Driver's License

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

- Are you supporting or contributing to their support? Yes ☐ No ☒
- Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father Henry Clay Phillips
Residence of father (if deceased so state) Deceased
Occupation of father Deceased Race of father White
Birthplace of father (State or foreign country) Winchester, Ky.

12. Full maiden name of mother Havemma Congleton
Residence of mother (if deceased so state) Deceased
Occupation of mother Deceased Race of mother White
Birthplace of mother (State or foreign country) Winchester, Ky.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Roger L. Phillips

New Address Hendricks Co., Ind.

Subscribed and sworn to before me this 15th day of January, 1966
Clerk John Hamilton HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

FEMALE APPLICANT

Name First Juanita Middle S Last McClintock
Date of Birth Month March Day 23 Year 1917
Place of Birth (State or foreign country) Shoals, Indiana
Residence Address Street or R. R. 1718 S. Moreland City Shoals County Ind. State Ind.

Maiden Name if Different Juanita S. Brock

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 Power Machine Operator, Chevrolet

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Driver's License

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father Roy Brock
Residence of father (if deceased so state) Deceased
Occupation of father Deceased Race of father White
Birthplace of father (State or foreign country) Shoals, Indiana

8. Full maiden name of mother Clara Opene Stout
Residence of mother (if deceased so state) Deceased
Occupation of mother Deceased Race of mother White
Birthplace of mother (State or foreign country) Hinton, Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Juanita J. McClintock

New Address Same

Subscribed and sworn to before me this 15th day of January, 1966
Clerk John Hamilton HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ Court by written order issued _____ and filed _____
in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

We It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 19th day of January, 1966, authorizing the joining together as husband and wife of Roger L. Phillips and Juanita J. McClintock.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Maurice C. Wright hereby certify that on the 22nd day of January, 1966, at Shoalsville, County of Ind., State of Indiana, Groom Roger L. Phillips of Ind. County, State of Indiana, and, Bride Juanita J. McClintock of Ind. 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 January, 1966.

Signed Rev. Maurice C. Wright

Official Designation Pastor, Epworth Baptist Church

Signed John Hamilton Clerk

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____
Clerk John Hamilton 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. 15
File Book 28
Date of Application 17 January 1966

MALE

Medical Examination Report Dated 10 January 1966
Name of Physician Robert S. Grief, M.D.

FEMALE

Medical Examination Report Dated 10 January 1966
Name of Physician Robert S. Grief 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 Edward F. Wade Jr.
Date of Birth April 6, 1942
Place of Birth Marion Co. Indiana
Residence Address 227 Hancock St., Plainfield, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Press Op. Schwitzer Corp.

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Army ID

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? No ☐ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

| Name | Age | Address |
|------|-----|---------|
| | | |
| | | |

- Are you supporting or contributing to their support? Yes ☐ No ☐
- Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Edward Floyd Wade Sr.
Residence of father (if deceased so state) Indianapolis, Indiana
Occupation of father Machinist: Schwitzer Race of father white
Birthplace of father (State or foreign country) Indianapolis, Ind.

12. Full maiden name of mother Addie May Beason
Residence of mother (if deceased so state) Plainfield, Ind.
Occupation of mother Saleslady: Sears Roebuck Race of mother white
Birthplace of mother (State or foreign country) Harriman, Tenn.

State of Indiana, } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS

Signed Edward F. Wade Jr.
New Address 21, Box 41, Moreauville, Ind.
Subscribed and sworn to before me this 17th day of January, 1966
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

FEMALE APPLICANT

Name Bettie Testament Steelman
Date of Birth July 14, 1945
Place of Birth Harriman, Tenn.
Residence Address 730 Hiatt St., Indianapolis, Major, Ind.
Maiden Name if Different Bettie Sue Testament
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Roane Co. Tenn. 1965

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Unemployed

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) _____

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father George Washington Testament Sr.
Residence of father (if deceased so state) Harriman, Tenn.
Occupation of father Custodian: School Race of father white
Birthplace of father (State or foreign country) Montreal, Tenn.

8. Full maiden name of mother Ella Pearl Collins
Residence of mother (if deceased so state) Harriman, Tenn.
Occupation of mother Saleslady: Walke's Race of mother white
Birthplace of mother (State or foreign country) Somerset, Ky.

State of Indiana, } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS

Signed Bettie Testament Steelman
New Address same
Subscribed and sworn to before me this 17th day of January, 1966
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 21st day of January, 1966, authorizing the joining together as husband and wife of Edward F. Wade Jr. and Bettie Testament Steelman.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Fred L. Steinbauer, hereby certify that on the 21st day of January, one thousand nine hundred and 66, at Southport, County of Marion, State of Indiana, Groom Edward F. Wade Jr. of Hendricks County, State of Indiana, and, Bride Bettie Testament Steelman of Marion County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.
Dated this 21st day of January, 1966.

Signed Fred L. Steinbauer
Official Designation Justice of the Peace
Filed and recorded in accordance with the laws of the State of Indiana this 7th day of February, 1966.
Signed John Marshall Jr. 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. 116
File Book 28
Date of Application 17 January 1966

HENDRICKS County

MALE

Medical Examination Report Dated 15 January 1966
Name of Physician James E. Southan

FEMALE

Medical Examination Report Dated 15 January 1966
Name of Physician James E. S.

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 Paul First Edward Middle Mackey Last
Date of Birth January Month 24 Day 1946 Year
Place of Birth Connersville, Indiana (State or foreign country)
Residence Address 252 S. Tenn, Danville, Hendricks, Ind. Street or R. R. City County State
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Corp: USMC
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) USMC I.D.

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

| Name | Age | Address |
|------|-----|---------|
| | | |
| | | |

- Are you supporting or contributing to their support? Yes ☐ No ☒
- Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father Sohn Arvil Mackey
Residence of father (if deceased so state) Danville, Ind.
Occupation of father Painter: Self emp Race of father white
Birthplace of father (State or foreign country) Pleasantville, Ind.
12. Full maiden name of mother Trulla May Dunn
Residence of mother (if deceased so state) Danville, Indiana
Occupation of mother Cook: Fredrick Race of mother white
Birthplace of mother (State or foreign country) Henry Co., Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Paul Edward Mackey
New Address 1431, Beauport, SC
Subscribed and sworn to before me this 17th day of January, 1966
Clerk John Samuel Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____

Signed John A Mackey Father
Signed John A Mackey Mother
Subscribed and sworn to before me this 17th day of January, 1966
Clerk John Samuel

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties.
in Hendricks County Circuit Court by written order issued 17 January 1966
in Clerks office authorizes and directs the issuance of a marriage license to the above named parties. 3da

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 January, 1966, authorizing the joining together as husband and wife of Paul Edward Mackey and Shirley Sue Fellows.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Richard Thomas Call hereby certify that on the 19th day of January, 1966, at Danville, County of Hendricks, State of Indiana, one thousand nine hundred and 66, Paul Edward Mackey of Hendricks County, State of Indiana, Groom, and Shirley Sue Fellows 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 19th day of January, 1966.

Signed Rev. Richard Thomas Call
Official Designation Baptist Minister
day of January, 1966
Signed John Samuel Clerk
Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 18th day of January, 1966.

Signed John Samuel 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. 116
File Book 28
Date of Application 17 January 1966

MALE

Medical Examination Report Dated 15 January 1966
Name of Physician James E. Southan

FEMALE

Medical Examination Report Dated 15 January 1966
Name of Physician James E. S.

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 Paul First Edward Middle Mackey Last
Date of Birth January Month 24 Day 1946 Year
Place of Birth Connersville, Indiana (State or foreign country)
Residence Address 252 S. Tenn, Danville, Hendricks, Ind. Street or R. R. City County State
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Corp: USMC
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) USMC I.D.

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

| Name | Age | Address |
|------|-----|---------|
| | | |
| | | |
| | | |

- (b) Are you supporting or contributing to their support? Yes ☐ No ☐
- (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Sohn Arvil Mackey
Residence of father (if deceased so state) Danville, Ind.
Occupation of father Painter: Self emp Race of father white
Birthplace of father (State or foreign country) Pleasantville, Ind.
12. Full maiden name of mother Trulla May Dunn
Residence of mother (if deceased so state) Danville, Indiana
Occupation of mother Cook: Fredrick Race of mother white
Birthplace of mother (State or foreign country) Denny Co., Ind.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
County of Hendricks

FEMALE APPLICANT

Name Shirley First Sue Middle Fellows Last
Date of Birth September Month 17 Day 1946 Year
Place of Birth Greencastle, Indiana (State or foreign country)
Residence Address 22 Br 48, Danville, Hendricks, Ind. Street or R. R. City County State
Maiden Name if Different _____

Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Unemployed
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) 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 George Luther Fellows
Residence of father (if deceased so state) Danville, Indiana
Occupation of father Source Test: hinde Race of father white
Birthplace of father (State or foreign country) Parke Co., Ind.
8. Full maiden name of mother Elizabeth Ann Mendenhall
Residence of mother (if deceased so state) Danville, Ind.
Occupation of mother Cook: HC Hosp. Race of mother white
Birthplace of mother (State or foreign country) Bloomington, Ind.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
County of Hendricks

Signed Shirley Sue Fellows
New Address _____
Subscribed and sworn to before me this 17th day of January, 1966
Signed John Samdell Clerk HENDRICKS Circuit Court

Subscri

CONSE

We, the

signs,

State o

County

Subscri

COM

in

I, Mrs Trulla Mackey, hereby give my consent for
my son Paul Edward Mackey
marry Shirley Sue Fellows.

Subscribed and sworn to before me this 17th day of Jan, 1966

Janita Moore
Notary Public
Sept 15 - 1966

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

We It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 17th day of January, 1966, authorizing the joining together as husband and wife of Paul Edward Mackey and Shirley Sue Fellows.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Richard Thomas Call, hereby certify that on the 17th day of January, 1966, at Danville, County of Hendricks, State of Indiana, one thousand nine hundred and 66, of Hendricks County, State of Indiana, Groom Paul Edward Mackey and, Bride Shirley Sue Fellows 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 17th day of January, 1966. Signed Rev. Richard Thomas Call
Official Designation Baptist Minister
17th day of January, 1966. Signed John Samdell Clerk Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 17th day of January, 1966.

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. 17
File Book 28
Date of Application 18 January 1966

MALE

Medical Examination Report Dated 13 January 1966
Name of Physician W.S. Fitzgerald MD.

FEMALE

Medical Examination Report Dated 13 January 1966
Name of Physician W.S. Fitzgerald 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 John First Arthur Middle Crockett Last
Date of Birth November Month 27 Day 1946 Year
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address R2 Samestown, Boone, 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 Form Hand: Roy Disney

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Draft Card

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? No ☐ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

| Name | Age | Address |
|------|-----|---------|
| | | |

- (b) Are you supporting or contributing to their support? Yes ☐ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Walter Myrtle Crockett
Residence of father (if deceased so state) Elwood, Indiana
Occupation of father unk. Race of father white
Birthplace of father (State or foreign country) Marengo, Indiana
12. Full maiden name of mother Virginia Rose McKinney
Residence of mother (if deceased so state) Samestown, Ind.
Occupation of mother Housewife Race of mother white
Birthplace of mother (State or foreign country) Brownsburg, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed John Arthur Crockett
New Address R2 Samestown, Indiana

Subscribed and sworn to before me this 18th day of January, 1966
John Samuel Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of 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 custody.

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father

Signed Virginia Rose McKinney Mother

Subscribed and sworn to before me this 18th day of January, 1966
John Samuel Clerk

FEMALE APPLICANT

Name Betty First Lorene Middle Schriber Last
Date of Birth January Month 13 Day 1948 Year
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address R1 Litzan, Hendricks, Indiana Street or R. R. City County State

Maiden Name if Different _____

Previous Marital Status: Never Married ☒ Number of Previous Marriages _____

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Unemployed

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) _____

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father Parvan Bryant Schriber
Residence of father (if deceased so state) Litzan, Ind.
Occupation of father Reparman: Music Boxes Race of father white
Birthplace of father (State or foreign country) Marengo, Indiana

8. Full maiden name of mother Emily Grace Gibson
Residence of mother (if deceased so state) Litzan, Ind.
Occupation of mother Housewife Race of mother white
Birthplace of mother (State or foreign country) Washington, Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Betty Lorene Schriber

New Address Same

Subscribed and sworn to before me this 18th day of January, 1966
John Samuel Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 22nd day of January, 1966, authorizing the joining together as husband and wife of John Arthur Crockett and Betty Lorene Schriber.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Frank E. Wynn hereby certify that on the 22nd day of Jan.,
one thousand nine hundred and 66 at Harville, County of Hendricks,
State of Indiana, Groom John Arthur Crockett of Hendricks County, State of Indiana
and, Bride Betty Lorene Schriber 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 January, 1966.

Signed Frank E. Wynn

Official Designation Justice of Peace

Signed John Samuel Jr Clerk
Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 31 day of Jan., 1966.

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 18
File Book 28
18 January 1966
Date of Application

MALE
Medical Examination Report Dated 13 January 1966
Name of Physician James Black M.D.

FEMALE
Medical Examination Report Dated 13 January 1966
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, representa-

MALE APPLICANT

Name First Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State
Previous Marital Status: Never Married ☐ Divorce ☐ Annulment ☐
Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Freight Car Repairman
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Driver's License

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

| Name | Age | Address |
|--|-----|---------|
| (b) Are you supporting or contributing to their support? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | |
| (c) Are you complying with any court order or orders issued for their support? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | |

11. Full name of father Theodore Hines
Residence of father (if deceased so state) Deceased
Occupation of father — Race of father white
Birthplace of father (State or foreign country) Boxley, Ind.
12. Full maiden name of mother Flora Belle Benson
Residence of mother (if deceased so state) Deceased
Occupation of mother — Race of mother white
Birthplace of mother (State or foreign country) Zionsville, Ind.

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of Hendricks
Signed Bernard Earl Hines
New Address R2, Box 181K, Plainfield, Ind.
Subscribed and sworn to before me this 18th day of January, 1966.
John Sandell Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, Hendricks } ss:
County of Hendricks
Signed _____ Father
Signed _____ Mother
Signed _____
Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk

FEMALE APPLICANT

Name First Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State
Maiden Name if Different
Previous Marital Status: Never Married ☐ Divorce ☐ Annulment ☐
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Housework

- Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Driver's License
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the groom closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - Full name of father Milton LaForest Hess
Residence of father (if deceased so state) Deceased
Occupation of father — Race of father white
Birthplace of father (State or foreign country) Mechanicsburg, Ohio

8. Full maiden name of mother Martha Belle Hoisington
Residence of mother (if deceased so state) Danville, Ind.
Occupation of mother Housewife
Race of mother white
Birthplace of mother (State or foreign country) Mechanicsburg, Ohio

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of Hendricks
Signed Mary Lou Clark
New Address Same
Subscribed and sworn to before me this 18th day of January, 1966.
John Sandell Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, Hendricks } ss:
County of Hendricks
Signed _____ Father
Signed _____ Mother
Signed _____
Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court by written order issued _____ and filed _____
County _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 22 day of January, 1966, authorizing the joining together as husband and wife of Bernard Earl Hines and Mary Lou Clark.
Be it further remembered, the following marriage certificate was filed in my office, to-wit: 29th day of January, 1966.
I, Marvin W. Cook, hereby certify that on the 29th day of January, 1966, at Danville, County of Hendricks, State of Indiana, Groom Bernard Earl Hines of Hendricks County, State of Indiana, and, Bride Mary Lou Clark of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.
Dated this 29th day of January, 1966.
Signed Marvin W. Cook
Official Designation Minister
1st day of February, 1966.
Signed John Sandell Jr. Clerk
Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 19

File

Date of Application

Jan 20-1966

MALE

Medical Examination Report Dated

Dec. 31-1965

Name of Physician

Joseph O. Flora M.D.

