

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 29  
Date of Application 1 October 1966

MALE  
Medical Examination Report Dated 26 September 1966  
Name of Physician Gas. E. Southard M.D.

FEMALE  
Medical Examination Report Dated 26 October 1966  
Name of Physician Gas. 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 John W. Lawson  
Date of Birth November 30 1938  
Place of Birth Danville, Ind.  
Residence Address 579 W. Mill, 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 Pipe liner: Panhandle & East.  
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? No  Yes   
(If yes, answer questions a, b, c)  
(a) List their full names, ages and addresses

Name	Age	Address

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

11. Full name of father Robert William Lawson  
Residence of father (if deceased so state) Danville, Ind.  
Occupation of father Butcher: Safeway Race of father white  
Birthplace of father (State or foreign country) Danville, Ind.

12. Full maiden name of mother Clara Mae Myers  
Residence of mother (if deceased so state) Danville, Ind.  
Occupation of mother Sub. Teacher: Pinnel Race of mother white  
Birthplace of mother (State or foreign country) Russellville Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of.....  
Signed John W. Lawson  
New Address 66 E. Lincoln Ave. 3' buy.  
Subscribed and sworn to before me this 12 day of October, 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

**FEMALE APPLICANT**

Name Betty J. Pitcock  
Date of Birth August 3 1942  
Place of Birth Summer Shade, Ky.  
Residence Address 2025. Jefferson, 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 Secy: St. Vincents.  
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 Earl Thomas Pitcock  
Residence of father (if deceased so state) Levensville, Ky.  
Occupation of father Construction Race of father white  
Birthplace of father (State or foreign country) Monroe Co, Ky.
- Full maiden name of mother Olive Corrine Epton  
Residence of mother (if deceased so state) Danville, Ind.  
Occupation of mother Nurse: HCH. Race of mother white  
Birthplace of mother (State or foreign country) Monroe Co, Ky.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of.....  
Signed Betty J. Pitcock  
New Address Dans.  
Subscribed and sworn to before me this 1st day of October, 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 in..... County..... Court by written order issued..... and filed in..... authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**  
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 5th day of October, 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, Gerald C. Raulin, hereby certify that on the 7th day of October,  
one thousand nine hundred and 66,  
State of Indiana, Groom John W. Lawson at Baybridge, County of Putnam,  
and, Bride Betty J. Pitcock 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 October, 1966.  
Signed Gerald C. Raulin  
Official Designation Minister  
Filed and recorded in accordance with the laws of the State of Indiana this 21 day of Oct, 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

No. 301  
File Book 29  
1 October 1966  
Date of Application

HENDRICKS County

MALE  
Medical Examination Report Dated 13 September 1966  
Name of Physician S. Wayne Ebert MD

FEMALE  
Medical Examination Report Dated 13 September 1966  
Name of Physician S. Wayne Ebert 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 Ronald E. Bensley  
Date of Birth December 10 1941  
Place of Birth Cleveland Ohio  
Residence Address 114 N. Vine 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) Mission 64

Usual Occupation Pts Man: Parks GMC  
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 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? 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 Franklin Alexander Bensley  
Residence of father (if deceased so state) Deceased  
Occupation of father — Race of father white  
Birthplace of father (State or foreign country) Ill.

12. Full maiden name of mother Shirley Rose Zimmerman  
Residence of mother (if deceased so state) Plainfield, Ind.  
Occupation of mother file clerk: Agves Race of mother white  
Birthplace of mother (State or foreign country) Cleveland, Ohio

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
Signed Ronald E. Bensley  
New Address 114 N. Vine, P. Rd.  
Subscribed and sworn to before me this 18 day of October, 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:  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
Clerk \_\_\_\_\_

FEMALE APPLICANT

Name Janet I. Huber  
Date of Birth October 19 1945  
Place of Birth Indianapolis, Ind.  
Residence Address 2 Michael Dr. 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 Auditing: H.P. Wassons  
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 Leon Orville Huber  
Residence of father (if deceased so state) Plainfield, Ind.  
Occupation of father Welder: Franis Race of father white  
Birthplace of father (State or foreign country) Owens, Ind.

8. Full maiden name of mother Frances Lucille Childs  
Residence of mother (if deceased so state) Plainfield, Ind.  
Occupation of mother H/W Race of mother white  
Birthplace of mother (State or foreign country) Owens, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
Signed Janet I. Huber  
New Address Same  
Subscribed and sworn to before me this 18 day of October, 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:  
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 10th day of October, 1966, authorizing the joining together as husband and wife of Ronald E. Bensley and Janet I. Huber.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Gayley Bowman hereby certify that on the 19 day of October, one thousand nine hundred and 66 at Plainfield, County of Hendricks State of Indiana, Groom Ronald E. Bensley of Hendricks County, State of Indiana and, Bride Janet I. Huber 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 19 day of October, 1966.

Signed Gayley Bowman  
Official Designation Minister  
Filed and recorded in accordance with the laws of the State of Indiana this 27 day of Oct, 1966.  
Signed John Samuel Jr Clerk  
Hendricks Circuit Court



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 302  
File Book 29  
1 October 1966  
Date of Application

MALE  
Medical Examination Report Dated 24 September 1966  
Name of Physician Thomas L. Dillon M.D.

FEMALE  
Medical Examination Report Dated 24 September 1966  
Name of Physician Thomas L. Dillon 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: Loren E. Pipes  
Date of Birth: February 27, 1919  
Place of Birth: Boone Co., Ind.  
Residence Address: 617 Sunset Dr., Plainfield, Ind.  
Previous Marital Status: Never Married  
Last Marriage Ended By: Death  
Color or Race: White  
Usual Occupation: Carpenter Super. Imperial Equip.  
Date of birth verified by: Birth Cert.  
Other (Specify): Drivers 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? No  Yes   
(If yes, answer questions a, b, c)  
(a) List their full names, ages and addresses

Name	Age	Address
John Wesley Pipes		Whites town, Ind.
Georgia Mae Haley		Whites town, W. Va.

(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 Wesley Pipes  
Residence of father (if deceased so state): Whites town, Ind.  
Occupation of father: Retired  
Race of father: white  
Birthplace of father (State or foreign country): Sistasville, W. Va.

12. Full maiden name of mother: Georgia Mae Haley  
Residence of mother (if deceased so state): Whites town, W. Va.  
Occupation of mother: H/W.  
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: Loren E. Pipes  
New Address: 617 Sunset Dr., Plainfield, Ind.

Subscribed and sworn to before me this 1st day of October, 1966.  
John Samardis Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**  
We, the parents, of this applicant hereby give consent 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: Velma Faye Brandon  
Date of Birth: July 25, 1930  
Place of Birth: Indianapolis, Ind.  
Residence Address: 151 Bx 211 Pittsburg, New, Ind.  
Maiden Name if Different: Velma Faye Minkner  
Previous Marital Status: Never Married  
Last Marriage Ended By: Death  
Color or Race: White  
Usual Occupation: Mach. Opr. Altan Box  
Date of birth verified by: Birth Cert.  
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: Frederick William Minkner  
Residence of father (if deceased so state): Deceased  
Occupation of father: \_\_\_\_\_  
Race of father: white  
Birthplace of father (State or foreign country): Indpls., Ind.
- Full maiden name of mother: Violet Omega Hytler  
Residence of mother (if deceased so state): Lebanon, Ind.  
Occupation of mother: H/W.  
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: Velma Faye Brandon  
New Address: Same  
Subscribed and sworn to before me this 1st day of October, 1966.  
John Samardis Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**  
We, the parents, of this applicant hereby give consent 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 \_\_\_\_\_ 6th \_\_\_\_\_ day of \_\_\_\_\_ October \_\_\_\_\_, 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, \_\_\_\_\_ Roger L. James \_\_\_\_\_ hereby certify that on the \_\_\_\_\_ 7th \_\_\_\_\_ day of \_\_\_\_\_ October \_\_\_\_\_  
one thousand nine hundred and \_\_\_\_\_ 66 \_\_\_\_\_ at \_\_\_\_\_ Roachdale \_\_\_\_\_ County of \_\_\_\_\_ Putnam \_\_\_\_\_  
State of Indiana, Groom: Loren E. Pipes \_\_\_\_\_ and \_\_\_\_\_ Velma Faye Brandon \_\_\_\_\_ of \_\_\_\_\_ Hendricks \_\_\_\_\_ County, State of \_\_\_\_\_ Indiana \_\_\_\_\_  
and, Bride: \_\_\_\_\_ Velma Faye Brandon \_\_\_\_\_ 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 \_\_\_\_\_ October \_\_\_\_\_, 1966.  
Signed: \_\_\_\_\_ Roger L. James \_\_\_\_\_  
Official Designation: \_\_\_\_\_ Minister \_\_\_\_\_  
Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_ 21 \_\_\_\_\_ day of \_\_\_\_\_ Oct \_\_\_\_\_, 1966.  
Signed: \_\_\_\_\_ John Samardis 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. 303  
File Book 29  
Date of Application 1 October 1966

HENDRICKS County

MALE  
Medical Examination Report Dated 1 October 1966  
Name of Physician M.O. Samakorn M.D.

FEMALE  
Medical Examination Report Dated 1 October 1966  
Name of Physician M.O. Samakorn 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 Russell Koontz  
Date of Birth February 25 1946  
Place of Birth Indianapolis, Ind.  
Residence Address Pittsboro, Hendricks, 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: ISU.  
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?  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 Horaine Butler Koontz  
Residence of father (if deceased so state) Pittsboro, Ind.  
Occupation of father Bus. Dir. Hitt. Co. Race of father white  
Birthplace of father (State or foreign country) Tilton, Ill.  
12. Full maiden name of mother Ann Clare Greathouse  
Residence of mother (if deceased so state) Pittsboro, Ind.  
Occupation of mother Cash. N.W. High Sch. 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 Thomas Russell Koontz  
New Address Seelyville, Ind.  
Subscribed and sworn to before me this 18th day of October, 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 Laurie P. Hood Father  
Signed Ann C. Koontz Mother  
Subscribed and sworn to before me this 18th day of October, 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 5th day of October, 1966, authorizing the joining together as husband and wife of Thomas Russell Koontz and Cathy Ann Conger.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Thomas R. Stralton hereby certify that on the 8th day of October, one thousand nine hundred and 66 at Pittsboro, County of Hendricks State of Indiana, Groom Thomas Russell Koontz of Hendricks County, State of Indiana, and, Bride Cathy Ann Conger 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 October, 1966.  
Signed Thomas R. Stralton  
Official Designation Minister, Oct, 1966.  
Signed John Gambell Jr Clerk  
Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_ day of \_\_\_\_\_, 1966.

FEMALE APPLICANT  
Name Cathy Ann Conger  
Date of Birth July 29 1947  
Place of Birth Indianapolis, Ind.  
Residence Address RI Bx 230B Pittsboro, 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 Student.  
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 Willard Herbert Conger  
Residence of father (if deceased so state) Pittsboro, Ind.  
Occupation of father Dry cleaning owner Race of father white  
Birthplace of father (State or foreign country) Indpls, Ind.  
8. Full maiden name of mother Marjorie Mae Ross  
Residence of mother (if deceased so state) Pittsboro, Ind.  
Occupation of mother Cashier, Conger Cleaners 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 Cathy Ann Conger  
New Address Same  
Subscribed and sworn to before me this 18th day of October, 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 \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk



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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. 304  
File Book 29  
9 October 1966  
Date of Application

**MALE**  
Medical Examination Report Dated 3 October 1966  
Name of Physician Walter MS Manns MD

**FEMALE**  
Medical Examination Report Dated 3 October 1966  
Name of Physician Walter MS Manns 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 Larry Estel Fancher  
Date of Birth Jan 19 1946  
Place of Birth Indianapolis, Ind.  
Residence Address 812 S. Norfolk, 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 P.F.C. USM.  
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>Elmer Estel Haywood</u>		
Residence of father (if deceased so state) <u>Indpls, Ind.</u>		
Occupation of father <u>Mgr. Atkins Fort. Tenn.</u> Race of father <u>white</u>		
Birthplace of father (State or foreign country) <u>Greene Co., Ind.</u>		
12. Full maiden name of mother <u>Dorothy Louise Fancher</u>		
Residence of mother (if deceased so state) <u>Indpls, Ind.</u>		
Occupation of mother <u>clerk: P.R. Mallory</u> Race of mother <u>white</u>		
Birthplace of mother (State or foreign country) <u>Indpls, Ind.</u>		

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of.....  
Signed Larry Estel Fancher  
New Address Paris Island, Cherry Pt. S.C.  
Subscribed and sworn to before me this 4th day of October, 1966  
Clerk John Gambell HENDRICKS Circuit Court

**FEMALE APPLICANT**

Name Dianne Claudette Rogers  
Date of Birth Jan 16 1947  
Place of Birth MS Minnville, Tenn  
Residence Address 632 Alpha Ave, 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 Bank Teller: B'burg State  
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 Price Rogers  
Residence of father (if deceased so state) B'burg, Ind.  
Occupation of father Machinst. Allison Race of father white  
Birthplace of father (State or foreign country) MS Minnville Tenn.
- Full maiden name of mother Alce Beekman  
Residence of mother (if deceased so state) Brownsburg, Ind.  
Occupation of mother Aran Rep. Race of mother white  
Birthplace of mother (State or foreign country) St. Troid, Belgium

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of.....  
Signed Dianne Claudette Rogers  
New Address 632 Alpha Ave, B'burg  
Subscribed and sworn to before me this 4th day of October, 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.  
Parents divorced - Mother has custody  
State of Indiana, HENDRICKS } ss:  
County of.....  
Signed Dorothy L. Fancher Father  
Signed Dorothy L. Fancher Mother  
Subscribed and sworn to before me this 4th day of October, 1966  
Clerk John Gambell

**CONSENT OF PARENTS, PARENT OR GUARDIAN**  
We, the parents, of this applicant hereby give consent 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 Sevend. Circuit Court of Indiana dated the 8 day of Oct, 1966, authorizing the joining together as husband and wife Larry Estel Fancher and Dianne Claudette Rogers.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Harold V. Comex hereby certify that on the 8 day of October, one thousand nine hundred and 66 at Brownsburg, County of Hendricks State of Indiana, Groom Larry Estel Fancher of Marion County, State of Indiana and, Bride Dianne Claudette Rogers 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 8 day of October, 1966.  
Signed Harold V. Comex  
Official Designation Evangelist  
Filed and recorded in accordance with the laws of the State of Indiana this 18 day of Oct., 1966.  
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. 305  
File Book 29  
Date of Application 5 October 1966

HENDRICKS County

MALE  
Medical Examination Report Dated 5 October 1966  
Name of Physician Carl J. Heinlein M.D.

FEMALE  
Medical Examination Report Dated 5 October 1966  
Name of Physician Carl J. 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 Thomas M. Hoagare  
Date of Birth August 1 1942  
Place of Birth Waukesha Wis.  
Residence Address North Salem, 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 Serviceman: Add - Mult.  
Date of birth verified by:  Birth Cert.  Judicial Decree  
 Other (Specify) Drivers Lic.

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

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

11. Full name of father: Henry Hildebrand Hoagare Jr.  
Residence of father (if deceased so state): North Salem, Ind.  
Occupation of father: Businessman: Ind. St. Race of father: white  
Birthplace of father (State or foreign country): Gilman, Ill.

12. Full maiden name of mother: Evelyn Elizabeth Stockman  
Residence of mother (if deceased so state): N. Salem, Ind.  
Occupation of mother: H/W Race of mother: white  
Birthplace of mother (State or foreign country): Waukesha, Wis.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of HENDRICKS  
Signed Thomas M. Hoagare  
New Address: R2 Bx 101 Clayton, Ind.  
Subscribed and sworn to before me this 5th day of October, 1966  
Clerk John Sambell HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of this applicant hereby give consent 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 Mae French  
Date of Birth June 13 1937  
Place of Birth Indianapolis, Ind.  
Residence Address R2 Clayton, Hendricks, Indiana  
Maiden Name if Different Donna Mae Falconbury

Previous Marital Status: Never Married  Number of Previous Marriages  
Last Marriage Ended By: Death  Divorce  Annulment   
Color or Race White  Negro  Other  (specify) Montgomery  
Usual Occupation Waitress  
Date of birth verified by:  Birth Cert.  Judicial Decree  
 Other (Specify)

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

7. Full name of father: Otis Ora Falconbury  
Residence of father (if deceased so state): Reachdale, Ind.  
Occupation of father: Patrolman: Put. to Highway Race of father: white  
Birthplace of father (State or foreign country): Putnam Co, Ind.

8. Full maiden name of mother: Esther May Potter  
Residence of mother (if deceased so state): Reachdale, Ind.  
Occupation of mother: H/W Race of mother: white  
Birthplace of mother (State or foreign country): Vincennes, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of HENDRICKS  
Signed Donna Mae French  
New Address: Same  
Subscribed and sworn to before me this 5th day of October, 1966  
Clerk John Sambell HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of this applicant hereby give consent 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 DUPREX Court by written order issued 5 October 1966 and filed in Clerks authorizes and directs the issuance of a marriage license to the above named parties. 3d. Warm

RETURN 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 5th day of October, 1966, authorizing the joining together as husband and wife of Thomas M. Hoagare and Donna Mae French.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Roger L. James hereby certify that on the 9th day of October, at Reachdale, County of Putnam, State of Indiana, Groom Thomas M. Hoagare of Hendricks County, State of Indiana, and, Bride Donna Mae French 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 9th day of October, 1966. Signed Roger L. James  
Official Designation Minister  
Filed and recorded in accordance with the laws of the State of Indiana this 21 day of Oct., 1966.  
Signed John Sambell 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. 306  
File 29 Book  
Oct 7, 1966  
Date of Application

MALE  
Medical Examination Report Dated 10-4-66  
Name of Physician R. W. Lamb, M.D.

FEMALE  
Medical Examination Report Dated 10-4-66  
Name of Physician R. W. Lamb, 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 Philip M. Davis  
Date of Birth November 30 1947  
Place of Birth Shelbyville, Ind.  
Residence Address 221 Pamela Pkwy., Brownsburg, 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 Allisons Employee  
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
- 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  
Name of father Charles Robert Davis  
Age of father (if deceased so state) Same  
Occupation of father Allisons Race of father White  
Place of father (State or foreign country) Rushville, Ind.  
Full name of mother Berulah Jean Cole  
Age of mother (if deceased so state) Same  
Occupation of mother Western Electric Race of mother White  
Place 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.  
Signed Philip M. Davis  
New Address 221 Pamela Parkway, Brownsburg  
Subscribed and sworn to before me this 7th day of Oct., 1966  
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.  
Authorized Consent of Father  
State of Indiana, HENDRICKS } ss:  
Signed Berulah Jean Davis Father  
Signed Berulah Jean Davis Mother  
Subscribed and sworn to before me this 7th day of Oct., 1966  
John Hambold, Jr. Clerk

FEMALE APPLICANT  
Name Patricia D. Patterson  
Date of Birth March 31 1950  
Place of Birth Indpls, Ind.  
Residence Address 5198 E. 21st St., 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 Student  
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 Elbert Sidney Patterson  
Residence of father (if deceased so state) Deceased  
Occupation of father \_\_\_\_\_ Race of father White  
Birthplace of father (State or foreign country) Casey Co., Ky.
- 8. Full maiden name of mother MNNA Richardson  
Residence of mother (if deceased so state) 723 Bush St., Indpls.  
Occupation of mother Baby-sit. Housework Race of mother White  
Birthplace of mother (State or foreign country) Casey Co., Ky.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
Signed Patricia D. Patterson  
New Address 221 Pamela Parkway, Brownsburg  
Subscribed and sworn to before me this 7th day of Oct., 1966  
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.  
Father Deceased  
State of Indiana, HENDRICKS } ss:  
Signed \_\_\_\_\_ Father  
Signed Armo Patterson Mother  
Subscribed and sworn to before me this 7th day of Oct., 1966  
John Hambold, 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 \_\_\_\_\_ 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 \_\_\_\_\_ Circuit Court of Indiana dated the \_\_\_\_\_ day of \_\_\_\_\_, 1966, authorizing the joining together as husband and wife of \_\_\_\_\_ and \_\_\_\_\_  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Rev. L. S. Knappfrieier hereby certify that on the 9th day of October, 1966, at Brownsburg, County of Hendricks, State of Indiana, Groom Philip M. Davis and, Bride Patricia D. Patterson 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 9th day of October, 1966.