FEMALE

Medical Examination Report Dated

Jan 6-1966

Name of Physician

Frank W. Jinsley

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 Alva Lee Norris Jr.
Date of Birth March 18 1947
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address R 2 Box 330 Plainfield Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐Color or Race White ☒ Negro ☐ Other ☐ (specify) _____Usual Occupation Truck DriverDate of birth verified by: ☐ Birth Cert. ☐ Judicial Decree☐ Other (Specify) Drivers License

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

| Name | Age | Address |
|------|-----|---------|
| | | |
| | | |

- (b) Are you supporting or contributing to their support? Yes ☐ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Alva Lee Norris Sr.
Residence of father (if deceased so state) Plainfield
Occupation of father Factory Race of father W
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Leona Baker
Residence of mother (if deceased so state) Plainfield
Occupation of mother Practical nurse Race of mother W
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Alva Lee Norris Jr.

New Address _____

Subscribed and sworn to before me this 20 day of January, 1966
John Hamboldt, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____

Signed Alva Lee Norris Sr. Father
Signed Mrs. Leona Norris Mother

Subscribed and sworn to before me this 20 day of Jan, 1966
John Hamboldt, Jr. Clerk

FEMALE APPLICANT

Name Barbara Venita Brewer
Date of Birth Oct 15 1950
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address 2542 E 30th St Indianapolis Ind.
Maiden Name if Different Marion Ind.

Previous Marital Status: Never Married ☒ Number of Previous Marriages 0Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐Color or Race White ☒ Negro ☐ Other ☐ (specify) _____Usual Occupation noneDate of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father Dallard Brewer
Residence of father (if deceased so state) Chicago
Occupation of father Truck Driver Race of father W
Birthplace of father (State or foreign country) Kentucky
8. Full maiden name of mother Ival Owens
Residence of mother (if deceased so state) Indianapolis
Occupation of mother Waitress Race of mother W
Birthplace of mother (State or foreign country) Kentucky

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Barbara Venita Brewer

New Address _____

Subscribed and sworn to before me this 20 day of Jan, 1966
John Hamboldt, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

Divorced
mother has full custody

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed Ival Brewer Mother

Subscribed and sworn to before me this 20 day of Jan, 1966
John Hamboldt, Jr. 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 1-20-66 and filed in Clerks office authorizes and directs the issuance of a marriage license to the above named parties. Warr: 3 Judge

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 January, 1966, authorizing the joining together as husband and wife of Alva Lee Norris Jr. and Barbara Venita Brewer.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Gray L. Tallent hereby certify that on the 29 day of January, 1966, at Plainfield, County of Hendricks, State of Indiana, Groom Alva L. Norris Jr. of Hendricks County, State of Indiana, and, Bride Barbara V. Brewer 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 29 day of January, 1966.

Signed Gray L. TallentOfficial Designation Minister of the Gospel2nd day of February, 1966

Signed John Hamboldt Jr. Clerk
Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 2nd day of February, 1966

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 20

File Book 28

Date of Application 20 January 1966

MALE

Medical Examination Report Dated 8 January 1966

Name of Physician Richard T. Nolin, MD.

FEMALE

Medical Examination Report Dated 8 January 1966

Name of Physician Richard T. Nolin, 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 Middle Last
Donald Eugene Gilbert
Date of Birth Month Day Year
October 29 1942
Place of Birth (State or foreign country)
Du Pont, Indiana
Residence Address Street or R. R. City County State
7145 E 82nd Indpls, Marion, 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 SA: USN
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Navy ID.

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address
Donald Cay 2 7145 E 82nd 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 Ova Lee Gilbert
Residence of father (if deceased so state) Indpls, Ind.
Occupation of father Former settle. Race of father white
Birthplace of father (State or foreign country) Boonville, Ky.
12. Full maiden name of mother Opal Lee Brown
Residence of mother (if deceased so state) Indpls, Ind.
Occupation of mother Nurse at St Vincent Race of mother white
Birthplace of mother (State or foreign country) Paint Lick, Ky.

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of Hendricks

Signed Donald Eugene Gilbert
New Address Great Lakes N.T.S.

Subscribed and sworn to before me this 20 day of January, 1966
John Samuels Jr. Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, Hendricks } ss:
County of Hendricks

Signed _____ Father
Signed _____ Mother
Signed _____ 1966

Subscribed and sworn to before me this _____ day of _____, 1966
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ and filed _____ Court by written order issued _____
County _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the Clerk of the _____, 1966, authorizing the joining together as husband and wife of Indiana dated the 5th day of February, 1966, and _____
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Harold V. Comer, hereby certify that on the 5th day of February, 1966, at Brownsburg, County of Hendricks, State of Indiana, Groom Donald Eugene Gilbert of Marion, County, State of Indiana, and, Bride Sandra Lee Francis 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 5th day of February, 1966.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1966.

Signed Harold V. Comer
Official Designation Evangelist
23rd day of February, 1966
Signed John Samuels Jr. 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. 21
File Book 28
Date of Application 22 January 1966

MALE
Medical Examination Report Dated 20 January 1966
Name of Physician L.H. Ellis, M.D.

FEMALE
Medical Examination Report Dated 20 January 1966
Name of Physician L.H. Ellis, M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT
Name Steven Edward Ross
Date of Birth January 30 1946
Place of Birth Granville, Indiana
Residence Address RL Hixton, Hendricks, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) Student: De Pauw.
Usual Occupation Student: De Pauw.
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify) _____
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the bride closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - Are you able to support a family? Yes ☒ No ☐
 - Are you likely to so continue? Yes ☒ No ☐
 - Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c) No ☒ Yes ☐

(a) List their full names, ages and addresses

Name Age Address

- (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 Edward Ross
Residence of father (if deceased so state) Hixton, Indiana
Occupation of father Farmer: self. Race of father white
Birthplace of father (State or foreign country) Ellettsburg, Ia.
12. Full maiden name of mother Anna Lou Hickman
Residence of mother (if deceased so state) Hixton, Ind.
Occupation of mother Housewife Race of mother white
Birthplace of mother (State or foreign country) Indiana

State of Indiana, } ss: I depose and state the information given
County of HENDRICKS in this application is true and correct.

Signed Steven Edward Ross
New Address Hixton, Ind.
Subscribed and sworn to before me this 22nd day of January, 1966
Clerk John Samblott HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, } ss:
County of HENDRICKS
Signed George E. Ross Father
Signed Anna Lou Ross Mother
Subscribed and sworn to before me this 22nd day of January, 1966
Clerk John Samblott

FEMALE APPLICANT
Name Janet Sue Wyeth
Date of Birth December 23 1946
Place of Birth Hebanon, Indiana
Residence Address North Salem, Hendricks, Indiana
Maiden Name if Different _____
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Bookkeeper: Danville State Bk.
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify) _____
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the groom closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father Harry Glen Wyeth
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) Boone Co., Ind.
8. Full maiden name of mother Bernice Irene Johnson
Residence of mother (if deceased so state) North Salem, Ind.
Occupation of mother Nurse Ad. Hosp. Race of mother white
Birthplace of mother (State or foreign country) Hendricks Co., Ind.

State of Indiana, } ss: I depose and state the information given
County of HENDRICKS in this application is true and correct.

Signed Janet Sue Wyeth
New Address Same.
Subscribed and sworn to before me this 22nd day of January, 1966
Clerk John Samblott HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, } ss:
County of HENDRICKS
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 26th day of January, 1966, authorizing the joining together as husband and wife of Steven Edward Ross and Janet Sue Wyeth.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, William L. Kessler hereby certify that on the 28th day of January, one thousand nine hundred and 66 at Jamestown, County of Boone, State of Indiana, Groom Steven Edward Ross of Hendricks County, State of Indiana, and, Bride Janet Sue Wyeth 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 January, 1966.

Filed and recorded in accordance with the laws of the State of Indiana this 3rd day of February, 1966.
Signed William L. Kessler Official Designation Methodist Clergyman
Signed John Samblott Jr. 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. 22
File Book 28
22 January 1966
Date of Application

MALE
Medical Examination Report Dated 17 January 1966
Name of Physician V. D. Gaddy, M.D.

FEMALE
Medical Examination Report Dated 17 January 1966
Name of Physician V. D. Gaddy, 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 Eugene R. Phillips
Date of Birth 20 1943
Place of Birth Lebanon, Indiana
Residence Address 321 Stadium Dr., Brownsburg, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Printer, Rough Notes.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

- ☒ Other (Specify) Army, I.D.
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
 - If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the bride closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - Are you able to support a family? Yes ☒ No ☐
 - Are you likely to so continue? Yes ☒ No ☐
 - Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

| Name | Age | Address |
|------|-----|---------|
| | | |

- (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 Aaron Buford Phillips
Residence of father (if deceased so state) Brownsburg, Ind.
Occupation of father Machinist, Alcoa Race of father White
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Edith Marie Russell
Residence of mother (if deceased so state) Brownsburg, Ind.
Occupation of mother Housewife Race of mother White
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Eugene R. Phillips
New Address Brownsburg, Ind.

Subscribed and sworn to before me this 22nd day of January, 1966
Clerk John G. Samuels HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:

Signed _____ Father
Signed _____ Mother
Signed _____

Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

FEMALE APPLICANT

Name Sean Dugan
Date of Birth 24 1943
Place of Birth Indianapolis, Indiana
Residence Address 728 N. Belmont, Indpls, Marion, Ind.
Maiden Name if Different _____

Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Acct. Clerk, Blue Cross-Sick.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify) _____
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the groom closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - Full name of father unknown

Residence of father (if deceased so state) _____
Occupation of father _____ Race of father _____

Birthplace of father (State or foreign country) _____

8. Full maiden name of mother Laurae Dugan
Residence of mother (if deceased so state) Indianapolis, Ind.
Occupation of mother Housewife Race of mother White
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Sean Dugan
New Address same

Subscribed and sworn to before me this 22nd day of January, 1966
Clerk John G. Samuels HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:

Signed _____ Father
Signed _____ Mother
Signed _____

Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court by written order issued _____ and filed _____
County _____

in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____, 19____, authorizing the joining together as husband and wife of Indiana dated the 26th day of January, 1966, and _____

Be it further remembered, the following marriage certificate was filed in my office, to-wit: _____
I, Lester B. Yearick hereby certify that on the 29th day of January, 1966, at Brownsburg, County of Hendricks, State of Indiana, one thousand nine hundred and 66 of Hendricks County, State of Indiana, and, Bride Sean Dugan of _____

State of Indiana, Groom Eugene R. Phillips 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 29th day of January, 1966. Signed Lester B. Yearick
Official Designation Minister
3rd day of February, 1966.
Signed John G. Samuels Jr. Clerk
Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 23
File Book 28
24 January 1966
Date of Application

MALE
Medical Examination Report Dated 20 January 1966
Name of Physician Thomas P. Chase MD

FEMALE
Medical Examination Report Dated 20 January 1966
Name of Physician Thomas P. Chase 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 James Edward Engel King
Date of Birth August 1 1937
Place of Birth Beech Grove, Indiana
Residence Address R3 Danville, Hendricks, Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Adm. Supply Tech. US Army
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) _____

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

| Name | Age | Address |
|--------------|-----|--------------------------|
| Berely Ann | 6 | 430 N. De Quincy Ind. 6. |
| Susan Leah | 5 | |
| Nancy Louise | 3 | |

(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 Irvin William Engelking
Residence of father (if deceased so state) Indianapolis, Ind.
Occupation of father Salesman Gen. Time Race of father white
Birthplace of father (State or foreign country) Ind. Ind.
12. Full maiden name of mother Virginia Allen Smith
Residence of mother (if deceased so state) Indianapolis, Ind.
Occupation of mother Housewife Race of mother white
Birthplace of mother (State or foreign country) Ft. Rame Ala.

State of Indiana, } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS
Signed James E. King
New Address R3, Danville, Ind. 6.
Subscribed and sworn to before me this 24th day of January, 1966
Clerk John S. Smith HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, } ss:
County of HENDRICKS
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

FEMALE APPLICANT

Name Rose M. Stringfellow
Date of Birth February 18 1932
Place of Birth La Grange, Indiana
Residence Address R3 Danville, Hendricks, Ind.
Maiden Name if Different Rose M. Dickerson
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 Waitress: Waffle house
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 Willard Burton Dickerson
Residence of father (if deceased so state) Kendallville, Ind.
Occupation of father Farmer Race of father white
Birthplace of father (State or foreign country) Gas City, Ind.
8. Full maiden name of mother Edith Lucile Grantham
Residence of mother (if deceased so state) Kendallville, Ind.
Occupation of mother Housewife Race of mother white
Birthplace of mother (State or foreign country) Logansport, Ind.

State of Indiana, } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS
Signed Rose M. Stringfellow
New Address Same
Subscribed and sworn to before me this 24th day of January, 1966
Clerk John S. Smith HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, } ss:
County of HENDRICKS
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties. 3da Waive

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 _____ County _____ Court of Indiana dated the 25th day of January, 1966, authorizing the joining together as husband and wife of James Edward Engelking and Rose M. Stringfellow.
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 26th day of January, 1966, at The Danville Christian Church County of Hendricks, State of Indiana, Groom James Edward Engelking of Hendricks County, State of Indiana, and, Bride Rose M. Stringfellow 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 26th day of January, 1966.

Filed and recorded in accordance with the laws of the State of Indiana this 28th day of January, 1966.
Signed Rev. George A. Harris Minister
Signed John S. Smith Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 24
File Book 28
24 January 1966
Date of Application

MALE

Medical Examination Report Dated 19 January 1966
Name of Physician D.D. B. Haggard, M.D.

FEMALE

Medical Examination Report Dated 19 January 1966
Name of Physician D.D. B. Haggard, M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name Robert E. Asher
Date of Birth July 2 1946
Place of Birth (State or foreign country) Chicago, Ill.
Residence Address 203 Hancock Rd. Plainfield, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Student: Plainfield High.
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify) _____
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the bride closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - Are you able to support a family? Yes ☒ No ☐
 - Are you likely to so continue? Yes ☒ No ☐
 - Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

| Name | Age | Address |
|--|--|---------|
| (b) Are you supporting or contributing to their support? | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| (c) Are you complying with any court order or orders issued for their support? | Yes <input type="checkbox"/> No <input type="checkbox"/> | |

11. Full name of father Claude Hubert Asher
Residence of father (if deceased so state) Plainfield, Ind.
Occupation of father Supt. Hy Grade Race of father white
Birthplace of father (State or foreign country) English, Ind.
12. Full maiden name of mother Wanda Lucille Asher
Residence of mother (if deceased so state) Plainfield, Ind.
Occupation of mother Production Hy Grade Race of mother white
Birthplace of mother (State or foreign country) English, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Robert E. Asher
New Address 21, Bx 702 Plainfield, Ind.
Subscribed and sworn to before me this 24th day of January, 1966.
Clerk John Gambell HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.
Father not needed consent attached.

State of Indiana, HENDRICKS } ss:
County of _____
Signed Mrs. Claude Asher Father
Signed Mrs. Claude Asher Mother
Subscribed and sworn to before me this 24th day of January, 1966.
Clerk John Gambell HENDRICKS Circuit Court

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued 24 January 1966 and filed in Clerks office authorizes and directs the issuance of a marriage license to the above named parties. 31st of January

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 _____ County _____, Indiana dated the 24th day of January, 1966, authorizing the joining together as husband and wife of Robert E. Asher and Debra S. McCallum.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Warren A. Robbins, hereby certify that on the 29th day of January, 1966, at Plainfield, County of Hendricks, State of Indiana, one thousand nine hundred and 66, of Hendricks County, State of Indiana, State of Indiana, Groom Robert E. Asher, of Hendricks County, State of Indiana, and, Bride Debra J. McCallum, 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 29th day of January, 1966.

Signed Warren A. Robbins
Official Designation Christian Minister
31st day of January, 1966.
Clerk John Gambell Jr. HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1966.

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 24
File Book 28
24 January 1966
Date of Application

MALE
Medical Examination Report Dated 19 January 1966
Name of Physician D. B. Haggard, M.D.

FEMALE
Medical Examination Report Dated 19 January 1966
Name of Physician D. B. Haggard, M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT
Name Robert First E. Middle Asher Last
Date of Birth July Month 2 Day 1946 Year
Place of Birth Chicago, Ill. (State or foreign country)
Residence Address 203 Hancock Rd. Plainfield, Ind. City Plainfield County Hendricks State Ind.
Previous Marital Status: Never Married ☒ Divorce ☐ Annulment ☐
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Student: Plainfield High.
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? No ☒ Yes ☐
9. Are you likely to so continue? No ☒ Yes ☐
10. Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name _____ Age _____ Address _____
(b) Are you supporting or contributing to their support?
(c) Are you complying with any court order or orders issued for their support?
11. Full name of father Claude Hubert
Residence of father (if deceased so state) Plainfield
Occupation of father Supt. Hy Grade Race of father English
Birthplace of father (State or foreign country) English
12. Full maiden name of mother Wanda Lucille
Residence of mother (if deceased so state) Plainfield
Occupation of mother Production Hy Grade Race of mother English
Birthplace of mother (State or foreign country) English

State of Indiana, HENDRICKS ss: I depose and state that in this application I
County of _____
Signed Robert E. Asher
New Address 21, Bx 702 P
Subscribed and sworn to before me this 24th day of Jan
John Samuels Clerk HENDRICKS

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage.
signs, state facts which render the consent of the other parent unnecessary
Fathers not at home
attached.

State of Indiana, HENDRICKS ss:
County of _____
Signed Mrs. Claude Asher
Signed John Samuels
Subscribed and sworn to before me this 24th day of Jan

COMPLETE IF MARRIAGE LICENSE ISSUED BY OFFICIAL
Hendricks County Circ
in Clerk's office authorizes and directs

RETURN OF MARRIAGE LICENSE
Be It Remembered, there was filed in my office of Indiana dated the 24th day of Jan
Robert E. Asher
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Warren A. Robbins hereby certify that on the 29th day of January
at Plainfield County of Hendricks
one thousand nine hundred and 66 County, State of Indiana
State of Indiana, Groom Robert E. Asher of Hendricks County, State of Indiana
and, Bride Debra J. McCollum 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 29th day of January, 1966. Signed Warren A. Robbins
Official Designation Christian Minister
31st day of January, 1966. Signed John Samuels Jr. Clerk
Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1966.

Form T-M-5



AFFIDAVIT

STATE OF INDIANA } ss:
COUNTY OF Hendricks

Claude H. Asher
NAME
203 Hancock Rd., Plainfield, Indiana
ADDRESS

Deposes and says upon his (or her) oath that:
I, Claude H. Asher, hereby give my consent for
my son, Robert E. Asher, to marry Debbie
McCollum.

Claude H. Asher SIGNED
Subscribed and sworn to before me this 24 day of January
19 66.
Betty J. Nutty MOTARY PUBLIC
My commission expires 5-14-69

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No.

File

Date of Application

MALE

Medical Examination Report Dated

Name of Physician

FEMALE

Medical Examination Report Dated

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 Charles Robert Harding
Date of Birth June 1948
Place of Birth Indianapolis, Ind.
Residence Address 3246 Clare Dr., Hendricks, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) None
Usual Occupation Painter: C.E. Mansure
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify) _____
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the bride closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - Are you able to support a family? Yes ☒ No ☐
 - Are you likely to so continue? Yes ☒ No ☐
 - Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

| Name | Age | Address |
|-------------------------|-----|--------------------------|
| Charles Merrill Harding | | Indpls, Ind. (Hendricks) |

- (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 Merrill Harding
Residence of father (if deceased so state) Indpls, Ind. (Hendricks)
Occupation of father Machinist: Anchor Race of father white
Birthplace of father (State or foreign country) Indianapolis, Ind.
12. Full maiden name of mother Dorothy Ann Howe
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, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS

Signed Charles R. Harding
New Address 3246 Clare Dr., Hendricks, Ind.
Subscribed and sworn to before me this 25th day of January, 1966
John Gambell, Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of HENDRICKS

Signed Charles Merrill Harding Father
Signed Dorothy Ann Howe Mother
Subscribed and sworn to before me this 25th day of January, 1966
John Gambell, Clerk

FEMALE APPLICANT

Name Sue Ann Eastes
Date of Birth January 25 1950
Place of Birth Indianapolis, Ind.
Residence Address 7777 W. Wash, Indpls, Marion, Ind.
Maiden Name if Different _____
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) None
Usual Occupation Student: Ben Davis
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify) _____
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the groom closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - Full name of father Howard Clay Eastes
Residence of father (if deceased so state) Indianapolis, Ind.
Occupation of father Off. Clerk: Let. Weather Race of father white
Birthplace of father (State or foreign country) Clayton, Ind.
8. Full maiden name of mother Lettie May Ryan
Residence of mother (if deceased so state) Indianapolis, Ind.
Occupation of mother Waitress Race of mother white
Birthplace of mother (State or foreign country) Marion, Ohio

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS

Signed Sue Ann Eastes
New Address Same
Subscribed and sworn to before me this 25th day of January, 1966
John Gambell, Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of 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 separated, Court
Wares mothers consent
as her whereabouts are unknown

State of Indiana, HENDRICKS } ss:
County of HENDRICKS

Signed Howard C Eastes Father
Signed _____ Mother
Subscribed and sworn to before me this 25th day of January, 1966
John Gambell, 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 25 January, 1966 and filed in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties 30a, age & Eastes mother or W

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

We It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 25th day of January, 1966, authorizing the joining together as husband and wife of Charles Robert Harding and Sue Ann Eastes.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Reed M. Stewart hereby certify that on the 29th day of January, 1966, at Bridgeport, County of Marion, State of Indiana, Groom Charles Robert Harding of Marion County, State of Indiana, and, Bride Sue Ann Eastes 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 29th day of January, 1966.

Filed and recorded in accordance with the laws of the State of Indiana this 31st day of January, 1966.

Signed Reed M. Stewart
Official Designation Pastor, Methodist Church
Signed John Gambell Jr. Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No.

File

Date of Application

MALE

Medical Examination Report Dated

Name of Physician

FEMALE

Medical Examination Report Dated

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 Robert Gene Haak, Sr.
Date of Birth July 26 1947
Place of Birth Madison, Indiana
Residence Address 825 Highland Dr., Plainfield, Hend., Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Salesman: Gibson

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify) _____
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the bride closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - Are you able to support a family? Yes ☒ No ☐
 - Are you likely to so continue? Yes ☒ No ☐
 - Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

(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 Gene Haak, Sr.
Residence of father (if deceased so state) Plainfield, Ind.
Occupation of father Sec. of State Race of father white
Birthplace of father (State or foreign country) Indianapolis, Ind.
12. Full maiden name of mother Velma Leah Hatfield
Residence of mother (if deceased so state) Plainfield, Ind.
Occupation of mother Housewife Race of mother white
Birthplace of mother (State or foreign country) Madison, Indiana

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Robert Gene Haak Jr.
New Address 215 Indiana St. Apt 2, P.H.
Subscribed and sworn to before me this 25th day of January, 1966
Clerk John Samuel Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.
Fathers notarized consent attached.

State of Indiana, HENDRICKS ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this 25th day of January, 1966
Clerk John Samuel

FEMALE APPLICANT

Name Brenda Lee Berlin
Date of Birth November 18 1949
Place of Birth Greencastle, Indiana
Residence Address 971 Argyle Dr., Plainfield, Hendricks, Ind.
Maiden Name if Different _____

Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Unemployed

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify) _____
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the groom closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father Charles Dwayne Ber
Residence of father (if deceased so state) Plainfield, Ind.
Occupation of father Mailman Race of father w
Birthplace of father (State or foreign country) Clayton,
8. Full maiden name of mother Frances Irene W
Residence of mother (if deceased so state) Plainfield, Ind.
Occupation of mother Bookkeeper Race of mother w
Birthplace of mother (State or foreign country) Greencastle,

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Brenda Lee Berlin
New Address Same
Subscribed and sworn to before me this 25th day of January, 1966
Clerk John Samuel Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of 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 notarized consent attached.

State of Indiana, HENDRICKS ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this 25th day of January, 1966
Clerk John Samuel

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court by written order issued 28 January 1966 and filed in Clerks Office County Hendricks authorizes and directs the issuance of a marriage license to the above named parties. 3d 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 _____ of Indiana dated the 28th day of January, 1966, authorizing the joining together as husband and wife of Robert Gene Haak Sr. and Brenda Lee Berlin.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Warren A. Robbins hereby certify that on the 28th day of January, 1966, at Plainfield, County of Hendricks, State of Indiana, one thousand nine hundred and 66 of Hendricks County, State of Indiana, State of Indiana, Groom Robert Gene Haak Jr. and, Bride Brenda Lee Berlin 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 January, 1966.

Filed and recorded in accordance with the laws of the State of Indiana this 31st day of January, 1966.
Signed Warren A. Robbins Official Designation Christian Minister
Signed John Samuel Jr. Clerk Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 26
File Book 28
Date of Application 25 January

MALE
Medical
Name of

ALL QUESTIONS
tion or pretense

Name

Date of Birth

Place of Birth

Residence Address

Previous Marriages

Last Marriage

Color or Race

Usual Occupation

Date of birth

☐ Other (S

1. Are you now

An Imb

Of Uns

2. Are you und

3. Are you now

home for in

If answer to

4. Are you affl

5. Are you rels

6. Are you nov

7. Are you nov

8. Are you abl

9. Are you like

10. Do you have

(If yes, answ

(a) List the

(b) Are you

(c) Are you

their sup

11. Full name of

Residence of

Occupation of

Birthplace of

12. Full maiden

Residence of

Occupation of

Birthplace of

State of Indiana,

County of

Subscribed and sw

CONSENT OF PA

We, the parents, c

signs, state facts

State of Indiana,

County of

Subscribed and sw

Subscribed and sw

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Name Gene Haak Jr.
Date of Birth 26 Jan 1947
Place of Birth Indiana
Residence Address 1249
Previous Marriages None
Last Marriage None
Color or Race White
Usual Occupation Student
Date of birth 26 Jan 1947

January 23, 1966

We the parents do hereby give our consent for
Brenda Lee Berlin and Robert Gene Haak Jr. to
obtain a marriage license.

Charles P. Berlin

Francis M. Berlin

Robert G. Haak Sr.

Subscribed and sworn to before me, a notary public in
Hendricks County and State of Indiana this 23rd day of
January 1966

Meredith L. Pope

Meredith L. Pope, Notary Public

My Commission Expires Feb 4/1969

FILED

JAN 25 1966

John Gambold Jr.
CLERK HENDRICKS COUNTY SUPERIOR

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 28 January 1966 and filed
in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties. 3d Waiver

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 28th day of January, 1966, authorizing the joining together as husband and wife
of Robert Gene Haak Jr. and Brenda Lee Berlin

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Marion A. Robbins hereby certify that on the 28th day of January,
at Plainfield, County of Hendricks,
one thousand nine hundred and 66 of Hendricks County, State of Indiana,
State of Indiana, Groom Robert Gene Haak Jr. of Hendricks County, State of Indiana,
and, Bride Brenda Lee Berlin 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 28th day of January, 1966. Signed Marion A. Robbins
Official Designation Christian Minister
day of January, 1966.
Signed John Gambold Jr. Clerk
Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 31st day of January, 1966.

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. 27

File Book 28

28 January 1966
Date of Application

MALE

Medical Examination Report Dated 28 January 1966
Name of Physician A. Cedric Johnson Sr.

FEMALE

Medical Examination Report Dated 28 January 1966
Name of Physician A. Cedric Johnson Sr.

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 Middle Last
Joseph E. Christian
Date of Birth Month Day Year
July 22 1947
Place of Birth (State or foreign country)
Cedar Bluffs, Virginia
Residence Address Street or R. R. City County State
Clayton, 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 Seaman: USN.

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Drives license.

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

| Name | Age | Address |
|------|-----|---------|
| | | |

- Are you supporting or contributing to their support? Yes ☐ No ☐
- Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father: Joseph Kyle Christian
Residence of father (if deceased so state): Plainfield, Indiana
Occupation of father: Nurse: Central Hosp. Race of father: white
Birthplace of father (State or foreign country): Cedar Bluffs, Va.
12. Full maiden name of mother: Alta Clark Puckett
Residence of mother (if deceased so state): Clayton, Indiana
Occupation of mother: Baker: BSCI. Race of mother: white
Birthplace of mother (State or foreign country): Saltville, Va.

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of

Signed: Joseph E. Christian

New Address: San Diego, Calif.

Subscribed and sworn to before me this 28th day of January, 1966
John G. Samuels, Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

has Parents Divorced. Mother has custody.

State of Indiana, Hendricks } ss:
County of

Signed: Mrs. Vernon Turner Father

Signed: Mother

Subscribed and sworn to before me this 28th day of January, 1966
John G. Samuels, Clerk

FEMALE APPLICANT

Name First Middle Last
Marjorie S. Tutterow
Date of Birth Month Day Year
December 21 1937
Place of Birth (State or foreign country)
Indianapolis, Ind.
Residence Address Street or R. R. City County State
Clayton, Indiana

Maiden Name if Different Marjorie S. Dickerson

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 Cashier: Topps

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Drives license.

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father: Chester O. Dickerson
Residence of father (if deceased so state): Indianapolis, Ind.
Occupation of father: Heat Treat. Link Belt. Race of father: white
Birthplace of father (State or foreign country): Indianapolis, Ind.

8. Full maiden name of mother: Margaret Helen Fancher
Residence of mother (if deceased so state): Deceased.
Occupation of mother: Race of mother: white
Birthplace of mother (State or foreign country): Indianapolis, Ind.

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of

Signed: Marjorie Tutterow

New Address: Same

Subscribed and sworn to before me this 28th day of January, 1966
John G. Samuels, Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, Hendricks } ss:
County of

Signed: Father

Signed: Mother

Subscribed and sworn to before me this day of 1966
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 1st day of February, 1966, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Eugene E. Crawley, hereby certify that on the 1st day of February, 1966, at Plainfield, Hendricks County, State of Indiana, Groom: Joseph E. Christian and, Bride: Marjorie S. Tutterow 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 February, 1966.

Signed: Eugene E. Crawley

Official Designation: Justice of the Peace

4th day of February, 1966.

Signed: John G. Samuels Jr.

Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 28
File Book 28
Date of Application 29 January 1966

MALE
Medical Examination Report Dated 13 January 1966
Name of Physician James E. Stamm M.D.