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_ day of \_\_\_\_\_, 1966.  
Signed Rev. L. S. Knappfrieier Official Designation Minister  
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

No. 307  
File Book 29  
7 October 1966  
Date of Application

HENDRICKS County

MALE  
Medical Examination Report Dated 7 October 1966  
Name of Physician John P. Calhoon MD.

FEMALE  
Medical Examination Report Dated 7 October 1966  
Name of Physician John P. Calhoon 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 M. Caton  
Date of Birth June 18 1946  
Place of Birth Terre Haute, Ind.  
Residence Address 1625 N. Galesch Rd, Indpls, Marion, Ind.

Usual Occupation Machinist: Stewart Warner  
Date of birth verified by:  Birth Cert.  Judicial Decree  
 Other (Specify) Drivers Lic.

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

(a) List their full names, ages and addresses  
Name Age Address  
John Rufus Caton  
Terre Haute, Ind.  
Sakaman, So. Deese, white  
Terre Haute, Ind.  
Betty Jean Brown  
Indpls, Ind.  
HW  
white  
Sullivan, 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 Rufus Caton  
Residence of father (if deceased so state): Terre Haute, Ind.  
Occupation of father: Sakaman, So. Deese, white  
Birthplace of father (State or foreign country): Terre Haute, Ind.  
12. Full maiden name of mother: Betty Jean Brown  
Residence of mother (if deceased so state): Indpls, Ind.  
Occupation of mother: HW  
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 John M. Caton  
New Address 269 Aron Pkwy, Ind.  
Subscribed and sworn to before me this 7th day of October, 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.  
Consent of both parents  
waived by circuit court

State of Indiana, HENDRICKS } ss:  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this 7th day of October, 1966  
John Gambell Clerk

FEMALE APPLICANT

Name Judy K. Madglin  
Date of Birth September 12 1949  
Place of Birth Indianapolis, Ind.  
Residence Address R2 BX178 Indpls, Hendricks, Ind.

Usual Occupation Student: P'fld HS.  
Date of birth verified by:  Birth Cert.  Judicial Decree  
 Other (Specify) School Records statement.

- 1. Are you now or have you been adjudged, diagnosed or considered as:  
An 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 Warren Madglin  
Residence of father (if deceased so state): Plainfield, Ind.  
Occupation of father: Foreman Stewart Warner, white  
Birthplace of father (State or foreign country): Indpls, Ind.  
8. Full maiden name of mother: Betty Jane Minnich  
Residence of mother (if deceased so state): Deceased  
Occupation of mother: \_\_\_\_\_  
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.  
Signed Judy K. Madglin  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 7th day of October, 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.  
Consent of Father  
waived by circuit court

State of Indiana, HENDRICKS } ss:  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this 7th day of October, 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 7 October 1966 and filed in Clerks office authorizes and directs the issuance of a marriage license to the above named parties. 3da yd of Parents Court

RETURN 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 October, 1966, authorizing the joining together as husband and wife of John M. Caton and Judy K. Madglin.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Rev. G. E. Switzer hereby certify that on the 9th day of October,  
one thousand nine hundred and 66 at Terre Haute, County of Marion,  
State of Indiana, Groom John M. Caton of Hendricks County, State of Indiana,  
and, Bride Judy K. Madglin 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 9th day of October, 1966.  
Signed Rev. G. E. Switzer  
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 21 day of Oct, 1966.  
Signed John Gambell 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. 308  
File Book 29  
8 October 1966  
Date of Application

HENDRICKS County

**MALE**  
Medical Examination Report Dated 5 October 1966  
Name of Physician M.O. Scamahorn M.D.

**FEMALE**  
Medical Examination Report Dated 5 October 1966  
Name of Physician M.O. Scamahorn 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 Stuart Woodrum  
Date of Birth November 17 1945  
Place of Birth (State or foreign country) Indiana  
Residence Address 301 1/2 W. Main St. Danville, Hend, Ind.  
Previous Marital Status: Never Married  Number of Previous Marriages \_\_\_\_\_

**FEMALE APPLICANT**  
Name Peggy Jean Miller  
Date of Birth April 14 1947  
Place of Birth (State or foreign country) Indiana  
Residence Address 214 E. Main Pittsboro, Hend, Ind.  
Maiden Name if Different \_\_\_\_\_

Last Marriage Ended By: Death  Divorce  Annulment   
Color or Race White  Negro  Other  (specify) \_\_\_\_\_  
Usual Occupation E3 US Navy  
Date of birth verified by:  Birth Cert.  Judicial Decree  
 Other (Specify) Navy ID

Previous Marital Status: Never Married  Number of Previous Marriages \_\_\_\_\_  
Last Marriage Ended By: Death  Divorce  Annulment   
Color or Race White  Negro  Other  (specify) \_\_\_\_\_  
Usual Occupation Dental Asst. T.M. Crutcher  
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

- 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 Thelbert Russell Miller  
Residence of father (if deceased so state) Pittsboro, Ind.  
Occupation of father Dr. Man: RCA Race of father white  
Birthplace of father (State or foreign country) Pittsboro, Ind.
- Full maiden name of mother Anna May Mc Donald  
Residence of mother (if deceased so state) Pittsboro, Ind.  
Occupation of mother H/W Race of mother white  
Birthplace of mother (State or foreign country) Hendricks Co, 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

State of Indiana, } ss: I depose and state the information given  
County of HENDRICKS } in this application is true and correct.  
Signed Peggy Jean Miller  
New Address 214 E. Main Pittsboro, Va

11. Full name of father George Francis Woodrum  
Residence of father (if deceased so state) Indpls, Ind.  
Occupation of father Fact wkr. cher Race of father white  
Birthplace of father (State or foreign country) Clemmetsville, Ky.  
12. Full maiden name of mother Roxie Hicks  
Residence of mother (if deceased so state) Danville, Ind.  
Occupation of mother Tool Opr. RCA Race of mother white  
Birthplace of mother (State or foreign country) Atterson, Ky.

Subscribed and sworn to before me this 8th day of October, 1966  
John Lambert Clerk HENDRICKS Circuit Court

State of Indiana, } ss: I depose and state the information given  
County of HENDRICKS } in this application is true and correct.  
Signed Gary Stuart Woodrum  
New Address Norfolk Va  
Subscribed and sworn to before me this 8th day of October, 1966  
John Lambert Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of 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 PARENTS, PARENT OR GUARDIAN  
We, the parents, of 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, } ss:  
County of HENDRICKS }  
Signed Roxie Selch Father  
Signed Roxie Selch Mother  
Subscribed and sworn to before me this 8th day of October, 1966  
John Lambert Clerk

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 \_\_\_\_\_ 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 Oct, 1966, authorizing the joining together as husband and wife of Gary Stuart Woodrum and Peggy Jean Miller.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, John A. Pierson, hereby certify that on the 16 day of October, 1966, at Pittsboro, County of Hendricks, State of Indiana, Groom Gary Stuart Woodrum and, Bride Peggy Jean Miller 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, State of Indiana.  
Dated this 16 day of October, 1966.

Signed John A. Pierson Official Designation Pastor  
Signed John Lambert Clerk  
Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 21 day of Oct, 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. 309  
File Book 29  
Date of Application 8 October 1966

MALE  
Medical Examination Report Dated 5 October 1966  
Name of Physician R.K. Sterling M.D.

FEMALE  
Medical Examination Report Dated 5 October 1966  
Name of Physician R.K. Sterling 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 Duane Sinn  
Date of Birth November 19 1939  
Place of Birth Santa Cruz, Calif.  
Residence Address Bx167 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 Mech. Blue & white  
Date of birth verified by:  Birth Cert.  Judicial Decree  
 Other (Specify) Dives hit

- 1. Are you now or have you been adjudged, diagnosed or considered as:  
An 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 Roland Edward Sign  
Residence of father (if deceased so state) Deceased  
Occupation of father   Race of father white  
Birthplace of father (State or foreign country) Des Moines, Iowa

12. Full maiden name of mother Mary Louise Cochran  
Residence of mother (if deceased so state) Deceased  
Occupation of mother   Race of mother white  
Birthplace of mother (State or foreign country) Minn.

State of Indiana, } ss: I depose and state the information given  
County of HENDRICKS } in this application is true and correct.  
Signed Duane Sinn  
New Address Bx 132 Clayton, Ind.  
Subscribed and sworn to before me this 8th day of October, 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 Charlotte Reckel  
Date of Birth August 22 1944  
Place of Birth Indianapolis, Ind.  
Residence Address 315 Mabel St, Clermont, 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 Baby sitter  
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 Fred Albert Reckel  
Residence of father (if deceased so state) Clermont, Ind.  
Occupation of father laborer I & L steel Race of father white  
Birthplace of father (State or foreign country) Indpls, Ind.
- 8. Full maiden name of mother Velma Cooper  
Residence of mother (if deceased so state) Clermont, Ind.  
Occupation of mother H/W. 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 Charlotte Reckel  
New Address Sano  
Subscribed and sworn to before me this 8th day of October, 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 13th day of October, 1966, authorizing the joining together as husband and wife of Duane Sinn and Charlotte Reckel

Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Eugene E. Crawley hereby certify that on the 14 day of October, one thousand nine hundred and 66 at Plainfield, County of Hendricks State of Indiana, Groom Duane Sinn of Hendricks County, State of Indiana and, Bride Charlotte Reckel 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 14 day of October, 1966. Signed Eugene E. Crawley

Official Designation Justice of Peace  
Signed J. J. [Signature] Clerk  
Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 21 day of Oct, 1966



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

No. 310  
File Book 29  
8 October 1966  
Date of Application

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

HENDRICKS County

MALE  
Medical Examination Report Dated 7 October 1966  
Name of Physician Walter MS Mannis MD

FEMALE  
Medical Examination Report Dated 7 October 1966  
Name of Physician Walter MS Mannis 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 Franklin H. Hewitt  
Date of Birth July 26 1940  
Place of Birth Sonoma, Ark.  
Residence Address 7121 Melrose St, 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) Marion  
Usual Occupation Construction  
Date of birth verified by:  Birth Cert.  Judicial Decree  
 Other (Specify) Dr. M. L. C.