FEMALE
Medical Examination Report Dated 13 January 1966
Name of Physician James E. Stamm 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 David Lee Kikendall
Date of Birth February 9 1947
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address RI, Box 13A Danville, Hendricks, 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: Walter's Olds.
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

(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 Ellison Kikendall
Residence of father (if deceased so state) Danville, Indiana
Occupation of father Farmer: Buds Auto Race of father white
Birthplace of father (State or foreign country) Indpls., Ind.
12. Full maiden name of mother Lura Ellen Smith
Residence of mother (if deceased so state) Danville, Ind.
Occupation of mother Housewife Race of mother white
Birthplace of mother (State or foreign country) Indianapolis, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS
Signed David Lee Kikendall
New Address 9870 W. 10th, Indpls., Ind.
Subscribed and sworn to before me this 29th day of January, 1966
John Gaudin Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of HENDRICKS
Signed Charles Ellison Kikendall Father
Signed Lura Ellen Kikendall Mother
Subscribed and sworn to before me this 29th day of January, 1966
John Gaudin Clerk

FEMALE APPLICANT
Name Mary Lou Geiger
Date of Birth May 7 1946
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address RI, Box 13A Danville, Hendricks, 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: PSC1
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 Paul Earl Geiger
Residence of father (if deceased so state) Deceased
Occupation of father Deceased Race of father white
Birthplace of father (State or foreign country) Indianapolis, Ind.
8. Full maiden name of mother Shirley Marie Floyd
Residence of mother (if deceased so state) Deceased
Occupation of mother Deceased Race of mother white
Birthplace of mother (State or foreign country) Kentucky

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS
Signed Mary Lou Geiger
New Address Danville
Subscribed and sworn to before me this 29th day of January, 1966
John Gaudin Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of HENDRICKS
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

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 _____ Court by _____
of Indiana dated the 5th day of February, 1966, authorizing the joining together as husband and wife
of David Lee Kikendall and Mary Lou Geiger
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Donald R. Doyle hereby certify that on the 12th day of February,
at Mainfield County of Hendricks,
one thousand nine hundred and 66 of Hendricks County, State of Indiana,
State of Indiana, Groom David Lee Kikendall of Hendricks County, State of Indiana,
and, Bride Mary Lou Geiger 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 16th day of February, 1966.

Filed and recorded in accordance with the laws of the State of Indiana this 23rd day of February, 1966.
Signed Donald R. Doyle Official Designation Past Minister, Christian Church
Signed John Gaudin 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. 29
File Book 28
Date of Application 31 January 1966

MALE
Medical Examination Report Dated 29 January 1966
Name of Physician Fred Sanders MD

FEMALE
Medical Examination Report Dated 29 January 1966
Name of Physician Fred Sanders 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 Richard Orran Hathaway Jr.
Date of Birth December 14 1943
Place of Birth (State or foreign country) Muscatine, Iowa
Residence Address 310 N. Ill. Rm 232, Indpls, Marion, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Laborer: S & L Steel
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify) _____
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the bride closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - Are you able to support a family? Yes ☒ No ☐
 - Are you likely to so continue? Yes ☒ No ☐
 - Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

| Name | Age | Address |
|----------------------------|-----|----------------|
| Richard Orran Hathaway Sr. | | Atkinson, Ill. |
| Richard Orran Hathaway Sr. | | Atkinson, Ill. |
| Richard Orran Hathaway Sr. | | Atkinson, Ill. |

(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 Richard Orran Hathaway Sr.
Residence of father (if deceased so state) Atkinson, Ill.
Occupation of father Mach Opr. Race of father white
Birthplace of father (State or foreign country) Hamilton, Ill.
12. Full maiden name of mother Nellie Marie Fear
Residence of mother (if deceased so state) Fruitland, Iowa
Occupation of mother Housewife Race of mother white
Birthplace of mother (State or foreign country) Wapello, Iowa

State of Indiana, } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS

Signed Richard O. Hathaway Jr.
New Address Indpls, Ind.
Subscribed and sworn to before me this 31st day of January, 1966
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

FEMALE APPLICANT
Name Julia Viella Rowland
Date of Birth May 10 1947
Place of Birth (State or foreign country) Beech Grove, Ind.
Residence Address RR3 Box 107, Danville, Hendricks, 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: Tops
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify) _____
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the groom closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - Full name of father Veryl Denver Rowland
Residence of father (if deceased so state) Danville, Ind.
Occupation of father Truck Driver Race of father white
Birthplace of father (State or foreign country) Ohio
 - Full maiden name of mother Anita Jane Herron
Residence of mother (if deceased so state) Danville, Ind.
Occupation of mother Bookkeeper Race of mother white
Birthplace of mother (State or foreign country) Indiana

State of Indiana, } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS

Signed Julia Viella Rowland
New Address Same
Subscribed and sworn to before me this 31st day of January, 1966
Clerk HENDRICKS Circuit Court

State of Indiana, } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS

Signed Julia Viella Rowland
New Address Same
Subscribed and sworn to before me this 31st day of January, 1966
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana dated the 4th day of February, 1966, authorizing the joining together as husband and wife of Richard Orran Hathaway Jr. and Julia Viella Rowland.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Jim B. Carter, hereby certify that on the 4th day of February, one thousand nine hundred and 66, at Danville, County of Hendricks, State of Indiana, Groom Richard O. Hathaway Jr. of Marion, County, State of Indiana, and, Bride Julia V. Rowland 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 February, 1966.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1966.

Signed Jim B. Carter
Official Designation Baptist Minister
Signed John Samford Jr. Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 30
File 5 February 1966
Book 28
Date of Application

MALE

Medical Examination Report Dated 1 February 1966
Name of Physician Thomas P. Chase M.D.

FEMALE

Medical Examination Report Dated 1 February 1966
Name of Physician Thomas P. Chase M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name Charles R. Dickens
Date of Birth November 27 1942
Place of Birth Bloomington, Ind.
Residence Address Smithville, Monroe Ind.
Previous Marital Status: Never Married ☐ Divorce ☒ Annulment ☐
Last Marriage Ended By: 1964 Monroe
Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Tester: RCA
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Driver's License

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

- Are you supporting or contributing to their support? Yes ☐ No ☒
- Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father Richard Lee Dickens
Residence of father (if deceased so state) Smithville, Ind.
Occupation of father Steam pipe fitter: laborer Race of father White
Birthplace of father (State or foreign country) Logansport, Ind.
12. Full maiden name of mother Una Coomer
Residence of mother (if deceased so state) Smithville, Ind.
Occupation of mother Housewife Race of mother White
Birthplace of mother (State or foreign country) Beattyville, Ind.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Charles R. Dickens
New Address 340 S. Howe, Martinsville, Ind.
Subscribed and sworn to before me this 5th day of February, 1966
Clerk John Samuels HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

FEMALE APPLICANT

Name Carol J. Hoffeditz
Date of Birth June 30 1945
Place of Birth Linton, Indiana
Residence Address RR 1 Box 130, Danville, Ind.
Maiden Name if Different _____

Previous Marital Status: Never Married ☒ Divorce ☐ Annulment ☐
Last Marriage Ended By: _____
Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Clerk-Typist: St. of Ind.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Insurance Policy

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father Levin Cecil Hoffeditz
Residence of father (if deceased so state) Danville, Ind.
Occupation of father Contractor: elk. Race of father White
Birthplace of father (State or foreign country) Linton, Ind.
8. Full maiden name of mother Mary Jean Phillips
Residence of mother (if deceased so state) Danville, Ind.
Occupation of mother Housewife Race of mother White
Birthplace of mother (State or foreign country) Dugger, Ind.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Carol Hoffeditz
New Address Same
Subscribed and sworn to before me this 5th day of February, 1966
Clerk John Samuels HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court by written order issued _____ and filed _____
County _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 11th day of February, 1966, authorizing the joining together as husband and wife of Charles R. Dickens and Carol J. Hoffeditz.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, R.W. Thomas E. Berry hereby certify that on the 12th day of February, 1966, at Monroe, County of Hendricks, State of Indiana, one thousand nine hundred and 66, Charles R. Dickens of Monroe, County, State of Indiana, and, Bride Carol J. Hoffeditz 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 February, 1966. Signed R.W. Thomas E. Berry
Official Designation Minister
Subscribed and sworn to before me this 15th day of February, 1966. Signed John Samuels Jr. Clerk
Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 31
File Book 28
Date of Application 5 February 1966MALE
Medical Examination Report Dated 4 February 1966
Name of Physician James E. Southard, M.D.FEMALE
Medical Examination Report Dated 4 February 1966
Name of Physician James E. Southard, 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 Dick A. Stringfellow
Date of Birth April 13, 1932
Place of Birth Kendallville, Indiana
Residence Address 198 N. Tenn St., Danville, Hendricks, Ind.
Previous Marital Status: Never Married ☐ Divorce ☒ Annulment ☐ Number of Previous Marriages 1
Last Marriage Ended By: Divorce
Color or Race White
Usual Occupation Lineman, New REMC.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree☒ Other (Specify) Drives license.

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

| Name | Age | Address |
|---------------------|-----------|--------------------------|
| <u>Christine S.</u> | <u>13</u> | <u>RR Danville, Ind.</u> |
| <u>Peggy M.</u> | <u>11</u> | <u>"</u> |
| <u>Rick A.</u> | <u>8</u> | <u>"</u> |

- Are you supporting or contributing to their support? Yes ☒ No ☐
- Are you complying with any court order or orders issued for their support? Yes ☒ No ☐

- Full name of father Arthur V. Stringfellow
Residence of father (if deceased so state) Albion, Indiana
Occupation of father Line Drman, Noble REMC Race of father White
Birthplace of father (State or foreign country) Ft Wayne Ind.
- Full maiden name of mother Ruby Ellen Remmel
Residence of mother (if deceased so state) Albion, Indiana
Occupation of mother Housewife Race of mother White
Birthplace of mother (State or foreign country) Kendallville, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKSSigned Dick A. StringfellowNew Address 198 N. Tenn. Danville, Ind.Subscribed and sworn to before me this 5th day of February, 1966.
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk _____

FEMALE APPLICANT

Name Linda L. Marsingill
Date of Birth April 17, 1941
Place of Birth Indianapolis, Ind.
Residence Address 348 W. Marion, Danville, Hendricks, Ind.
Maiden Name if Different Linda L. Franklin
Previous Marital Status: Never Married ☐ Divorce ☒ Annulment ☐ Number of Previous Marriages 1
Last Marriage Ended By: Divorce
Color or Race White
Usual Occupation Waitress, Westwood Inn.
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree☐ Other (Specify) _____

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father Raymond Levi Franklin
Residence of father (if deceased so state) Danville, Ind.
Occupation of father Restaurant mng. Race of father White
Birthplace of father (State or foreign country) Danville, Ind.

- Full maiden name of mother Martha Ellen Whitaker
Residence of mother (if deceased so state) Danville, Ind.
Occupation of mother Waitress, Westwood Race of mother White
Birthplace of mother (State or foreign country) Bainbridge, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKSSigned Linda L. MarsingillNew Address SameSubscribed and sworn to before me this 5th day of February, 1966.
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk _____

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 9th day of February, 1966, authorizing the joining together as husband and wife of Dick A. Stringfellow and Linda L. Marsingill.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Raymond Skilton hereby certify that on the 12th day of February, one thousand nine hundred and 66 at Logansport, Ind. County of Cass, State of Indiana, Groom Dick A. Stringfellow of Hendricks County, State of Indiana and, Bride Linda L. Marsingill of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 12th day of February, 1966.

Signed Rev. Raymond SkiltonOfficial Designation MinisterSubscribed and sworn to before me this 15th day of February, 1966.Signed John D. Dinsdale Jr. Clerk
Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____.

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No.

32

File

Book 28

5 February 1966

Date of Application

MALE

Medical Examination Report Dated

29 January 1966

Name of Physician

M.M. Aitken, M.D.

FEMALE

Medical Examination Report Dated

29 January 1966

Name of Physician

M.M. Aitken, M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name Michael Leon Chandler
Date of Birth November 10 1946
Place of Birth (State or foreign country) Plamfield, Indiana
Residence Address R R 1 Mooreville, Hendricks, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Factory Worker: Aircraft Elect.
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify) _____
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the bride closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - Are you able to support a family? Yes ☒ No ☐
 - Are you likely to so continue? Yes ☒ No ☐
 - Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

| Name | Age | Address |
|----------------------|-----|-----------------|
| Albert Earl Chandler | | Plamfield, Ind. |
| Pauline Mae Clark | | Boachdale, 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 Albert Earl Chandler
Residence of father (if deceased so state) Plamfield, Ind.
Occupation of father District Clerk Race of father white
Birthplace of father (State or foreign country) Plamfield, Ind.
12. Full maiden name of mother Pauline Mae Clark
Residence of mother (if deceased so state) Boachdale, Ind.
Occupation of mother Housewife Race of mother white
Birthplace of mother (State or foreign country) Boachdale, Ind.

State of Indiana, } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS
Signed Michael L. Chandler
New Address _____

Subscribed and sworn to before me this 5th day of February, 1966
John Samblott Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of 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. Father's notarized consent attached.

State of Indiana, } ss:
County of HENDRICKS
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this 5th day of February, 1966
John Samblott 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

We It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 9th day of February, 1966, authorizing the joining together as husband and wife of Michael Leon Chandler and Janet Kay Wilson.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Frank E. Wynn hereby certify that on the 12 day of February, 1966, at Spaville, County of Hendricks, State of Indiana, one thousand nine hundred and 66, Michael Leon Chandler of Hendricks County, State of Indiana, and Janet Kay Wilson 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 February, 1966.

Signed Frank E. Wynn
Official Designation Justice of Peace
31 day of Aug., 1966
Signed John Samblott Clerk Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 32
File Book 28
Date of Application 5 February 1966

MALE
Medical Examination Report Dated 29 January 1966
Name of Physician M.M. Aitken, M.D.

FEMALE
Medical Examination Report Dated 29 January 1966
Name of Physician M.M. Aitken, M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT
Name Michael Leon Chandler
Date of Birth November 10 1946
Place of Birth (State or foreign country) Plamfield Indiana
Residence Address RBI
Previous Marital Status: Never
Last Marriage Ended By:
Color or Race White
Usual Occupation Furniture
Date of birth verified by: ☒ Birth

FEMALE APPLICANT
Name Janet Kay Wilson
Date of Birth December 1 1948
Place of Birth (State or foreign country) Indiana

1. Are you now or have you been
An Imbecile?
Of Unsound Mind?
2. Are you under guardianship
3. Are you now or have you been
home for indigent persons?
If answer to 3 is "yes" has the
4. Are you afflicted with a trans-
5. Are you related to the bride or
6. Are you now under the influ-
7. Are you now under the influ-
8. Are you able to support a fam-
9. Are you likely to so continue
10. Do you have minor children fr
(If yes, answer questions a, b
(a) List their full names, age
Name

State Of Indiana
County of Morgan

February 4, 1966

11. Full name of father Al
Residence of father (if deceased)
Occupation of father Die
Birthplace of father (State or
12. Full maiden name of mother
Residence of mother (if deceased)
Occupation of mother How
Birthplace of mother (State or
State of Indiana,
County of HENDRICKS
Signed John

I Albert E. Chandler has given consent
for Michael Leon Chandler to apply for
marriage licence to marry Janet Kay Wilson

Albert E. Chandler

Albert E. Chandler

State Of Indiana
County Of Morgan

My Comm Expires 10-1-68

Laura Mae West notary Public
Laura Mae West

(b) Are you supporting or co
(c) Are you complying with a
their support?
11. Full name of father Al
Residence of father (if deceased)
Occupation of father Die
Birthplace of father (State or
12. Full maiden name of mother
Residence of mother (if deceased)
Occupation of mother How
Birthplace of mother (State or
State of Indiana,
County of HENDRICKS
Signed John

New Address
Subscribed and sworn to before me this 5th day of February, 1966
John Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of 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. Father
notarized consent attached.
State of Indiana, HENDRICKS } ss:
County of HENDRICKS }
Signed John Father
Signed John Mother
Subscribed and sworn to before me this 5th day of February, 1966
John Clerk

We, the parents, of this applicant hereby give consent for this marriage. If only one parent
signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of HENDRICKS }
Signed Blair Wilson Father
Signed Opal Wilson Mother
Subscribed and sworn to before me this 5th day of February, 1966
John Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
County Hendricks Court by written order issued Hendricks and filed
in Hendricks 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 9th day of February, 1966, authorizing the joining together as husband and wife
of Michael Leon Chandler and Janet Kay Wilson
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Frank E. Wynn hereby certify that on the 12 day of February,
Sanville, County of Hendricks,
one thousand nine hundred and 66 at Hendricks County, State of Indiana
State of Indiana, Groom Michael Leon Chandler of Hendricks County, State of Indiana
and, Bride Janet Kay Wilson 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 February, 1966
Signed Frank E. Wynn
Official Designation Justice of Peace, 1966
31 day of Aug., 1966
Signed John Clerk
Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 31 day of Aug., 1966
Signed John 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. 33File Book 28

8 February 1966
Date of Application

MALE

Medical Examination Report Dated 4 February 1966Name of Physician David B. Haggard, M.D.