FEMALE APPLICANT  
Name Patricia A. Jones  
Date of Birth January 23 1944  
Place of Birth Virgie, Ky.  
Residence Address 3261 S. 67th Rd, Indpls, Hendricks, Ind.  
Maiden Name if Different Patricia A. Reed  
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  
Usual Occupation Housewife  
Date of birth verified by:  Birth Cert.  Judicial Decree  
 Other (Specify) State 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 now or have you been within five (5) years an inmate of a county 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  
James Samuel 6 Sobow, Marion  
Tammy Sue 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 Frank John Hewitt  
Residence of father (if deceased so state) Indpls, Ind.  
Occupation of father Disabled Race of father white  
Birthplace of father (State or foreign country) Cash, Ark.  
12. Full maiden name of mother Bernice Burnside  
Residence of mother (if deceased so state) Indpls, Ind.  
Occupation of mother Wife of James 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 Franklin H. Hewitt  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 8th day of October, 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 \_\_\_\_\_

- 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 Albert Paul Reed  
Residence of father (if deceased so state) Indpls, Ind.  
Occupation of father Mgt. Lake Side Rec. Race of father white  
Birthplace of father (State or foreign country) Indpls, Ind.
- Full maiden name of mother Pansy Rebecca Greer  
Residence of mother (if deceased so state) Indpls, Ind.  
Occupation of mother H/W. Race of mother white  
Birthplace of mother (State or foreign country) Virgie, Ky.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of HENDRICKS  
Signed Patricia A. Jones  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 8th day of October, 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 \_\_\_\_\_ 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 12 day of Oct, 1966, authorizing the joining together as husband and wife of Franklin H. Hewitt and Patricia A. Jones.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, O. J. Hancock hereby certify that on the 12th day of October, one thousand nine hundred and 66, at Plainfield, County of Hendricks, State of Indiana, Groom Franklin H. Hewitt and, Bride Patricia A. Jones 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 October, 1966.

Filed and recorded in accordance with the laws of the State of Indiana this 21 day of Oct, 1966.  
Signed O. J. Hancock Official Designation Justice of the Peace  
Signed Wm. Gambard 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 29  
Date of Application 10 October 1966

MALE  
Medical Examination Report Dated 26 September 1966  
Name of Physician Maurice V. Kahler MD.

FEMALE  
Medical Examination Report Dated 26 September 1966  
Name of Physician Maurice V. Kahler 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 Joseph Lee Courtney Jr.  
Date of Birth July 11 1948  
Place of Birth Indianapolis, Ind.  
Residence Address 9708 Melody Lane, Indpls, Ind.  
Previous Marital Status: Never Married  Number of Previous Marriages.....  
Last Marriage Ended By: Death  Divorce  Annulment   
Color or Race White  Negro  Other  (specify).....  
Usual Occupation Receiving: R.C.A.  
Date of birth verified by:  Birth Cert.  Judicial Decree  
 Other (Specify) Drivers Lic.

- 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 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? 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 Joseph Lee Courtney Sr.  
Residence of father (if deceased so state) Indpls, Ind.  
Occupation of father handscaper, self. Race of father white  
Birthplace of father (State or foreign country) Woodliffe, Ky

12. Full maiden name of mother Bessie Laverne Lee  
Residence of mother (if deceased so state) Indpls, Ind.  
Occupation of mother clerk: Spat Pharm. Race of mother white  
Birthplace of mother (State or foreign country) Columbus, Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
Signed Joseph Lee Courtney Jr.  
New Address 9708 Melody Lane, Indpls.  
Subscribed and sworn to before me this 10th day of October, 1966  
Clerk John Gumbard HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of this applicant hereby give consent 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 Joseph Lee Courtney Father  
Signed Bessie Laverne Courtney Mother  
Subscribed and sworn to before me this 10th day of October, 1966  
Clerk John Gumbard

FEMALE APPLICANT

Name Linda Catherine Leigh  
Date of Birth 25 May 1949  
Place of Birth 525 N. Goodlet Indpls, Marion, Ind.  
Residence Address Indianapolis, Ind.  
Maiden Name if Different 35 May 1949  
Previous Marital Status: Never Married  Number of Previous Marriages.....  
Last Marriage Ended By: Death  Divorce  Annulment   
Color or Race White  Negro  Other  (specify).....  
Usual Occupation Em employed.  
Date of birth verified by:  Birth Cert.  Judicial Decree  
 Other (Specify) Birth Recd.: St. Vincent.

- 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 William Herschel Leigh  
Residence of father (if deceased so state) Indpls, Ind.  
Occupation of father Job setter: Allison Race of father white  
Birthplace of father (State or foreign country) Ohio
- 8. Full maiden name of mother Wilma Jane Marshall  
Residence of mother (if deceased so state) Indpls, Ind.  
Occupation of mother H/W 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.  
Signed Linda Catherine Leigh  
New Address Dave  
Subscribed and sworn to before me this 10th day of October, 1966  
Clerk John Gumbard HENDRICKS Circuit Court

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the  
Hendricks County Circuit Court by written order issued 10 October 1966 and filed  
in clerk's office authorizes and directs the issuance of a marriage license to the above named parties. 3da & go want (green)

RETURN 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 October, 1966, authorizing the joining together as husband and wife  
of Joseph Lee Courtney Jr. and Linda Catherine Leigh  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Rw. James F. Byrne hereby certify that on the 10th day of October  
at Indianapolis, County of Marion,  
one thousand nine hundred and 66 County, State of Indiana  
State of Indiana, Groom Joseph Lee Courtney Jr. County, State of Indiana  
and, Bride Linda Catherine Leigh County, State of Indiana  
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 October, 1966. Signed Rw. James F. Byrne  
Official Designation Catholic Priest  
21 day of Oct, 1966  
Signed John Gumbard Jr. Clerk  
Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this.....  
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. 312  
File Book 29  
Date of Application 10 October 1966

MALE  
Medical Examination Report Dated 7 October 1966  
Name of Physician Lloyd Terry MD

FEMALE  
Medical Examination Report Dated 7 October 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, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT  
Name Clifford M. Berry  
Date of Birth July 6 1915  
Place of Birth New Castle, Indiana  
Residence Address 611 E. Guara Oxnard Ventura Calif  
Previous Marital Status: Never Married  Number of Previous Marriages 2  
Last Marriage Ended By: Death  Divorce  Annulment   
Color or Race White  Negro  Other

FEMALE APPLICANT  
Name Dorothy W. Wilson  
Date of Birth November 16 1905  
Place of Birth Clayton, Indiana  
Residence Address Clayton Hendricks, Ind.  
Maiden Name if Different Dorothy Warrell  
Previous Marital Status: Never Married  Number of Previous Marriages 2  
Last Marriage Ended By: Death  Divorce  Annulment

Usual Occupation Draper Ferris  
Date of birth verified by:  Birth Cert.  Judicial Decree  
 Other (Specify) Drives Lic. Calif.  
1. Are you now or have you been adjudged, diagnosed or considered as:  
An 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

Usual Occupation Farmer  
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   
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 Benton Worrall  
Residence of father (if deceased so state) Deceased  
Occupation of father Deceased Race of father white  
Birthplace of father (State or foreign country) Hendricks Co, 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 Carl Clifford Berry  
Residence of father (if deceased so state) Deceased  
Occupation of father Deceased Race of father white  
Birthplace of father (State or foreign country) Henry Co, Ind.  
12. Full maiden name of mother Anna Delphia Phelps  
Residence of mother (if deceased so state) has Angeles, Calif.  
Occupation of mother Retired Race of mother white  
Birthplace of mother (State or foreign country) Henry Co, Ind.

8. Full maiden name of mother Sarah Elizabeth Edmondson  
Residence of mother (if deceased so state) Deceased  
Occupation of mother Deceased 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 Dorothy W. Wilson  
New Address Same  
Subscribed and sworn to before me this 10th day of October, 1966  
John Samliff Clerk HENDRICKS Circuit Court

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
Signed Clifford M. Berry  
New Address 611 E. Guara Oxnard, Calif.  
Subscribed and sworn to before me this 10th day of October, 1966  
John Samliff Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of this applicant hereby give consent 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

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of this applicant hereby give consent 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. 32a 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 10th day of October, 1966, authorizing the joining together as husband and wife of Clifford M. Berry and Dorothy W. Wilson.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Deif Edward Erickson hereby certify that on the 12 day of October, one thousand nine hundred and 66, at Clayton, County of Hendricks, State of Indiana, Groom Clifford M. Berry and, Bride Dorothy W. 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 October, 1966.

Signed Deif Edward Erickson  
Official Designation Pastor  
21 day of Oct., 1966  
Signed John Samliff Clerk Hendricks Circuit Court

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



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

No. 313  
File Book 29  
10 October 1966  
Date of Application

HENDRICKS County

MALE  
Medical Examination Report Dated 4 October 1966  
Name of Physician Norman E. Whitney M.D.

FEMALE  
Medical Examination Report Dated 4 October 1966  
Name of Physician Norman E. Whitney 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 Otto C. Brittenback  
Date of Birth January 29 1891  
Place of Birth Carrollton, Ky.  
Residence Address R2 Box 361 Clayton, Hend, Ind.  
Previous Marital Status: Never Married  Divorce  Annulment  Number of Previous Marriages 2  
Last Marriage Ended By: Death  Divorce  Annulment

Color or Race White  Negro  Other  (specify) \_\_\_\_\_  
Usual Occupation Retired  
Date of birth verified by:  Birth Cert.  Judicial Decree

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

Name Age Address

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

11. Full name of father Grant John Brittenback  
Residence of father (if deceased so state) Deceased  
Occupation of father \_\_\_\_\_ Race of father white  
Birthplace of father (State or foreign country) Petersburg, Indiana

12. Full maiden name of mother Mary Victoria Taylor  
Residence of mother (if deceased so state) Deceased  
Occupation of mother \_\_\_\_\_ Race of mother white  
Birthplace of mother (State or foreign country) Carroll Co, Ky.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_  
Signed Otto C. Brittenback  
New Address 221 E. Main Mooresville  
Subscribed and sworn to before me this 10th day of October, 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 Cleo Carr  
Date of Birth March 19 1908  
Place of Birth Mooreville, Ind.  
Residence Address 221 E. Main Mooresville, Morgan, Ind.  
Maiden Name if Different Cleo Carr  
Previous Marital Status: Never Married  Divorce  Annulment  Number of Previous Marriages 2  
Last Marriage Ended By: Death  Divorce  Annulment

Color or Race White  Negro  Other  (specify) \_\_\_\_\_  
Usual Occupation Baby sitter  
Date of birth verified by:  Birth Cert.  Judicial Decree

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

8. Full maiden name of mother Ida Mae Gordon  
Residence of mother (if deceased so state) Deceased  
Occupation of mother \_\_\_\_\_ Race of mother white  
Birthplace of mother (State or foreign country) Mooreville, Ind.

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

Signed Cleo Carr  
New Address Jame  
Subscribed and sworn to before me this 10th day of October, 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 Hend Circuit Court of Indiana dated the 14 day of October, 1966, authorizing the joining together as husband and wife of Otto C. Brittenback and Cleo Wilcher.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Rw. Richard Carl Maurer hereby certify that on the 21st day of October, one thousand nine hundred and 66 at Mooreville, County of Morgan, State of Indiana, Groom Otto C. Brittenback of Hendricks County, State of Indiana and, Bride Cleo Wilcher 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 \_\_\_\_\_ County.  
Dated this 21st day of October, 1966. Signed Rw. Richard Carl Maurer  
Official Designation Minister  
27 day of Oct, 1966  
Signed John Samuel 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. 314  
File Book 29  
Oct 10, 1966  
Date of Application

MALE  
Medical Examination Report Dated 30 October 1966  
Name of Physician J.W. Gibbs M.D.

FEMALE  
Medical Examination Report Dated 3 October 1966  
Name of Physician J.W. Gibbs 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 A. Arnold  
Date of Birth September 12 1938  
Place of Birth New Castle, Indiana  
Residence Address Rt 3366 Clayton, Hendricks, Ind.  
Previous Marital Status: Never Married

FEMALE APPLICANT  
Name Frances M. Strong  
Date of Birth December 17 1943  
Place of Birth Clay Co, Tenn  
Residence Address Clayton, Indiana  
Maiden Name if Different

Last Marriage Ended By: Death Divorce Annulment  
Color or Race White  
Usual Occupation Trucker, self  
Date of birth verified by: Birth Cert. Judicial Decree Other (Specify) Drives Permit

Last Marriage Ended By: Death Divorce Annulment  
Color or Race White  
Usual Occupation Secy. State of Indiana  
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 or 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
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

- 1. Are you now or have you been adjudged, diagnosed or considered as an imbecile or 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

11. Full name of father John Jacob Arnold  
Residence of father (if deceased so state) Deceased  
Occupation of father  
Race of father white  
Birthplace of father (State or foreign country) Hillsville, Ind.  
12. Full maiden name of mother Margaret Alice Wilson  
Residence of mother (if deceased so state) Clayton, Ind.  
Occupation of mother School Teacher  
Race of mother white  
Birthplace of mother (State or foreign country) Dayton, Ohio

7. Full name of father Joe Field Strong  
Residence of father (if deceased so state) Clayton, Ind.  
Occupation of father Bookkeeper self  
Race of father white  
Birthplace of father (State or foreign country) Clay Co, Tenn  
8. Full maiden name of mother Dorothy Mae Kellow  
Residence of mother (if deceased so state) Clayton, Ind.  
Occupation of mother H/W  
Race of mother white  
Birthplace of mother (State or foreign country) Clay Co, Tenn

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.  
Signed Charles A. Arnold  
New Address  
Subscribed and sworn to before me this 10th day of October, 1966  
John Gansel Clerk Hendricks Circuit Court

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.  
Signed Frances M. Strong  
New Address  
Subscribed and sworn to before me this 10th day of October, 1966  
John Gansel Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of this applicant hereby give consent 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

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of this applicant hereby give consent 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 14th day of October, 1966, authorizing the joining together as husband and wife of Charles A. Arnold and Frances M. Strong  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Leif Edward Erickson hereby certify that on the 15 day of October, one thousand nine hundred and 66 at Clayton, County of Hendricks, State of Indiana, Groom Charles A. Arnold and, Bride Frances M. Strong of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.  
Dated this 15 day of October, 1966.

Signed Leif Edward Erickson  
Official Designation Pastor  
Signed John Gansel Jr Clerk  
Hendricks Circuit Court  
Filed and recorded in accordance with the laws of the State of Indiana this 21 day of Oct, 1966

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STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 315  
File Book 29  
13 October 1966  
Date of Application

MALE  
Medical Examination Report Dated 12 October 1966  
Name of Physician Elmer L. Koch M.D.

FEMALE  
Medical Examination Report Dated 12 Oct  
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 or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Gene First Middle Last Jones  
Date of Birth March 9 1940  
Place of Birth (State or foreign country) Sheridan, Iowa  
Residence Address Bx 361 Arnolds Park, Dickerson, Iowa  
Previous Marital Status: Never Married  Number of Previous Marriages  
Last Marriage Ended By: Death  Divorce  Annulment

Color or Race White  Negro  Other  (specify) Roman  
Usual Occupation Junker: self.  
Date of birth verified by:  Birth Cert.  Judicial Decree  
 Other (Specify) Divorced h.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) 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 Guss Jones  
Residence of father (if deceased so state) Arnolds Park, Iowa  
Occupation of father Retired. Race of father white  
Birthplace of father (State or foreign country) Sheridan, Iowa  
12. Full maiden name of mother Bessie George  
Residence of mother (if deceased so state) Arnolds Park, Iowa  
Occupation of mother H/W. Race of mother white  
Birthplace of mother (State or foreign country) Coffeyville, Kansas

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
Signed Gene Jones  
New Address Arnolds Park, Iowa  
Subscribed and sworn to before me this 13th day of October, 1966  
John Samdell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of this applicant hereby give consent 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 Jean First Middle Last George  
Date of Birth August 20 1948  
Place of Birth (State or foreign country) Flat Rock, Michigan  
Residence Address Rt Clayton, Hendricks, Ind.  
Maiden Name if Different 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) Roman  
Usual Occupation Unemployed  
Date of birth verified by:  Birth Cert.  Judicial Decree  
 Other (Specify) Church Reg. Cert. RR.

- 1. Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No  Yes   
Of Unsound Mind? No  Yes
- 2. Are you under guardianship as a person of unsound mind? No  Yes
- 3. Are you afflicted with a transmissible disease? No  Yes
- 4. Are you related to the groom closer than second cousin? No  Yes
- 5. Are you now under the influence of intoxicating liquor? No  Yes
- 6. Are you now under the influence of a narcotic drug? No  Yes
- 7. Full name of father Earl Cook Guss George  
Residence of father (if deceased so state) Clayton, Ind.  
Occupation of father Seal Coat Druggist Race of father white  
Birthplace of father (State or foreign country) Haysboro, Pa.  
8. Full maiden name of mother Hazel Monahan  
Residence of mother (if deceased so state) Clayton, Ind.  
Occupation of mother H/W Race of mother white  
Birthplace of mother (State or foreign country) Jacksonville, Ohio

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
Signed Jean George  
New Address Same  
Subscribed and sworn to before me this 13th day of October, 1966  
John Samdell Clerk HENDRICKS Circuit Court

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

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Hendricks County Circuit Court by written order issued 13 October 1966 and filed in Clerk's office authorizes and directs the issuance of a marriage license to the above named parties. 3rd 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 County Circuit Court of Indiana dated the 13th day of October, 1966, authorizing the joining together as husband and wife of Gene Jones and Jean George.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Rev. Herman G. Butz hereby certify that on the 16 day of October, 1966, at Plainfield, Dickerson County, State of Indiana, Groom Gene Jones and, Bride Jean George of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.  
Dated this 16 day of October, 1966. Signed Rev. Herman G. Butz  
Official Designation Priest  
Filed and recorded in accordance with the laws of the State of Indiana this 21 day of Oct., 1966. Signed John Samdell 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 29  
13 October 1966  
Date of Application

MALE  
Medical Examination Report Dated 21 September 1966  
Name of Physician Sos H. Clauger Jr. MD

FEMALE  
Medical Examination Report Dated 17 September 1966  
Name of Physician M.M. Aitken 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 T. Hancock Jr  
Date of Birth July 19 1944  
Place of Birth 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 Airman 2nd: USAF  
Date of birth verified by:  Birth Cert.  Judicial Decree  
 Other (Specify) Airmans ID

- 1. Are you now or have you been adjudged, diagnosed or considered as an imbecile or 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
- 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

(a) List their full names, ages and addresses  
Name Age Address  
Robert Taylor Hancock Sr. Plainfield, Ind.  
Supt. Hoffman Sp. Race of father white  
Arden, Indiana  
11. Full name of father  
Residence of father (if deceased so state)  
Occupation of father  
Race of father  
Birthplace of father (State or foreign country)  
12. Full maiden name of mother Ruth Elizabeth Jipps  
Residence of mother (if deceased so state) P. field, Ind.  
Occupation of mother Secy: PSCI 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  
Signed Robert T. Hancock Jr.  
New Address 400 S. St. Warrasburg Mo.  
Subscribed and sworn to before me this 13th day of October, 1966  
John Samoff Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of this applicant hereby give consent 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 Ann Wucher  
Date of Birth March 24 1946  
Place of Birth Indianapolis, Ind.  
Residence Address 1102 E. Buchanan, 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 School  
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 or 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 Ray Adam Wucher  
Residence of father (if deceased so state) Plainfield, Ind.  
Occupation of father Mgr: PSCI Race of father white  
Birthplace of father (State or foreign country) Chicago, Ill.
- 8. Full maiden name of mother Mildred Margaret Surry  
Residence of mother (if deceased so state) Plainfield, Ind.  
Occupation of mother H/W. 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 Mary Ann Wucher  
New Address Sams.  
Subscribed and sworn to before me this 13th day of October, 1966  
John Samoff Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of this applicant hereby give consent 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 \_\_\_\_\_ office \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties. 13th October 1966  
3rd 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 13th day of October, 1966, authorizing the joining together as husband and wife of Robert T. Hancock Jr. and Mary Ann Wucher.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Donald T. McManis, hereby certify that on the 15th day of October, one thousand nine hundred and 66, at Plainfield, County of Hendricks, State of Indiana, Groom Robert T. Hancock Jr. of Hendricks County, State of Indiana, and, Bride Mary Ann Wucher 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, 1966.