FEMALE

Medical Examination Report Dated 5 February 1966Name 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 William Robert Meyer
Date of Birth May 24, 1948
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address 607 W. Main, Plainfield, Ind.
Usual Occupation Service Station Attendant: Clapham
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

Marital Status: Never Married ☒ Number of Previous Marriages.....

Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Race White ☒ Negro ☐ Other ☐ (specify).....

Usual Occupation Service Station Attendant: Clapham

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

Are you now or have you been adjudged, diagnosed or considered as:

Imbecile? No ☒ Yes ☐

Unsound Mind? No ☒ Yes ☐

Under guardianship as a person of unsound mind? No ☒ Yes ☐

Are you now or have you been within five (5) years an inmate of a county asylum or for indigent persons? No ☒ Yes ☐

Is the cause of such condition been removed? No ☒ Yes ☐

Are you afflicted with a transmissible disease? No ☒ Yes ☐

Are you related to the bride closer than second cousin? No ☒ Yes ☐

Are you now under the influence of intoxicating liquor? No ☒ Yes ☐

Are you now under the influence of a narcotic drug? No ☒ Yes ☐

Are you able to support a family? Yes ☒ No ☐

Are you likely to so continue? Yes ☒ No ☐

Do you have minor children from one or more former marriages? No ☒ Yes ☐

Answer questions a, b, c)

List their full names, ages and addresses

Name Age Address

Are you supporting or contributing to their support? Yes ☐ No ☒

Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

Name of father Robert Oscar Meyer

Place of father (if deceased so state) Plainfield, Indiana

Occupation of father Buyer: Hooks Race of father white

Place of father (State or foreign country) Lanesville, Ind.

Maiden name of mother Geneva Hays Miller

Place of mother (if deceased so state) Plainfield, Indiana

Occupation of mother Teacher: YMEA Race of mother white

Place of mother (State or foreign country) Paoli, Indiana

Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.

Signed William Robert Meyer

New Address 609 W. Main St. Plainfield, Ind.

Subscribed and sworn to before me this 8th day of February, 1966

John Samuels Clerk Hendricks Circuit Court

Consent of Parents, Parent or Guardian

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

Father not present

Consent attached.

State of Indiana, Hendricks } ss:

County of Hendricks

Signed Geneva H. Meyer Father

Signed William Robert Meyer Mother

Subscribed and sworn to before me this 8th day of February, 1966

John Samuels Clerk Hendricks Circuit Court

Complete if Marriage License Issued by Order of Court. A marriage license having been refused to the above named parties, the

Hendricks County Circuit Court by written order issued 8th February 1966 and filed in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties. 3d age want.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 8th day of February, 1966, authorizing the joining together as husband and wife

William Robert Meyer and Nella Diane Napier

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Donald F. McManis hereby certify that on the 12th day of February, 1966, at Plainfield, County of Hendricks, State of Indiana, Groom William Robert Meyer of Hendricks County, State of Indiana, and, Bride Nella Diane Napier of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 12th day of February, 1966.

Signed Donald F. McManis

Official Designation Methodist Clergy

Signed John Samuels Jr. Clerk

Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 12th day of February, 1966.

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. 33
File Book 28
Date of Application 8 February 1966

MALE
Medical Examination Report Dated 4 February 1966
Name of Physician David B. Haggard, M.D.

FEMALE
Medical Examination Report Dated 5 February 1966
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

FEMALE APPLICANT

February 8, 1966

We, Robert O. Meyer and Geneva H. Meyer,
parents of William R. Meyer, hereby give our consent
to his marriage.

FILED

FEB 8 1966

John Gambold Jr.
CLERK HENDRICKS COURT
SUPERIOR

Robert O. Meyer
Robert O. Meyer

Geneva H. Meyer
Geneva H. Meyer

State of Indiana :ss
County of Hendricks

Subscribed and sworn to before me the undersigned
Notary Public this 8th day of February 1966.



Frances L. Drake, Notary Public
My Comm. exp. 7-10-66

No ☒ Yes ☐
No ☒ Yes ☐
No ☒ Yes ☐
No ☒ Yes ☐
No ☒ Yes ☐
No ☒ Yes ☐
No ☒ Yes ☐

Apier
in white
white
Ind.
white
Tenn.

Information given
true and correct.

Apier
1966

Circuit Court

If only one parent

Parents divorced. Mother
has consent
State of Indiana, } ss:
County of HENDRICKS }
Signed Geneva H. Meyer Father
Signed Robert O. Meyer Mother
Subscribed and sworn to before me this 8th day of February 1966
John Gambold Jr. Clerk

State of Indiana, HENDRICKS } ss:
County of }
Signed Melba Dean Phillips Father
Signed Melba Dean Phillips Mother
Subscribed and sworn to before me this 8th day of February 1966
John Gambold Jr. 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 8th February 1966 and filed
in clerk's office authorizes and directs the issuance of a marriage license to the above named parties. 3d age warr.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court
of Indiana dated the 8th day of February, 1966, authorizing the joining together as husband and wife
William Robert Meyer and Nella Diane Napier
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Donald J. Mc Mahan hereby certify that on the 12th day of February,
one thousand nine hundred and 66 at Plainfield, County of Hendricks,
State of Indiana, Groom William Robert Meyer of Hendricks County, State of Indiana
and, Bride Nella Diane Napier of Hendricks County, State of Indiana,
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks
County.
Dated this 12th day of February, 1966.

Filed and recorded in accordance with the laws of the State of Indiana this

Signed Donald J. Mc Mahan
Official Designation Methodist Clergy
12th day of February, 1966
Signed John Gambold Jr. Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

583

No. 34
File Book 28
Date of Application 8 February 1966

MALE

Medical Examination Report Dated 7 February 1966
Name of Physician R.W. Kirtley, M.D.

FEMALE

Medical Examination Report Dated 7 February 1966
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, representa-

MALE APPLICANT

Name Michael Allen
Date of Birth July 19 1944
Place of Birth Lebanon, Indiana
Residence Address 1 Hillcrest Ct., Danville, Hendricks, 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 Arman IC: USAF
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Arman's ID
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address
(b) Are you supporting or contributing to their support? Yes ☐ No ☒
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒
11. Full name of father Donald Allen Exp
Residence of father (if deceased so state) Danville, Ind.
Occupation of father shipping clerk: clerk Race of father white
Birthplace of father (State or foreign country) Lebanon, Ind.
12. Full maiden name of mother Della May Proctor
Residence of mother (if deceased so state) Danville, Ind.
Occupation of mother Housewife Race of mother white
Birthplace of mother (State or foreign country) Sherridan, Mo.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS
Signed Michael A. Exp
New Address 194 E. Columbia, Danville, Ind.
Subscribed and sworn to before me this 8th day of February, 1966
Clerk John Samuel HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of HENDRICKS
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

FEMALE APPLICANT

Name Roxanna Jane
Date of Birth February 18 1948
Place of Birth Indianapolis, Ind.
Residence Address 194 E. Columbia, Danville, Hendricks, 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 School: Danville
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 Norman Leon Bayless
Residence of father (if deceased so state) Danville, Ind.
Occupation of father RE. Sales: Fairbairns Race of father white
Birthplace of father (State or foreign country) Indianapolis, Ind.
8. Full maiden name of mother Sarah Jane Walls
Residence of mother (if deceased so state) Danville, Ind.
Occupation of mother Cashier: Kroger Race of mother white
Birthplace of mother (State or foreign country) Danville, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS
Signed Roxanna Jane Bayless
New Address Same
Subscribed and sworn to before me this 8th day of February, 1966
Clerk John Samuel HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of 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 custody.

State of Indiana, HENDRICKS } ss:
County of HENDRICKS
Signed _____ Father
Signed Roxanna Jane Bayless Mother
Subscribed and sworn to before me this 8th day of February, 1966
Clerk John Samuel

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court by written order issued _____ and filed _____
County _____ 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 14th day of February, 1966, authorizing the joining together as husband and wife of Michael Allen Exp and Roxanna Jane Bayless.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Minister of the Christian Church, hereby certify that on the 18th day of February, one thousand nine hundred and 66, at Danville, County of Hendricks, State of Indiana, Groom Michael Allen Exp of Hendricks County, State of Indiana, and, Bride Roxanna Jane Bayless 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 18th day of February, 1966.

Signed Rev. George A. Harris Minister
Official Designation Minister
Subscribed and sworn to before me this 19th day of February, 1966.
Signed John Samuel Clerk
Clerk John Samuel HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 35
File Book 28
Date of Application 8 February 1966

MALE
Medical Examination Report Dated 8 February 1966
Name of Physician R.W. Kirtley, M.D.

FEMALE
Medical Examination Report Dated 8 February 1966
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 Robert A. O'Neal
Date of Birth April 10 1919
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address 1639 N. Auburn, Speedway, Marion, Ind.
Previous Marital Status: Never Married ☐ Divorced ☐ Annulment ☐ Number of Previous Marriages 1

Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Superintendent, I.S.P.

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Driver's license.

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)

(a) List their full names, ages and addresses

| Name | Age | Address |
|----------------|-----|-----------------------|
| James Wm. | 21 | 1639 N. Auburn, S'way |
| John Albert | 14 | |
| Joseph Michael | 12 | |
| Mary Ann | 8 | |

(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 Joseph O'Neal Sr.

Residence of father (if deceased so state) Deceased.

Occupation of father _____ Race of father White

Birthplace of father (State or foreign country) Indianapolis, Ind.

12. Full maiden name of mother Elizabeth Sadie Riley

Residence of mother (if deceased so state) Deceased.

Occupation of mother _____ Race of mother White

Birthplace of mother (State or foreign country) Indianapolis, Ind.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

County of _____ Signed Robert A. O'Neal

New Address 1639 N. Auburn St., Indianapolis

Subscribed and sworn to before me this 8th day of February, 1966

John L. Campbell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:
County of _____

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name Elizabeth L. Masarik
Date of Birth August 19 1923
Place of Birth (State or foreign country) Brunswick, Md.
Residence Address 909 Sunset Dr., Danville, Ind.
Maiden Name if Different Elizabeth L. Hitchfield
Previous Marital Status: Never Married ☐ Divorced ☐ Annulment ☐ Number of Previous Marriages 1

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) Driver's license.

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father Henry Edgar Hitchfield

Residence of father (if deceased so state) Indianapolis, Ind.

Occupation of father Retired. Race of father White

Birthplace of father (State or foreign country) Baltimore, Md.

8. Full maiden name of mother Lida Estelle Oliver

Residence of mother (if deceased so state) Indianapolis, Ind.

Occupation of mother Housewife. Race of mother White.

Birthplace of mother (State or foreign country) W. Va.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

County of _____ Signed Elizabeth L. Masarik

New Address Same.

Subscribed and sworn to before me this 8th day of February, 1966

John L. Campbell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:
County of _____

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued 10 February 1966 and filed in Clerks office authorizes and directs the issuance of a marriage license to the above named parties. 3rd Warner

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 10th day of February, 1966, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Edward McLaughlin hereby certify that on the 10th day of February

one thousand nine hundred and 66 at Danville, County of Hendricks

State of Indiana, Groom Robert A. O'Neal of Marion County, State of Indiana

and, Bride Elizabeth L. Masarik 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 February, 1966

Signed Edward McLaughlin

Official Designation Catholic Priest

Filed and recorded in accordance with the laws of the State of Indiana this 14th day of February, 1966

Signed John L. Campbell Jr. Clerk

Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 36
File Book 28
Date of Application 9 February 1966

MALE

Medical Examination Report Dated 8 February 1966
Name of Physician Fred A. Hendricks M.D.

FEMALE

Medical Examination Report Dated 24 January 1966
Name of Physician Fred A. Hendricks M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name Kenneth F. Harlan
Date of Birth January 20, 1919
Place of Birth Crawfordsville, Indiana
Residence Address R.R. 1, Lizton, Hendricks, Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☒ 52: Marion
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Advertising
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify) _____
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the bride closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - Are you able to support a family? Yes ☒ No ☐
 - Are you likely to so continue? Yes ☒ No ☐
 - Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c) No ☒ Yes ☐
(a) List their full names, ages and addresses

Name Age Address

(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 Merle Harlan
Residence of father (if deceased so state) Deceased
Occupation of father _____ Race of father white
Birthplace of father (State or foreign country) Marion, Ind.
12. Full maiden name of mother Cessie Snyder
Residence of mother (if deceased so state) Deceased
Occupation of mother _____ Race of mother white
Birthplace of mother (State or foreign country) Law Albany, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Kenneth F. Harlan
New Address 3360 N. Meridian, Indpls
Subscribed and sworn to before me this 9th day of February, 1966
John Randall Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name Betty J. Chowning
Date of Birth April 25, 1922
Place of Birth Indianapolis, Indiana
Residence Address 3360 N. Meridian, Indpls, Marion, Ind.
Maiden Name if Different Betty J. Fraunderfer
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ 59: Marion, Ind.
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Safety Director, Red Cab.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

- ☒ Other (Specify) Drives License
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the groom closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - Full name of father Charles Sylvester Fraunderfer
Residence of father (if deceased so state) Deceased
Occupation of father _____ Race of father white
Birthplace of father (State or foreign country) Alexandria, Ind.

8. Full maiden name of mother Nettie Mae Perry
Residence of mother (if deceased so state) Deceased
Occupation of mother _____ Race of mother white
Birthplace of mother (State or foreign country) Indianapolis, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Betty J. Chowning
New Address Same
Subscribed and sworn to before me this 9th day of February, 1966
John Randall Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court by written order issued 10 February 1966 and filed in Hendricks County Circuit Clerk's office authorizes and directs the issuance of a marriage license to the above named parties. Sda Ward

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 10th day of February, 1966, authorizing the joining together as husband and wife of Kenneth F. Harlan and Betty J. Chowning.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rov Robert L. Rice, hereby certify that on the 11th day of February, 1966, at Lizton, County of Hendricks, State of Indiana, one thousand nine hundred and 66, of Hendricks County, State of Indiana, Groom Kenneth F. Harlan and, Bride Betty J. Chowning were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.
Dated this 11th day of February, 1966.

Filed and recorded in accordance with the laws of the State of Indiana this 14th day of February, 1966.
Signed Rov Robert L. Rice Official Designation Pastor, Methodist
John Randall 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. 37
File Book 28
Date of Application 14 February, 1966

MALE
Medical Examination Report Dated 12th Feb. 1966
Name of Physician Martin D. Garfield, M.D.

FEMALE
Medical Examination Report Dated 10th Feb. 1966
Name of Physician Martin D. Garfield, M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Donald R. Campbell
Date of Birth Oct 23rd 1943
Place of Birth (State or foreign country) Spencer, Indiana
Residence Address 5004 W. 14th St., Speedway, Marion, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Armed Services

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Armed Forces I.D. Card

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c) No ☒ Yes ☐
(a) List their full names, ages and addresses

| Name | Age | Address |
|------|-----|---------|
| | | |

- Are you supporting or contributing to their support? Yes ☐ No ☐
- Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Chester Carl Campbell
Residence of father (if deceased so state) Spencer, Ind.
Occupation of father Farmer Race of father White
Birthplace of father (State or foreign country) Spencer, Ind.
12. Full maiden name of mother Cora Johnson
Residence of mother (if deceased so state) deceased
Occupation of mother None Race of mother White
Birthplace of mother (State or foreign country) Stiensville, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Donald R. Campbell
New Address Box #1 HMH-462, San Mateo, Calif.
Subscribed and sworn to before me this 14th day of February, 1966.
John Lambrell Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

FEMALE APPLICANT

Name Shirley A. L'Homme
Date of Birth December 1st 1946
Place of Birth (State or foreign country) Worcester, Mass.
Residence Address 619 Saratoga Dr., Brownsburg, Hend. Ind.
Maiden Name if Different _____

Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) White

Usual Occupation RCA, Indianapolis, Ind.

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Drivers License

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father Arthur Wm. L'Homme
Residence of father (if deceased so state) 619 Saratoga, Brownsburg, Ind.
Occupation of father Maintenance Race of father White
Birthplace of father (State or foreign country) Worcester, Mass.
8. Full maiden name of mother Georgina Roberta Miner
Residence of mother (if deceased so state) 619 Saratoga, Brownsburg
Occupation of mother RCA, Indpls. Race of mother White
Birthplace of mother (State or foreign country) Keosauqua, Iowa

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Shirley A. L'Homme
New Address (Unknown) Brownsburg, Ind.
Subscribed and sworn to before me this 14th day of February, 1966.
John Lambrell Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Hendricks County Circuit Court by written order issued 14th February and filed in Clerks' Office authorizes and directs the issuance of a marriage license to the above named parties. 3 day 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 14th day of February, 1966, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. L. L. Knappmeier hereby certify that on the 14th day of February, 1966

one thousand nine hundred and 66 at Brownsburg, County of Hendricks, State of Indiana, Groom Donald R. Campbell of Marion County, State of Indiana and, Bride Shirley A. L'Homme of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 14th day of February, 1966.

Signed Rev. L. L. Knappmeier
Official Designation Methodist Minister
24th day of February, 1966
Signed John Lambrell Jr. Clerk
Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 24th day of February, 1966.

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 38
File Book 28
14 February 1966
Date of Application

MALE
Medical Examination Report Dated 10 February 1966
Name of Physician Lloyd Terry M.D.

FEMALE
Medical Examination Report Dated 8 February 1966
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, representa-

MALE APPLICANT
Name First Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation E-2 USAF
Date of Birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Arkansas I.D.

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages?
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address
(b) Are you supporting or contributing to their support? Yes ☐ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Albert Compton Ritchey
Residence of father (if deceased so state) unknown
Occupation of father unknown
Birthplace of father (State or foreign country) Indianapolis, Ind.
12. Full maiden name of mother Mary Elorise Hawthorn
Residence of mother (if deceased so state) Danville, Ind.
Occupation of mother housewife
Birthplace of mother (State or foreign country) Plainfield, Ind.

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of Hendricks

Signed Donald B Ritchey
New Address San Francisco 940 APO. Calif.
Subscribed and sworn to before me this 14th day of February, 1966
John Samuels Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.
Father deserted his family.
Mother has custody.

State of Indiana, Hendricks } ss:
County of Hendricks
Signed Mary Elorise Ritchey Father
Signed Mary Elorise Ritchey Mother
Subscribed and sworn to before me this 14th day of February, 1966
John Samuels Clerk

FEMALE APPLICANT
Name First Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State
Maiden Name If Different
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Secretary
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Driver's license.

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father Gilbert Edgich
Residence of father (if deceased so state) Danville, Ind.
Occupation of father Supervisor
Birthplace of father (State or foreign country) Crawford, Mo.

8. Full maiden name of mother Catherine Maxine
Residence of mother (if deceased so state) Danville, Ind.
Occupation of mother housewife
Birthplace of mother (State or foreign country) Matamoras, Tex.

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of Hendricks

Signed Lynne Chapman
New Address 550 E. Broadway
Subscribed and sworn to before me this 14th day of February, 1966
John Samuels Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, Hendricks } ss:
County of Hendricks
Signed
Signed

Subscribed and sworn to before me this day of
John Samuels Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named
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 18th day of February, 1966, authorizing the joining together as husband and wife of Donald B. Ritchey and Lynne Chapman.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Gary Elster, hereby certify that on the 27th day of February, 1966, at St. Augustine Church, County of Hendricks, State of Indiana, Groom Donald Blaine Ritchey of Hendricks County, State of Indiana, and, Bride Lynne Chapman 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 27th day of February, 1966.
Signed Gary Elster
Official Designation 2nd day of March, 1966.
Signed John Samuels Jr. Clerk Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this
John Samuels Jr. Clerk Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 38
File Book 28
Date of Application 14 February 1966

MALE
Medical Examination Report Dated 10 February 1966
Name of Physician Lloyd Terry MD

FEMALE
Medical Examination Report Dated 8 February 1966
Name of Physician Lloyd Terry MD

ALL QUESTIONS MUST BE ANSWERED
True or False statement shall be fined in

Name Donald First
Date of Birth June Mon
Place of Birth (State or for) Indig
Residence Address 423 r
Previous Marital Status
Last Marriage Ended By
Color or Race
Usual Occupation E
Date of Birth verified by
☒ Other (Specify)
1. Are you now or have you ever been an imbecile?
2. Are you under guard?
3. Are you now or have you ever been in the home for indigent?
4. Are you afflicted with any mental disease?
5. Are you related to any person who is an imbecile?
6. Are you now under any legal disability?
7. Are you now under any legal disability?
8. Are you able to support yourself?
9. Are you likely to support yourself?
10. Do you have minor children?
(a) List their full names

101 S. 8th Street
Murray, Kentucky
February 7, 1966

We, Aude McKee and Verna Alberta McKee, give our consent
for our son, Larry Alan McKee, to marry Miss Sara Louise
Thweatt or 1206 Section Street, Plainfield, Indiana.

Aude McKee
Aude McKee
Verna Alberta McKee
Verna Alberta McKee

STATE OF KENTUCKY)
COUNTY OF CALLOWAY)

I, Robert O. Miller, Notary Public in and for the State and
County aforesaid, do hereby certify that the above and foregoing was
signed and acknowledged before me in said County by Aude McKee and
Verna Alberta McKee to be their free act and deed.

This the 7th day of February, 1966

Robert O. Miller
NOTARY PUBLIC, CALLOWAY COUNTY,
KENTUCKY
MY COMMISSION EXPIRES APRIL 19,
1967

FILED

FEB 14 1966

John Lamond Jr.
CLERK HENDRICKS
SUPERIOR COURT

COMPLETE I

County _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Circuit Court _____

We It Remembered, there was filed in my office a marriage license issued by the clerk of the _____
of Indiana dated the 18th day of February, 1966, authorizing the joining together as husband and wife
of Donald B. Ritchey and Lynne Chapman
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, J. Gary Elster, hereby certify that on the 27th day of February,
at St. Augustine Church, County of Hendricks,
one thousand nine hundred and 66, County, State of Indiana,
State of Indiana, Groom Donald Blaine Ritchey of Hendricks County, State of Indiana,
and, Bride Lynne Chapman 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 27th day of February, 1966. Signed J. Gary Elster
Official Designation Priest Clerk
2nd day of March, 1966.
Signed John Lamond Jr. Clerk
Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 39
File File Book 28
Date of Application 19 February 1966

MALE
Medical Examination Report Dated 7 February 1966
Name of Physician David B. Haggard M.D.

FEMALE
Medical Examination Report Dated 7 February 1966
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 Larry Alan McKee
Date of Birth October 14 1946
Place of Birth Anderson, Indiana
Residence Address La Center, Ballard, Ky.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Minister
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Birth Card

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

| Name | Age | Address |
|------|-----|---------|
| | | |
| | | |

- (b) Are you supporting or contributing to their support? Yes ☐ No ☐
- (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Aude McKee
Residence of father (if deceased so state) Murray, Ky.
Occupation of father Minister Race of father White
Birthplace of father (State or foreign country) Madison, Indiana
12. Full maiden name of mother Verna Alberta Munlen
Residence of mother (if deceased so state) Murray, Ky.
Occupation of mother Housewife Race of mother White
Birthplace of mother (State or foreign country) Sikeston, Mo.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Larry Alan McKee
New Address Bx 282 La Center, Ky.
Subscribed and sworn to before me this 14th day of February, 1966
Clerk John Samuel H. Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of 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 Notarized statement attached.

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this 14th day of February, 1966
Clerk John Samuel H. Hendricks Circuit Court

FEMALE APPLICANT

Name Sara Louise Thweatt
Date of Birth June 9 1946
Place of Birth Paducah, Ky.
Residence Address 1206 Section St., Plainfield, Ind.
Maiden Name if Different _____
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Secretary
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) _____

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father Charles William Thweatt
Residence of father (if deceased so state) Plainfield, Ind.
Occupation of father Engineer W.B.C. Race of father White
Birthplace of father (State or foreign country) Paducah, Ky.
8. Full maiden name of mother Socile Mae Hays
Residence of mother (if deceased so state) Plainfield, Ind.
Occupation of mother Housewife Race of mother White
Birthplace of mother (State or foreign country) Beech Grove, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Sara Louise Thweatt
New Address Sara

Subscribed and sworn to before me this 14th day of February, 1966
Clerk John Samuel H. Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Ind. Circuit Court of Indiana dated the 18 day of February, 1966, authorizing the joining together as husband and wife of Larry Alan McKee and Sara Louise Thweatt. Be it further remembered, the following marriage certificate was filed in my office, to wit:
I, Aude McKee hereby certify that on the 18th day of February, one thousand nine hundred and 66 at Plainfield, County of Hendricks, State of Indiana, Groom Larry Alan McKee of Ballard County, State of Kentucky and, Bride Sara Louise Thweatt 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 18th day of February, 1966.

Filed and recorded in accordance with the laws of the State of Indiana this 23rd day of February, 1966.

Signed Aude McKee
Official Designation Evangelist
Signed John Samuel H. Hendricks Jr. 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. 40
File Book 28
Date of Application 15 February 1966

MALE

Medical Examination Report Dated 10 February 1966
Name of Physician Irvin Cohen M.D.

FEMALE

Medical Examination Report Dated 10 February 1966
Name of Physician Irvin Cohen M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name Robert First Dale Middle Murat Last
Date of Birth April Month 1 Day 1945 Year
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address RI Box 657 Plainfield, Hendricks, 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 Man: Central Motor Parts
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) _____

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

| Name | Age | Address |
|--|--|---------|
| (b) Are you supporting or contributing to their support? | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| (c) Are you complying with any court order or orders issued for their support? | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 11. Full name of father <u>Carl Frederick Murat</u> | | |
| Residence of father (if deceased so state) <u>Plainfield, Ind.</u> | | |
| Occupation of father <u>Maintenance PSC</u> Race of father <u>White</u> | | |
| Birthplace of father (State or foreign country) <u>Marian Co., Ind.</u> | | |
| 12. Full maiden name of mother <u>Violet Louise Smith</u> | | |
| Residence of mother (if deceased so state) <u>Plainfield, Ind.</u> | | |
| Occupation of mother <u>Housewife</u> Race of mother <u>White</u> | | |
| Birthplace of mother (State or foreign country) <u>Boone Co., Ind.</u> | | |

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Robert Dale Murat
New Address RI Box 657 Plainfield, Ind.
Subscribed and sworn to before me this 15th day of February, 1966
Clerk John Samuel Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.
Carl Frederick Murat
Violet Louise Murat
State of Indiana, HENDRICKS } ss:
County of _____
Signed Carl Frederick Murat Father
Signed Violet Louise Murat Mother
Subscribed and sworn to before me this 15th day of February, 1966
Clerk John Samuel

FEMALE APPLICANT

Name Sharon First Ann Middle Bellamy Last
Date of Birth June Month 1 Day 1945 Year
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address 39 Hadley St., Mooresville, Morgan, 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: Inland Container
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 Paul Robert Bellamy
Residence of father (if deceased so state) Mooresville, Ind.
Occupation of father Mail Carrier, Ind. Race of father White
Birthplace of father (State or foreign country) Indianapolis, Ind.
8. Full maiden name of mother Clayola Faye Owen
Residence of mother (if deceased so state) Mooresville, Ind.
Occupation of mother Secy: Warren Ins. Race of mother White
Birthplace of mother (State or foreign country) Brecknell, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Sharon Ann Bellamy
New Address Same
Subscribed and sworn to before me this 15th day of February, 1966
Clerk John Samuel Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.
State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court by written order issued _____ and filed _____
County _____ authorizes and directs the issuance of a marriage license to the above named parties.
in _____

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 February, 1966, authorizing the joining together as husband and wife of Robert Dale Murat and Sharon Ann Bellamy.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Warren A. Robbins, hereby certify that on the 19th day of February, 1966, at Plainfield, County of Hendricks, State of Indiana, Groom Robert Dale Murat of Morgan County, State of Indiana, and, Bride Sharon Ann Bellamy 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 19th day of February, 1966.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____
Signed Warren A. Robbins Official Designation Christian Minister
23rd day of February, 1966
Signed John Samuel 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. 41
File Book 28
Date of Application 15 February 1966

MALE
Medical Examination Report Dated 11 February 1966
Name of Physician Lee N. Foster M.D.

FEMALE
Medical Examination Report Dated 12 February 1966
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 Norman H. Clark
Date of Birth March 7 1922
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address 6200 Brookville Rd, Indpls, Marion, Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 2
Last Marriage Ended By: 61 Shelby ☐ Death ☒ Divorce ☒ Annulment ☐
Color or Race White ☒ White ☐ Negro ☐ Other ☐ (specify) _____
Usual Occupation Sales: Shank Warehouse
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

- ☒ Other (Specify) Drugs license
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the bride closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - Are you able to support a family? Yes ☒ No ☐
 - Are you likely to so continue? Yes ☒ No ☐
 - Do you have minor children from one or more former marriages?
(If yes, answer questions a, b, c)

(a) List their full names, ages and addresses

| Name | Age | Address |
|------|-----|---------|
| | | |

- (b) Are you supporting or contributing to their support? Yes ☐ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Henry Richard Clark
Residence of father (if deceased so state) Shelby Co., Ind.
Occupation of father Farmer: self Race of father white
Birthplace of father (State or foreign country) Franklin, Indiana
12. Full maiden name of mother Inez Lucille Smith
Residence of mother (if deceased so state) Phoenix, Ariz.
Occupation of mother Housewife Race of mother white
Birthplace of mother (State or foreign country) Bloomington, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Norman H. Clark
New Address 1459 N. Drexel, Indpls
Subscribed and sworn to before me this 15th day of February, 1966
Clerk John Samal HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

FEMALE APPLICANT
Name Marilyn M. Kusiak
Date of Birth September 6 1938
Place of Birth (State or foreign country) G. Ill.
Residence Address 61 Danville, Hendricks, Ind.
Maiden Name if Different Marilyn M. Tiffany
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: 65 Marion ☐ Death ☒ Divorce ☒ Annulment ☐
Color or Race White ☒ White ☐ Negro ☐ Other ☐ (specify) _____
Usual Occupation Secy: Ind. Bell
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

- ☒ Other (Specify) Drugs license
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the groom closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father Ralph Newton Tiffany
Residence of father (if deceased so state) Lawrence Co., Ill.
Occupation of father Dispatch: Texas Co. Race of father white
Birthplace of father (State or foreign country) Lawrence Co., Ill.