Signed Donald T. McManis  
Official Designation Clergy  
21 day of Oct, 1966.  
Signed John Samoff 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

No. 317  
File Book 29  
19 October 1966  
Date of Application

HENDRICKS County

MALE  
Medical Examination Report Dated 8 October 1966  
Name of Physician Walter Able M.D.

FEMALE  
Medical Examination Report Dated 5 October 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: Larry I. Michael  
Date of Birth: October 2 1944  
Place of Birth: Lincoln Nebraska  
Residence Address: 432 1/2 E 11th Columbus, Barth, Ind.  
Previous Marital Status:  Never Married  Divorce  Annulment  
Last Marriage Ended By:  Death  Divorce  Annulment  
Color or Race:  White  Negro  Other (specify) \_\_\_\_\_  
Usual Occupation: Empr. Cummins. D.  
Date of birth verified by:  Birth Cert.  Judicial Decree  
 Other (Specify) Drivers 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?  No  Yes  
(If yes, answer questions a, b, c)

(a) List their full names, ages and addresses

Name	Age	Address
<u>Sewel Dorsett Michael</u>		<u>North Salem Ind.</u>
<u>Teacher: N. Elen.</u>		<u>Arcola, Ill.</u>
<u>Mulbury Virginia Huxford</u>		<u>North Salem Ind.</u>
<u>Teacher: N.S.</u>		<u>Clinton, Ind.</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: Sewel Dorsett Michael  
Residence of father (if deceased so state): North Salem Ind.  
Occupation of father: Teacher: N. Elen. Race of father: white  
Birthplace of father (State or foreign country): Arcola, Ill.

12. Full maiden name of mother: Mulbury Virginia Huxford  
Residence of mother (if deceased so state): North Salem Ind.  
Occupation of mother: Teacher: N.S. 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 Larry I. Michael  
New Address 2702 Williamsburg Ct., Columbus, Ind.

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

**FEMALE APPLICANT**

Name: Frances Kay Zimmerman  
Date of Birth: August 10 1947  
Place of Birth: Crawfordsville Ind.  
Residence Address: 152 Ladoga, 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: Book Keeper  
Date of birth verified by:  Birth Cert.  Judicial Decree  
 Other (Specify) Drivers 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: Marvin Marion Zimmerman  
Residence of father (if deceased so state): Ladoga RR, Ind.  
Occupation of father: Farmer Race of father: white  
Birthplace of father (State or foreign country): Jamestown, Ind.
- Full maiden name of mother: Pauline Brown  
Residence of mother (if deceased so state): Ladoga, Ind.  
Occupation of mother: Teacher: Retired Race of mother: white  
Birthplace of mother (State or foreign country): Burlington Jct, Mo

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

Signed Frances Kay Zimmerman  
New Address Sam

Subscribed and sworn to before me this 19th day of October, 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 \_\_\_\_\_ and filed in \_\_\_\_\_ County \_\_\_\_\_ Court by written order issued \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 18th day of October, 1966, authorizing the joining together as husband and wife of Larry I. Michael and Frances Kay Zimmerman

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

I, William S. Hessler hereby certify that on the 22nd day of October, one thousand nine hundred and 66 at Jamestown County of Bartholomew State of Indiana and, Bride Frances Kay Zimmerman of Montgomery County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 22nd day of November, 1966. Signed William S. Hessler  
Official Designation Minister  
23 day of Nov, 1966  
Signed John Samuel Clerk  
Hendricks Circuit Court

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



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

No. 318  
File Book 29  
Date of Application 15 October 1966

HENDRICKS County

MALE  
Medical Examination Report Dated 8 October 1966  
Name of Physician Fred P. Warbinton M.D.

FEMALE  
Medical Examination Report Dated 8 October 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 Samuel D. Gorham  
Date of Birth December 29 1947  
Place of Birth Greencastle Ind.  
Residence Address 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 Mechanic: I.H.  
Date of birth verified by:  Birth Cert.  Judicial Decree  
 Other (Specify) Drivers Lic

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

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

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

11. Full name of father Florentz Clare Gorham  
Residence of father (if deceased so state) Stilesville, Ind.  
Occupation of father Carpenter Race of father white  
Birthplace of father (State or foreign country) Stilesville, Ind.

12. Full maiden name of mother Maude Frances Vige  
Residence of mother (if deceased so state) Stilesville, Ind.  
Occupation of mother H/W Race of mother white  
Birthplace of mother (State or foreign country) Farrington, Ill.

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

Signed Samuel D. Gorham  
New Address Stilesville, Ind.  
Subscribed and sworn to before me this 15th day of October, 1966  
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, HENDRICKS } ss:  
County of.....

Signed Clare Gorham Father  
Signed Maude F. Gorham Mother  
Subscribed and sworn to before me this 15th day of October, 1966  
John Samball 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 14th day of October, 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 R. Blount Jr. hereby certify that on the 22 day of October, one thousand nine hundred and sixty-six at Stilesville, County of Hendricks, State of Indiana, Groom Samuel Doyle Gorham of Hendricks County, State of Indiana and, Bride Alma Irene Waller of Hendricks County, State of Indiana County, State of Indiana 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 October, 1966  
Signed Edward R. Blount, Jr.  
Official Designation Minister  
Signed John Samball, Jr. Clerk  
Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 25 day of October, 1966

FEMALE APPLICANT

Name Alma Irene Waller  
Date of Birth January 17 1947  
Place of Birth Greencastle, Indiana  
Residence Address Box 8 Stilesville, 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 Key Punch: Farm Bureau  
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 Andrew Waller  
Residence of father (if deceased so state) Stilesville, Ind.  
Occupation of father Drabed Race of father white  
Birthplace of father (State or foreign country) Tenn.
- 8. Full maiden name of mother Irma Irene Wynnatt  
Residence of mother (if deceased so state) Stilesville, Ind.  
Occupation of mother Assembler: RCA Race of mother white  
Birthplace of mother (State or foreign country) Hazelwood, Ind.

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

Signed Alma Irene Waller  
New Address Same  
Subscribed and sworn to before me this 15th day of October, 1966  
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, 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

No. 319  
File Book 29  
17 October 1966  
Date of Application

HENDRICKS County

MALE  
Medical Examination Report Dated 26 September 1966  
Name of Physician A. N. Scudder M.D.

FEMALE  
Medical Examination Report Dated 5 October 1966  
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, representa-  
tion or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Dennis Everett Lippard  
Date of Birth July 9 1946  
Place of Birth Indianapolis, Indiana  
Residence Address 314 N. Green St., Brownsburg, 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 Tool Maker, Erthel Mfg.  
Date of birth verified by:  Birth Cert.  Judicial Decree  
 Other (Specify) Driver 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

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

11. Full name of father Marcus Edward Lippard Jr.  
Residence of father (if deceased so state) B'burg, Ind.  
Occupation of father Truck Dr. Arant Elect. Race of father white  
Birthplace of father (State or foreign country) Clermont, Ind.

12. Full maiden name of mother Alice Rebecca Everett  
Residence of mother (if deceased so state) B'burg, Ind.  
Occupation of mother H/W. 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 Dennis Everett Lippard  
New Address 9 W. Main St., B'burg  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 1966.  
Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name Paula May Hepner  
Date of Birth January 26 1948  
Place of Birth Indianapolis, Ind.  
Residence Address 9 W. Main, B'burg, Hend, Ind.  
Maiden Name if Different \_\_\_\_\_  
Previous Marital Status: Never Married  Number of Previous Marriages \_\_\_\_\_  
Last Marriage Ended By: Death  Divorce  Annulment   
Color or Race White  Negro  Other  (specify) \_\_\_\_\_  
Usual Occupation clerk.  
Date of birth verified by:  Birth Cert.  Judicial Decree  
 Other (Specify) \_\_\_\_\_

- 1. Are you now or have you been adjudged, diagnosed or considered as:  
An 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 Paul Hepner  
Residence of father (if deceased so state) Indpls, Ind.  
Occupation of father unk. Race of father white  
Birthplace of father (State or foreign country) unknown.

8. Full maiden name of mother Patricia Lou Taylor  
Residence of mother (if deceased so state) Deceased  
Occupation of mother \_\_\_\_\_ Race of mother white  
Birthplace of mother (State or foreign country) Indpls, Ind.

State of Indiana, \_\_\_\_\_ } ss: I depose and state the information given in this application is true and correct.  
County of HENDRICKS  
Signed Paula May Hepner  
New Address Same  
Subscribed and sworn to before me this 17th day of October, 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\_\_\_\_.