8. Full maiden name of mother Vina Marie Parker
Residence of mother (if deceased so state) Lawrence Co., Ill.
Occupation of mother Housewife Race of mother white
Birthplace of mother (State or foreign country) Crawford Co., Ill.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Marilyn Kusiak
New Address Same
Subscribed and sworn to before me this 15th day of February, 1966
Clerk John Samal HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 19th day of February, 1966, authorizing the joining together as husband and wife of Norman H. Clark and Marilyn M. Kusiak
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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No.

42

File

Book 28

Date of Application

15 February 1966

MALE

Medical Examination Report Dated

9 February 1966

Name of Physician

David B. Haggard M.D.

FEMALE

Medical Examination Report Dated

9 February 1966

Name of Physician

David B. Haggard M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name First Middle Last

Date of Birth Month Day Year

Place of Birth (State or foreign country)

Residence Address Street or R. R. City County State

Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:

An Imbecile? No ☒ Yes ☐

2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐

3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐

If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐

4. Are you afflicted with a transmissible disease? No ☒ Yes ☐

5. Are you related to the bride closer than second cousin? No ☒ Yes ☐

6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐

7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐

8. Are you able to support a family? Yes ☒ No ☐

9. Are you likely to so continue? Yes ☒ No ☐

10. Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)

(a) List their full names, ages and addresses

Name Age Address

(b) Are you supporting or contributing to their support? Yes ☐ No ☒

(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father

Residence of father (if deceased so state)

Occupation of father

Birthplace of father (State or foreign country)

12. Full maiden name of mother

Residence of mother (if deceased so state)

Occupation of mother

Birthplace of mother (State or foreign country)

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

County of

Signed

New Address

Subscribed and sworn to before me this day of February, 1966.

Clerk HENDRICKS Circuit Court

Consent of Parents, Parent or Guardian

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:

County of

Signed

Signed

Subscribed and sworn to before me this day of February, 1966.

Clerk HENDRICKS Circuit Court

Consent of Parents, Parent or Guardian

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:

County of

Signed

Signed

Subscribed and sworn to before me this day of February, 1966.

Clerk HENDRICKS Circuit Court

Consent of Parents, Parent or Guardian

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:

County of

Signed

Signed

Subscribed and sworn to before me this day of February, 1966.

Clerk HENDRICKS Circuit Court

Consent of Parents, Parent or Guardian

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:

County of

Signed

Signed

Subscribed and sworn to before me this day of February, 1966.

Clerk HENDRICKS Circuit Court

Consent of Parents, Parent or Guardian

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:

County of

Signed

Signed

Subscribed and sworn to before me this day of February, 1966.

Clerk HENDRICKS Circuit Court

Consent of Parents, Parent or Guardian

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:

County of

Signed

Signed

Subscribed and sworn to before me this day of February, 1966.

Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name First Middle Last

Date of Birth Month Day Year

Place of Birth (State or foreign country)

Residence Address Street or R. R. City County State

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 ☐

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

Residence of father (if deceased so state)

Occupation of father

Birthplace of father (State or foreign country)

8. Full maiden name of mother

Residence of mother (if deceased so state)

Occupation of mother

Birthplace of mother (State or foreign country)

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

County of

Signed

New Address

Subscribed and sworn to before me this day of February, 1966.

Clerk HENDRICKS Circuit Court

Consent of Parents, Parent or Guardian

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:

County of

Signed

Signed

Subscribed and sworn to before me this day of February, 1966.

Clerk HENDRICKS Circuit Court

Consent of Parents, Parent or Guardian

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:

County of

Signed

Signed

Subscribed and sworn to before me this day of February, 1966.

Clerk HENDRICKS Circuit Court

Consent of Parents, Parent or Guardian

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:

County of

Signed

Signed

Subscribed and sworn to before me this day of February, 1966.

Clerk HENDRICKS Circuit Court

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the

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 February, 1966, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Eldon J. Coons, hereby certify that on the 19th day of February, 1966, County of Hendricks

one thousand nine hundred and 66 at Brownsburg, County, State of Indiana

State of Indiana, Groom, Daniel W. Firecoat, of Hendricks County, State of Indiana,

and, Bride, Helen Hunt, 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 19th day of February, 1966.

Signed Eldon J. Coons

Official Designation Minister (Baptist)

23rd day of February, 1966.

Signed John Samuelson Jr. Clerk

Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No.

File

Date of Application

MALE

Medical Examination Report Dated 19 January 1966
Name of Physician R.W. Kirtley, M.D.

FEMALE

Medical Examination Report Dated 19 January 1966
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 James Dewey Fisher
Date of Birth Aug 29 1944
Place of Birth Denton, Texas, Michman
Residence Address 74 S. S. Olson, Danville, 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: Helene Curtis Corp.

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Draft Card.

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

| Name | Age | Address |
|------|-----|---------|
| | | |

- Are you supporting or contributing to their support? Yes ☐ No ☐
- Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father James Elza Fisher
Residence of father (if deceased so state) Lemont, Ill.
Occupation of father Transportation Race of father white
Birthplace of father (State or foreign country) Bear Springs, Mich.
12. Full maiden name of mother Bonita May Dannelly
Residence of mother (if deceased so state) Lemont, Ill.
Occupation of mother Housewife Race of mother white
Birthplace of mother (State or foreign country) Ashland, Ohio

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of.....

Signed James Dewey Fisher

New Address.....

Subscribed and sworn to before me this 15th day of February, 1966
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, HENDRICKS } ss:
County of.....

Signed..... Father

Signed..... Mother

Subscribed and sworn to before me this..... day of....., 19.....
Clerk.....

FEMALE APPLICANT

Name Lynn Louise Bojeski
Date of Birth July 7 1945
Place of Birth Soliet, Ill.
Residence Address 1426 E Cass Soliet, W. Ill., Ill.
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 Book Keeper

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify).....

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father Fred Bojeski
Residence of father (if deceased so state) Soliet, Ill.
Occupation of father Guard: Am Steel Race of father white
Birthplace of father (State or foreign country) Indale, Ill.
8. Full maiden name of mother Alberta Dorothy James
Residence of mother (if deceased so state) Soliet, Ill.
Occupation of mother Housewife Race of mother white
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of.....

Signed Lynn Louise Bojeski

New Address Same (65ue 66)

Subscribed and sworn to before me this 15th day of February, 1966
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, HENDRICKS } ss:
County of.....

Signed..... Father

Signed..... Mother

Subscribed and sworn to before me this..... day of....., 19.....
Clerk.....

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the..... County..... Court by written order issued..... and filed in..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the..... Circuit Court of Indiana dated the 19th day of February, 1966, authorizing the joining together as husband and wife of James Dewey Fisher and Lynn Louise Bojeski.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Jake M. Greene, hereby certify that on the 19th day of February, one thousand nine hundred and 66, at Indianapolis, County of Marion, State of Indiana, Groom James Dewey Fisher of Hendricks County, State of Indiana, and, Bride Lynn Louise Bojeski of Will County, State of Illinois, 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 19th day of February, 1966.

Signed Jake M. Greene

Official Designation Justice of the Peace
23rd day of February, 1966.

Signed Jake M. Greene Clerk
Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this..... day of....., 19.....

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

593

No. 44
File Book 28
Date of Application 15 February 1966

MALE
Medical Examination Report Dated 10 February 1966
Name of Physician Fred P. Warbinton M.D.

FEMALE
Medical Examination Report Dated 10 February 1966
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 William Ray Trump
Date of Birth March 20 1948
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address 404 Gibbs St., Plainfield, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Gas station attendant; Blanton
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify) _____
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the bride closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - Are you able to support a family? Yes ☒ No ☐
 - Are you likely to so continue? Yes ☒ No ☐
 - Do you have minor children from one or more former marriages? No ☒ Yes ☐

(a) List their full names, ages and addresses

| Name | Age | Address |
|------------------|-----|---------|
| Raymond E. Trump | | |

- (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 E. Trump
Residence of father (if deceased so state) Plainfield, Ind.
Occupation of father Truck Driver Race of father white
Birthplace of father (State or foreign country) Groveland, Ind.
12. Full maiden name of mother Dorothy Geneva Hutton
Residence of mother (if deceased so state) Plainfield, Ind.
Occupation of mother Jewelry Race of mother white
Birthplace of mother (State or foreign country) Sparta, Ky.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed William Ray Trump
New Address 133 E. Spring St., P.O. #1
Subscribed and sworn to before me this 15th day of February, 1966
Clerk John Samuels HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of 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 notarized consent attached.

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this 15th day of February, 1966
Clerk John Samuels HENDRICKS Circuit Court

FEMALE APPLICANT

Name Patricia Joan Gray
Date of Birth January 20 1948
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address 207 Holiday Dr. Plainfield, Ind.
Maiden Name if Different Holiday Dr. Plainfield, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Beauty School
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify) _____
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the groom closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father Maurice Edwin Gray
Residence of father (if deceased so state) Plainfield, Ind.
Occupation of father Saw Warrant Race of father white
Birthplace of father (State or foreign country) Plainfield, Ind.
8. Full maiden name of mother Joan Edwards
Residence of mother (if deceased so state) Plainfield, Ind.
Occupation of mother Seamstress Race of mother white
Birthplace of mother (State or foreign country) Menerville, Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Patricia Joan Gray
New Address Same
Subscribed and sworn to before me this 15th day of February, 1966
Clerk John Samuels HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court by written order issued 15 February 1966 and filed in clerk's office County Superior authorizes and directs the issuance of a marriage license to the above named parties. 30.00 fee.

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 _____ County, _____, authorizing the joining together as husband and wife of Indiana dated the 15th day of February, 1966, and

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Lauren A. Robbins, hereby certify that on the 15th day of February, 1966, at Plainfield, County of Hendricks, State of Indiana, one thousand nine hundred and 66, of Hendricks County, State of Indiana, and, Bride Patricia Joan Gray 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 15th day of February, 1966.
Signed Lauren A. Robbins
Official Designation Christian Minister
Subscribed and sworn to before me this 17th day of February, 1966.
Clerk John Samuels Jr. HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 17th day of February, 1966.

MALE
Medical Exam

Name of Phy

ALL QUESTIONS M
tion or pretense shal

Name

Date of Birth

Place of Birth (State

Residence Address

Previous Marital St

Last Marriage End

Color or Race

Usual Occupation

Date of birth verifi

☐ Other (Specifi

1. Are you now or
An Imbecile
Of Unsound

2. Are you under 1
3. Are you now on
home for indige
If answer to 2 1

4. Are you afflicte

5. Are you related

6. Are you now u

7. Are you now u

8. Are you able to

9. Are you likely

10. Do you have mi
(If yes, answer
(a) List their f

No

(b) Are you s

(c) Are you co
their suppe

11. Full name of f

Residence of f

Occupation of

Birthplace of

12. Full maiden n

Residence of n

Occupation of

Birthplace of

State of Indiana,

County of

Subscribed and s

CONSENT OF

We, the parents,

signs, state facts

State of Indiana,

County of

Subscribed and s

COMPLETE

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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. 45
File Book 28
Date of Application 16 February 1966

MALE
Medical Examination Report Dated 16 February 1966
Name of Physician Irvin Cohen M.D.

FEMALE
Medical Examination Report Dated 16 February 1966
Name of Physician Irvin Cohen 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 Thomas A. Tracey
Date of Birth 27 1928
Place of Birth (State or foreign country) Philadelphia, Pa.
Residence Address 601 W. Main Plainfield, Ind.
Previous Marital Status: Never Married ☐ Divorce ☒ Annulment ☐ Number of Previous Marriages 1
Last Marriage Ended By: 57 Deleune, Pa.
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Bricklayer, Custom Masonry
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 |
|---------------------|-----------|---|
| <u>Suzanne A.</u> | <u>17</u> | <u>1544 Woodlawn Ave. Fort Worth, Pa.</u> |
| <u>Catherine A.</u> | <u>16</u> | <u>1544 Woodlawn Ave. Fort Worth, Pa.</u> |
| <u>Isabelle R.</u> | <u>13</u> | <u>1544 Woodlawn Ave. Fort Worth, Pa.</u> |
| <u>Sandra A.</u> | <u>8</u> | <u>1544 Woodlawn Ave. Fort Worth, Pa.</u> |

(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? Mother remarried. New Father supports Yes ☐ No ☒
11. Full name of father Francis John Tracey
Residence of father (if deceased so state) Indianapolis, Ind.
Occupation of father Catholic Club Race of father white
Birthplace of father (State or foreign country) Philadelphia, Pa.
12. Full maiden name of mother Isabelle Rita McGurgen
Residence of mother (if deceased so state) Sharon Hill, Pa.
Occupation of mother Housewife Race of mother white
Birthplace of mother (State or foreign country) Philadelphia, Pa.
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Thomas A. Tracey
New Address Arbuckle Motel, Plainfield
Subscribed and sworn to before me this 16th day of February, 1966.
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary _____

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk _____

FEMALE APPLICANT

Name Pauline H. Thomas
Date of Birth 13 1919
Place of Birth (State or foreign country) Chester, Pa.
Residence Address Arbuckle's Motel, Plainfield, Ind.
Maiden Name if Different Pauline H. Casimir
Previous Marital Status: Never Married ☐ Divorce ☐ Annulment ☐ Number of Previous Marriages 1
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) 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 Anthony Casimir
Residence of father (if deceased so state) Deceased
Occupation of father _____ Race of father white
Birthplace of father (State or foreign country) Italy
8. Full maiden name of mother Santa Grancola
Residence of mother (if deceased so state) Chester, Pa.
Occupation of mother Retired Race of mother white
Birthplace of mother (State or foreign country) Italy
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Pauline H. Thomas
New Address Same
Subscribed and sworn to before me this 16th day of February, 1966.
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary _____

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk _____

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the Clerk of the _____ Circuit Court of Indiana dated the 20th day of February, 1966, authorizing the joining together as husband and wife of Thomas A. Tracey and Pauline H. Thomas.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Eugene C. Crawley, hereby certify that on the 20th day of February, one thousand nine hundred and 66, at Plainfield, County of Hendricks, State of Indiana, Groom Thomas A. Tracey of Hendricks County, State of Indiana, and, Bride Pauline H. Thomas of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.
Dated this 20th day of February, 1966.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1966.

Signed Eugene C. Crawley
Official Designation Justice of the Peace
1st day of March, 1966.
Signed John Samuel Jr Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 46
File Book 28, 1
Date of Application 17 February 1966

MALE
Medical Examination Report Dated 14 February 1966
Name of Physician Irvin Cohen, M.D.