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 26 day of October, 1966, authorizing the joining together as husband and wife of Dennis Everett Lippard and Paula May Hepner  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Clarence J. Brooks hereby certify that on the 23rd day of October, County of Marion, State of Indiana, at Clermont, County, State of Indiana, one thousand nine hundred and 66, Groom Dennis Everett Lippard of Hendricks County, State of Indiana, and, Bride Paula May Hepner 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, 1966. Signed Clarence J. Brooks  
Official Designation Minister  
31st day of October, 1966  
Signed John Lambold, 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 29  
17 October 1966  
Date of Application

MALE  
Medical Examination Report Dated 26 September 1966  
Name of Physician A.N. Scudder M.D.

FEMALE  
Medical Examination Report Dated 5 October 1966  
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, representa-  
tion or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name: Dennis First Everett Middle Lippard Last  
Date of Birth: July Month 9 Day 1946 Year  
Place of Birth (State or foreign country) Indianapolis, Indiana  
Residence Address: 314 N. Green St., Brownsburg, 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: Tool Maker Erthel Mfg.

FEMALE APPLICANT

Name: Paula First May Middle Hepner Last  
Date of Birth: January Month 26 Day 1948 Year  
Place of Birth (State or foreign country) Indianapolis, Ind.  
Residence Address: 9 W. Main, B'burg, Hend, Ind.  
Maiden Name if Different \_\_\_\_\_  
Previous Marital Status: Never Married  Number of Previous Marriages \_\_\_\_\_  
Last Marriage Ended By: Death  Divorce  Annulment   
Color or Race: White  Negro  Other  (specify) \_\_\_\_\_  
Usual Occupation: clerk

- Date of birth verified by:  Birth Cert.  Judicial Decree  
 Other (Specify) 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? (If yes, answer questions a, b, c)  
(a) List their full names, ages and addresses

- 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 Paul Hepner  
Residence of father (if deceased so state): Indpls, Ind.  
Occupation of father: unk. Race of father: white  
Birthplace of father (State or foreign country): unknown.
  8. Full maiden name of mother: Patricia Lou Taylor  
Residence of mother (if deceased so state): Deceased  
Race of mother: white

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

11. Full name of \_\_\_\_\_  
Residence \_\_\_\_\_  
Occupation \_\_\_\_\_  
Birthplace \_\_\_\_\_  
12. Full name of \_\_\_\_\_  
Residence \_\_\_\_\_  
Occupation \_\_\_\_\_  
Birthplace \_\_\_\_\_  
State of Indiana \_\_\_\_\_  
County of \_\_\_\_\_

I, Marcus E. Lippard Sr., hereby give my consent for my son, Dennis Everett Lippard to marry Paula May Hepner.

FILED

Subscribed and sworn to before me this 17th day of October, 1966

John Gambold Jr.  
Notary Public  
My Commission Expires 10/24/69

CONSENT  
We, the parties, do hereby consent to the issuance of a marriage license to the above named parties, and we do hereby certify that the above named parties are of legal age and are not within the prohibited degrees of consanguinity or affinity as defined in the laws of the State of Indiana.

Signed: Allen R. Lippard Father  
Signed: \_\_\_\_\_ Mother  
Subscribed and sworn to before me this 17th day of October, 1966  
John Gambold Clerk

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 21 day of October, 1966, authorizing the joining together as husband and wife of Dennis Everett Lippard and Paula May Hepner.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Clarence J. Brooks hereby certify that on the 23rd day of October, one thousand nine hundred and 66, at Clemont, County of Marion, State of Indiana, Groom Dennis Everett Lippard of Hendricks County, State of Indiana, and, Bride Paula May Hepner 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, 1966.  
Signed: Clarence J. Brooks  
Official Designation: Minister  
31st day of October, 1966.  
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. 920  
File Bk. 29  
10-17-66  
Date of Application

MALE  
Medical Examination Report Dated 14 October 1966  
Name of Physician D. J. B. Haggard M.D.

FEMALE  
Medical Examination Report Dated 21 September 1966  
Name of Physician Glenn A. Speckman 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 Frank Lee Jessup  
Date of Birth November 1947  
Place of Birth Indianapolis, Ind.  
Residence Address R2 Bx 341 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 Qual Control: RCA  
Date of birth verified by:  Birth Cert.  Judicial Decree  
 Other (Specify) Drivers 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  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(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 Lee Jessup  
Residence of father (if deceased so state): Plainfield, Ind.  
Occupation of father: Clk. P.O. Race of father: white  
Birthplace of father (State or foreign country): Plainfield, Ind.

12. Full maiden name of mother: Martha Ann Schleifer  
Residence of mother (if deceased so state): P.O. Ind.  
Occupation of mother: Mgr. Cafe: Aron Race of mother: white  
Birthplace of mother (State or foreign country): Maywood, Ill.  
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_  
Signed Frank Lee Jessup  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 17th day of October, 1966  
John Gumbel 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 Richard L. Jessup Father  
Signed Martha A. Jessup Mother  
Subscribed and sworn to before me this 17th day of October, 1966  
John Gumbel 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 \_\_\_\_\_ Circuit Court of Indiana dated the 21 day of October, 1966, authorizing the joining together as husband and wife of Frank Lee Jessup and Linda Jacqueline DeMunbrun.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Seal O'Neil Gouree, hereby certify that on the 5th day of November, one thousand nine hundred and 66, at Avon, County of Hendricks State of Indiana, Groom Frank Lee Jessup and, Bride Linda Jacqueline DeMunbrun 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 5 day of Nov., 1966.

Signed Seal O. Gouree  
Official Designation Minister  
Signed John Gumbel Jr Clerk  
Hendricks Circuit Court

FEMALE APPLICANT  
Name Linda Jacqueline DeMunbrun  
Date of Birth March 25 1947  
Place of Birth (State or foreign country) Indianapolis, Ind.  
Residence Address 532 N. Keystone 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 Operator: RCA  
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: Chester Arthur DeMunbrun  
Residence of father (if deceased so state): Indpls, Ind.  
Occupation of father: Retired Race of father: white  
Birthplace of father (State or foreign country): Clarks ville, Ind.

8. Full maiden name of mother: Geneva Green  
Residence of mother (if deceased so state): Deceased  
Occupation of mother: \_\_\_\_\_ Race of mother: white  
Birthplace of mother (State or foreign country): Madison, Ind.

State of Indiana, \_\_\_\_\_ } ss: I depose and state the information given in this application is true and correct.  
County of HENDRICKS  
Signed Linda Jacqueline DeMunbrun  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 17th day of October, 1966  
John Gumbel 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, \_\_\_\_\_ } ss:  
County of HENDRICKS  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk \_\_\_\_\_

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

Filed and recorded in accordance with the laws of the State of Indiana this 17 day of Nov., 1966.  
Signed John Gumbel Jr Clerk  
Hendricks Circuit Court

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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

No. 321  
File Book 29  
20 October 1966  
Date of Application

HENDRICKS County

**MALE**  
Medical Examination Report Dated 30 October 1966  
Name of Physician D. B. Haggard M.D.

**FEMALE**  
Medical Examination Report Dated 14 October 1966  
Name of Physician Luis V. Advin 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 Richard D. Mynatt  
Date of Birth March 21 1937  
Place of Birth Morgan Co. Ind.  
Residence Address R2 Bx 262 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 Carpenter  
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 Richard Wayne Mynatt  
Residence of father (if deceased so state) Indianapolis, Ind.  
Occupation of father laborer - Transcon Race of father white  
Birthplace of father (State or foreign country) Hendricks Co, Ind.  
12. Full maiden name of mother Pura May Baldwin  
Residence of mother (if deceased so state) Indianapolis, Ind.  
Occupation of mother Assembler - RCA 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 Richard D. Mynatt  
New Address Clayton, Ind.  
Subscribed and sworn to before me this 21st day of October, 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 \_\_\_\_\_

**FEMALE APPLICANT**

Name Geraldine Ann Johnson  
Date of Birth December 29 1943  
Place of Birth Bremington, Wash.  
Residence Address Amo, Hendricks, Indiana  
Maiden Name if Different Geraldine Ann Ray  
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) School Record
- 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 Wilson Ray  
Residence of father (if deceased so state) Amo, Ind.  
Occupation of father Heat Treat: Allison Race of father white  
Birthplace of father (State or foreign country) Indpls, Ind.
  - Full maiden name of mother Iva Marie Harris  
Residence of mother (if deceased so state) Amo, Ind.  
Occupation of mother Assembler: Malby Race of mother white  
Birthplace of mother (State or foreign country) Lynchfield, Ky.

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

Signed Geraldine Ann Johnson  
New Address Amo, Ind.  
Subscribed and sworn to before me this 20th day of October, 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 \_\_\_\_\_ 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 24th day of October, 1966, authorizing the joining together as husband and wife of Richard D. Mynatt and Geraldine Ann Johnson.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Philip H. Badger, hereby certify that on the 30th day of October, at Kokomo, County of Putnam, one thousand nine hundred and sixty-six, State of Indiana, Groom Richard D. Mynatt of Hendricks County, State of Indiana, and, Bride Geraldine Ann 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 24th day of October, 1966.  
Signed Philip H. Badger  
Official Designation Minister  
1st day of November, 1966.  
Signed John Samuel 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

No. 321  
File Book 29  
Date of Application 20 October 1966

HENDRICKS County

MALE  
Medical Examination Report Dated 30 October 1966  
Name of Physician D. B. Haggard M.D.

FEMALE  
Medical Examination Report Dated 14 October 1966  
Name of Physician Luis V. Advin 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			FEMALE APPLICANT		
Name	Richard D. Mynatt		Name	Geraldine Ann Johnson	
Date of Birth	March 27 1937		Date of Birth	December 29 1943	
Place of Birth (State or foreign country)	Ind		Place of Birth (State or foreign country)	Ind	

ROBERT E. MOORE Principal  
WILLIAM McCracken, Trustee  
MONROVIA HIGH SCHOOL  
MONROVIA, INDIANA

In Whom It May Concern:

Our school permanent record card states that Geraldine Ray was born December 29, 1943.

Ray A. Miller, Pres.

I, Philip H. Badger hereby certify that on the 30th day of October,  
at Kulserville, County of Futwarr,  
one thousand nine hundred and thirty-six County, State of Indiana,  
State of Indiana, Groom Richard D. Mynatt of Hendricks County, State of Indiana,  
and, Bride Geraldine Ann 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 24th day of October, 1966.  
Signed Philip H. Badger  
Official Designation Minister, 1966.  
Signed John Jamald 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. 322  
File Book 29  
20 October 1966  
Date of Application

HENDRICKS County

MALE  
Medical Examination Report Dated 20 October 1966  
Name of Physician James Black MD.

FEMALE  
Medical Examination Report Dated 20 October 1966  
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 Willard R. Bear  
Date of Birth September 1948  
Place of Birth Indianapolis, Ind.  
Residence Address 620 S. Jefferson, Brownsburg, Ind.  
Previous Marital Status: Never Married  Number of Previous Marriages: \_\_\_\_\_  
Last Marriage Ended By: Death  Divorce  Annulment

FEMALE APPLICANT  
Name L. Sharon Mullins  
Date of Birth June 24 1950  
Place of Birth Deer Lodge, Tenn  
Residence Address 5058 W. Raymond 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 Spot Welder: C.F. Roark.  
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? No  Yes   
(If yes, answer questions a, b, c)  
(a) List their full names, ages and addresses

Color or Race White  Negro  Other  (specify) \_\_\_\_\_  
Usual Occupation Unemployed  
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: Unknown  
Residence of father (if deceased so state): Deceased  
Occupation of father \_\_\_\_\_ Race of father \_\_\_\_\_  
Birthplace of father (State or foreign country) \_\_\_\_\_

(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: Omar Christian Bear Sr.  
Residence of father (if deceased so state): Brownsburg, Ind.  
Occupation of father: Assemble: Link Belt Race of father: White  
Birthplace of father (State or foreign country): Indianapolis, Ind.  
Full maiden name of mother: May Louise Walter  
Residence of mother (if deceased so state): Brownsburg, Ind.  
Occupation of mother: Assemble: Link Belt Race of mother: White  
Birthplace of mother (State or foreign country): Indpls, Ind.  
County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
Signed Willard R. Bear  
New Address: 620 S. Jefferson, Ind.

8. Full maiden name of mother: Lucy Marie Mullins Cameron  
Residence of mother (if deceased so state): Indpls, Ind.  
Occupation of mother: Assemble: RCA Race of mother: White  
Birthplace of mother (State or foreign country): Rockwood, Tenn  
County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
Signed L. Sharon Mullins  
New Address: Same  
Subscribed and sworn to before me this 20th day of October, 1966  
John Sambell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of 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 given consent dated 20 October 1966  
County of HENDRICKS } ss:  
Signed May Louise Bear Father  
Signed John Sambell Mother  
Subscribed and sworn to before me this 20th day of October, 1966  
John Sambell 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.  
Parents divorced. Mother has full custody. Notarized contact dated 19 October 1966 attached.  
County of HENDRICKS } ss:  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this 24th day of October, 1966  
John Sambell 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 29th day of October, 1966, authorizing the joining together as husband and wife of Willard R. Bear and L. Sharon Mullins.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Rev. L. L. Knappfischer hereby certify that on the 25th day of October, one thousand nine hundred and 66 at Brownsburg, County of Hendricks, State of Indiana, Groom Willard R. Bear and, Bride L. Sharon Mullins 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, 1966.

Signed Rev. L. L. Knappfischer Official Designation Minister  
Signed John Sambell Clerk  
Filed and recorded in accordance with the laws of the State of Indiana this 27 day of Oct, 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. 322  
File Book 29  
20 October 1966  
Date of Application

MALE  
Medical Examination Report Dated 20 October 1966  
Name of Physician James Black M.D.

FEMALE  
Medical Examination Report Dated 20 October 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, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

**MALE APPLICANT**

Name Willard R. Bear  
Date of Birth September 1948  
Place of Birth Indianapolis, Ind.  
Residence Address 620 S. Telleron, 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 Spot Welder: C.F. Roark.  
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

(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: Omar Christian Bear Sr.  
Brownsburg, Ind.

**FEMALE APPLICANT**

Name L. Sharon Mullins  
Date of Birth June 24 1950  
Place of Birth Deer Lodge, Tenn  
Residence Address 5058 W. Raymond Indpls, Mosas, 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 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: Unknown  
Residence of father (if deceased so state): Deceased  
Occupation of father: \_\_\_\_\_ Race of father: \_\_\_\_\_  
Birthplace of father (State or foreign country): \_\_\_\_\_
- Full maiden name of mother: Lucy Marie Mullins Cameron  
Residence of mother (if deceased so state): Indpls, Ind.  
Occupation of mother: Assembler: RCA Race of mother: white  
Birthplace of mother (State or foreign country): Rockwood, Tenn

I, Marie Cameron is the Legal Guardian of my daughter, Sharon Mullins, hereby give my consent for her to marry Baldy Bear.

Marie Cameron  
Clerk Hendricks Superior Court

Subscribed and sworn to before me this 19th day of October 1966

Pearl Davis  
Notary Public  
My Commission expires April 9, 1970

Signed: May Louise Bear Father  
Subscribed and sworn to before me this 20th day of October 1966  
John Lambold Jr. Clerk

Signed: \_\_\_\_\_ Mother  
Subscribed and sworn to before me this 24th day of October 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 \_\_\_\_\_ 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 October 1966, authorizing the joining together as husband and wife of Willard R. Bear and L. Sharon Mullins.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Rev. L. L. Knappmier hereby certify that on the 25th day of October one thousand nine hundred and 66 at Brownsburg, County of Hendricks State of Indiana, Groom Willard R. Bear and, Bride L. Sharon Mullins 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 1966.

Signed: Rev. L. L. Knappmier Official Designation Ministry  
Filed and recorded in accordance with the laws of the State of Indiana this 27 day of Oct 1966  
Signed: John Lambold 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 29  
20 October 1966  
Date of Application

MALE  
Medical Examination Report Dated 20 October 1966  
Name of Physician James Black MD.

FEMALE  
Medical Examination Report Dated 20 October 1966  
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 Willard R. Bear  
Date of Birth September 1948  
Place of Birth Indianapolis, Ind.  
Residence Address 620 S. Jefferson, 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 Spot Welder: C.F. Roark.  
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) 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: Omar Christian Bear Sr.

**FEMALE APPLICANT**

Name Sharon Mullins  
Date of Birth June 24 1950  
Place of Birth Deer Lodge, Tenn  
Residence Address 5058 W. Raymond 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 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: Unknown  
Residence of father (if deceased so state) Deceased  
Occupation of father \_\_\_\_\_ Race of father \_\_\_\_\_  
Birthplace of father (State or foreign country) \_\_\_\_\_
- Full maiden name of mother: Lucy Marie Mullins Cameron  
Residence of mother (if deceased so state) Indpls, Ind.  
Occupation of mother Assemble: RCA Race of mother white  
Birthplace of mother (State or foreign country) Rockwood, Tenn

I, Omar C. Bear Sr., hereby give my consent for  
my son Willard Robert Bear  
to marry Sharon Mullins.

Omar C. Bear Sr.  
Clerk HENDRICKS COUNTY SUPERIOR

Subscribed and sworn to before me this 20<sup>th</sup> day of Oct 1966

Frank P. Walters  
Notary Public

FILED

OCT 20 1966

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

Signed May Louise Bear Father  
Subscribed and sworn to before me this 20<sup>th</sup> day of October 1966  
John Lambold Jr. Clerk

Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this 24<sup>th</sup> day of October 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 \_\_\_\_\_ 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<sup>th</sup> day of October, 1966, authorizing the joining together as husband and wife of Willard R. Bear and Sharon Mullins.

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

I, Rev. L. L. Knappmier hereby certify that on the 25<sup>th</sup> day of October one thousand nine hundred and 66 at Brownsburg, County of Hendricks State of Indiana, Groom Willard R. Bear and, Bride Sharon Mullins of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 25<sup>th</sup> day of October, 1966.

Signed Rev. L. L. Knappmier Official Designation Ministry  
Signed John Lambold Jr. Clerk  
Filed and recorded in accordance with the laws of the State of Indiana this 27 day of Oct 1966  
Hendricks Circuit Court

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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 323  
File Book 29  
20 October 1966  
Date of Application

MALE  
Medical Examination Report Dated 27 September 1966  
Name of Physician Lloyd Terry M.D.

FEMALE  
Medical Examination Report Dated 27 September 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: Joseph A. Stephens  
Date of Birth: November 3, 1938  
Place of Birth: Indianapolis, Ind.  
Residence Address: Box 229 Danville, Hendricks, Ind.  
Previous Marital Status: Never Married  
Last Marriage Ended By: Death, Divorce, Annulment  
Color or Race: White  
Usual Occupation: Carpenter: Stackhouse.  
Date of birth verified by: Birth Cert.  
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? No  Yes   
(If yes, answer questions a, b, c)  
(a) List their full names, ages and addresses

Name	Age	Address
Emmett Elmer Stephens		Danville, Ind.
Saleman McFarley		Stilesville, Ind.
Sophie Lucille Poer		Danville, 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: Emmett Elmer Stephens  
Residence of father (if deceased so state): Danville, Ind.  
Occupation of father: Salesman  
Race of father: white  
Birthplace of father (State or foreign country): Stilesville, Ind.

12. Full maiden name of mother: Sophie Lucille Poer  
Residence of mother (if deceased so state): Danville, Ind.  
Occupation of mother: H/W  
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 Joseph A. Stephens  
New Address 881 W. Clinton St. Danville  
Subscribed and sworn to before me this 20th day of October, 1966  
John Samuels Clerk HENDRICKS Circuit Court

**FEMALE APPLICANT**

Name: Donna Jean Gleason  
Date of Birth: April 3, 1942  
Place of Birth: Hazelwood, Ind.  
Residence Address: 881 W. Clinton, Danville, Hendricks, Ind.  