FEMALE
Medical Examination Report Dated 14 February 1966
Name of Physician Irvin Cohen, 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 Sack R. Cook
Date of Birth April 1, 1947
Place of Birth Frankfort, Ind.
Residence Address RA Lebanon, Boone, Indiana
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Service Sta. Attendant: Cooks h.b.
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

FEMALE APPLICANT
Name Rebecca Ann Hessler
Date of Birth July 3, 1947
Place of Birth Plainfield, Ind.
Residence Address RL Bx 702 Plainfield, Hendricks, Ind.
Maiden Name if Different _____
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Unemployed
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify) _____
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the bride closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - Are you able to support a family? Yes ☒ No ☐
 - Are you likely to so continue? Yes ☒ No ☐
 - Are you likely to so continue? Yes ☒ No ☐
 - Do you have minor children from one or more former marriages?
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

- (b) Are you supporting or contributing to their support? Yes ☐ No ☒
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father Cline Devan Cook
Residence of father (if deceased so state) Lebanon, Ind.
Occupation of father Ser. Sta. exp. self. Race of father white
Birthplace of father (State or foreign country) Montgomery Co., Ind.
12. Full maiden name of mother Martha Jean Stephens
Residence of mother (if deceased so state) Lebanon, Ind.
Occupation of mother Housewife Race of mother white
Birthplace of mother (State or foreign country) Clinton, W. Va.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Jack R. Cook
New Address into service
Subscribed and sworn to before me this 17th day of February, 1966
Clerk John Samball HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.
Fathers notarized consent attached,

State of Indiana, HENDRICKS ss:
County of _____
Signed Mr. Cline D. Cook Father
Signed Mrs. Martha J. Stephens Mother
Subscribed and sworn to before me this 17th day of February, 1966
Clerk John Samball

COMPLETE IN MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court by written order issued 17 February 1966 in Hendricks County Circuit Clerk's office authorizes and directs the issuance of a marriage license to the above named parties. See u

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ of Indiana dated the 17th day of February, 1966, authorizing the joining together as husband and wife of Sack R. Cook and Rebecca Ann Hessler.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Harvey A. Robbins, hereby certify that on the 18th day of February, 1966, at Plainfield, County of Hendricks, State of Ind.
one thousand nine hundred and 66, of Boone County, State of Ind.
State of Indiana, Groom Sack R. Cook of Hendricks County, State of Ind.
and, Bride Rebecca Ann Hessler 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 _____ County.
Dated this 18th day of February, 1966.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1966.
Signed Harvey A. Robbins Minister
Official Designation February
Signed John Samball Clerk
Clerk Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 46
File Book 28, 1
Date of Application 17 February 1966

MALE
Medical Examination Report Dated 14 February 1966
Name of Physician Irvin Cohen, M.D.

FEMALE
Medical Examination Report Dated 14 February 1966
Name of Physician Irvin Cohen, M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Jack R. Cook
Date of Birth April 1, 1947
Place of Birth (State or foreign country) Frankfort, Ind.
Residence Address RA Lebanon, Boone, Indiana
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Service Sta. Attendant: Cooks h.b.
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify)
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the bride closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - Are you able to support a family? Yes ☒ No ☐
 - Are you likely to so continue? Yes ☒ No ☐
 - Are you likely to so continue? Yes ☒ No ☐
 - Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

| Name | Age | Address |
|------|-----|---------|
| | | |
| | | |
| | | |

- (b) Are you supporting or contributing to their support? Yes ☐ No ☒
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father Chas. Cook
Residence of father
Occupation of father
Birthplace of father
12. Full maiden name of mother
Residence of mother
Occupation of mother
Birthplace of mother
State of Indiana
County of

FEMALE APPLICANT

Name Rebecca Ann Hessler
Date of Birth July 3, 1947
Place of Birth (State or foreign country) Plainfield, Ind.
Residence Address RL Box 702 Plainfield, Hendricks, Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Unemployed
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify)
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the groom closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - Full name of father Harvey Phillips Hessler
Residence of father (if deceased so state) Deceased
Occupation of father Race of father white
Birthplace of father (State or foreign country) Plainfield, Ind.
8. Full maiden name of mother Irene Davis
Residence of mother (if deceased so state) Plainfield
Occupation of mother Bookkeeper: Calvert Race of mother white

February 17, 1966

To Whom It May Concern:

I, Chas. Cook, do hereby give my consent to the marriage of my son Jack R. Cook.

FILED

FEB 17 1966

John Lambold Jr.
CLERK HENDRICKS COUNTY SUPERIOR COURT

Chas. Cook

Subscribed and sworn to before me this 17th day of February 1966.

Gleason L. LaFollette
Notary Public

My Commission Expires Sept. 9, 1969.

Signed Harold A. Radtke
Official Designation Christian Minister
Signed John Lambold Jr.
Official Designation Clerk
Signed Hendricks
Official Designation Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 21st day of February 1966.

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. 47

File Book 28

19 February 1966
Date of Application

MALE

Medical Examination Report Dated 11 February 1966
Name of Physician Thomas P. Chase, M.D.

FEMALE

Medical Examination Report Dated 11 February 1966
Name of Physician Thomas P. Chase, M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First James Middle R. Last Webb
Date of Birth February 7 1944
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address R 3, Bx 189, Danville, Hendricks, 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 Machinist

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Drivers license.

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
- If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages?
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

| Name | Age | Address |
|------|-----|---------|
| | | |

- Are you supporting or contributing to their support? Yes ☐ No ☐
- Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father: Marion Lawson Webb
Residence of father (if deceased so state): Danville, Ind.
Occupation of father: Drift: hog red mix. Race of father: white
Birthplace of father (State or foreign country): Brownsburg, Ind.

12. Full maiden name of mother: Helen Christine Brown
Residence of mother (if deceased so state): Danville, Ind.
Occupation of mother: Beautician Race of mother: white
Birthplace of mother (State or foreign country): New Winchester, Indiana

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of Hendricks
Signed: James R. Webb
New Address: Burbank, California 11

Subscribed and sworn to before me this 19th day of February, 1966
John Samuel Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, Hendricks } ss:
County of Hendricks

Signed..... Father
Signed..... Mother

Subscribed and sworn to before me this..... day of....., 19.....
..... Clerk

FEMALE APPLICANT

Name First Barbara Middle S. Last Bear
Date of Birth September 19 1946
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address R 1, Bx 134, Danville, Hendricks, 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 Steno. clerk: PSC 1

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Drivers license.

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father: Carl Phillips Bear
Residence of father (if deceased so state): Danville, Ind.
Occupation of father: Salesman Race of father: white
Birthplace of father (State or foreign country): Madison, Ind.

8. Full maiden name of mother: Helen E. Malicot (claus)
Residence of mother (if deceased so state): Speedway, Ind.
Occupation of mother: Housewife. Race of mother: white
Birthplace of mother (State or foreign country):

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of Hendricks
Signed: Barbara J. Bear
New Address: Same.

Subscribed and sworn to before me this 19th day of February, 1966
John Samuel Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, Hendricks } ss:
County of Hendricks

Signed..... Father

Signed..... Mother

Subscribed and sworn to before me this..... day of....., 19.....
..... Clerk

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 February, 1966, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
1, Rev. Thomas E. Berry hereby certify that on the 27th day of February, 1966, at Danville, Hendricks County, State of Indiana, Groom James R. Webb and, Bride Barbara J. Bear 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 27th day of February, 1966.

Signed: Rev. Thomas E. Berry
Official Designation: Minister

Signed: John Samuel Jr. Clerk
Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 3rd day of March, 1966.

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 78
File Book 28
Date of Application 19 February 1966

MALE
Medical Examination Report Dated 15 February 1966
Name of Physician Eddie R. Apple M.D.

FEMALE
Medical Examination Report Dated 15 February 1966
Name of Physician Eddie R. Apple M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, represents, tion or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Edwin First E Middle L Last Lucas
Date of Birth February Month 20 Day 1943 Year
Place of Birth New Albany, Indiana (State or foreign country)
Residence Address 402 E Market, Salem, Washington, Ind. Street or R.R. City County State
Previous Marital Status: Never Married ☒ Divorce ☐ Annulment ☐
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Student: Ind State Univ.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Driver's License
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

(b) Are you supporting or contributing to their support? Yes ☐ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Ivan Glen Lucas
Residence of father (if deceased so state) Salem, Ind.
Occupation of father & Clerk: Olin Math. Race of father white
Birthplace of father (State or foreign country) Washington Co., Ind.
12. Full maiden name of mother Opal Ruth Bostock
Residence of mother (if deceased so state) Salem, Ind.
Occupation of mother Housewife Race of mother white
Birthplace of mother (State or foreign country) Floyd Co., Ind.
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS
Signed Edwin E. Lucas
New Address Tene Haute, Ind.
Subscribed and sworn to before me this 19th day of February, 1966
John Samuels Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of HENDRICKS
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk

FEMALE APPLICANT

Name Kathleen First K Middle W Last Williams
Date of Birth October Month 12 Day 1946 Year
Place of Birth Morgan Co., Indiana (State or foreign country)
Residence Address 16 Glenview Dr., Plainfield, Ind. Street or R.R. City County State
Maiden Name if Different _____
Previous Marital Status: Never Married ☒ Divorce ☐ Annulment ☐
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Student: Ind State Univ.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Driver's Lic.
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you 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 Delbert Lee Williams
Residence of father (if deceased so state) Plainfield, Ind.
Occupation of father Owner: Wm Bros Thr Race of father white
Birthplace of father (State or foreign country) Morgan Co., Ind.
8. Full maiden name of mother Martha Ellen Lewis
Residence of mother (if deceased so state) Plainfield, Ind.
Occupation of mother Secy: Williams Bros Race of mother white
Birthplace of mother (State or foreign country) Cass Co., Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS
Signed Kathleen Williams
New Address Same
Subscribed and sworn to before me this 19th day of February, 1966
John Samuels Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of HENDRICKS
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk

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 23 day of February, 1966, authorizing the joining together as husband and wife of Edwin E. Lucas and Kathleen Williams.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Oliver B. Thomas, hereby certify that on the 26 day of February, 1966, at Plainfield, Indiana, County of Hendricks, State of Indiana, Groom Edwin E. Lucas of Washington County, State of Indiana, and, Bride Kathleen Williams 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 February, 1966

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1966
Signed Oliver B. Thomas Minister
Official Designation 16 day of September, 1969
Signed John Samuels, Jr. 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. 49
File Book 28
Date of Application 19 February 1966

MALE
Medical Examination Report Dated 19 February 1966
Name of Physician Alvin D. Schaaf MD

FEMALE
Medical Examination Report Dated 19 February 1966
Name of Physician Alvin D. Schaaf, 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 Harold A. Emmert
Date of Birth October 4 1941
Place of Birth (State or foreign country) Lebanon, Ind.
Residence Address Bx 44 Jamestown, Boone, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) shades
Usual Occupation Teacher - Marion Adams School
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Drives license.
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address
Simon Leon Emmert
Residence of father (if deceased so state) Jamestown, Ind.
Occupation of father Machinist: Stewart-Warr Race of father white
Birthplace of father (State or foreign country) Boone Co., Ind.
12. Full maiden name of mother Clara Rose Ha. Hurd
Residence of mother (if deceased so state) Jamestown, Ind.
Occupation of mother Lunch Room Guard Race of mother white
Birthplace of mother (State or foreign country) Boone Co., Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS

Signed Harold A. Emmert
New Address 731, Hixton, Indiana
Subscribed and sworn to before me this 19th day of February, 1966
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of HENDRICKS
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

FEMALE APPLICANT
Name Marjorie E. Hines
Date of Birth November 1 1946
Place of Birth (State or foreign country) Lebanon, Indiana
Residence Address RI Bx 78, Hixton, Hendricks, Ind.
Maiden Name if Different _____
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Student. Ball State U.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Drives 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 Andrew Hines

Residence of father (if deceased so state) Hixton, Ind.
Occupation of father Farm. Mech. Race of father white
Birthplace of father (State or foreign country) Boone Co., Indiana
8. Full maiden name of mother OSIE Lucile Ginn
Residence of mother (if deceased so state) Hixton, Ind.
Occupation of mother Housewife Race of mother white
Birthplace of mother (State or foreign country) Hendricks Co., Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS

Signed Marjorie E. Hines
New Address Same
Subscribed and sworn to before me this 19th day of February, 1966
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of HENDRICKS
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

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 _____ of Indiana dated the 26th day of February, 1966, authorizing the joining together as husband and wife of Harold A. Emmert and Marjorie E. Hines.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Jack E. Van Arsdale hereby certify that on the 4th day of March, one thousand nine hundred and 66 at Jamestown Christian Church, County of Boone, State of Indiana, Groom Harold A. Emmert of Boone County, State of Indiana, and, Bride Marjorie E. Hines 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 March, 1966.

Signed Jack E. Van Arsdale
Official Designation Minister
7th day of March, 1966.
Signed John Samuels Jr. Clerk
Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 50
File Book 28
Date of Application 21 February 1966

MALE
Medical Examination Report Dated 15 February 1966
Name of Physician Lloyd Terry M.D.

FEMALE
Medical Examination Report Dated 15 February 1966
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, representa-

MALE APPLICANT
Name Sheridan Lee Willoughby
Date of Birth May 18, 1946
Place of Birth Indianapolis, Ind.
Residence Address 741 N. Hough, Indianapolis, Marion, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Steel Cutter, Tank & Iron Works
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify) _____
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the bride closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - Are you able to support a family? Yes ☒ No ☐
 - Are you likely to so continue? Yes ☒ No ☐
 - Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

| Name | Age | Address |
|--|---|---------|
| (b) Are you supporting or contributing to their support? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| (c) Are you complying with any court order or orders issued for their support? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

11. Full name of father Andrew V. Willoughby
Residence of father (if deceased so state) Gary, Indiana
Occupation of father Laborer: Railroad Race of father white
Birthplace of father (State or foreign country) unknown
12. Full maiden name of mother Wilma Irene Manuel
Residence of mother (if deceased so state) Indianapolis, Ind.
Occupation of mother Housewife Race of mother white
Birthplace of mother (State or foreign country) Indpls, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Sheridan Lee Willoughby
New Address 115 N. Tenn St., Danville, Ind.
Subscribed and sworn to before me this 21st day of February, 1966
John Samuel Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of 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 legal custody.
State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed Wilma Irene Beggess Mother
Subscribed and sworn to before me this 21st day of February, 1966
John Samuel Clerk

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ and filed _____
County _____ Court by written order issued _____
in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____, 19____, authorizing the joining together as husband and wife of Indian _____ dated the 25th day of February, 1966.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Paul Schmaas, hereby certify that on the 5th day of March, 1966, at Danville, County of Hendricks, State of Indiana, one thousand nine hundred and 66 of Marion County, State of Indiana, and, Bride Mary Lou Singleton 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 5th day of March, 1966.

Signed Paul Schmaas
Official Designation Minister

Clerk
Signed John Samuel

Clerk

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____

FEMALE APPLICANT
Name Mary Lou Singleton
Date of Birth February 28, 1946
Place of Birth Hendricks, Ind.
Residence Address 153 E. 340 Danville, Hendricks, Ind.
Maiden Name if Different _____
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Secretary, S.O.B.
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify) _____
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the groom closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - Full name of father Bessie Singleton
Residence of father (if deceased so state) Danville, Ind.
Occupation of father RR Retired Race of father white
Birthplace of father (State or foreign country) Bullledge, Tenn.
 - Full maiden name of mother Mary Kathleen Butler
Residence of mother (if deceased so state) Danville, Ind.
Occupation of mother Housewife Race of mother white
Birthplace of mother (State or foreign country) Medcalf, Kentucky

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Mary Lou Singleton
New Address Same
Subscribed and sworn to before me this 21st day of February, 1966
John Samuel Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.
State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk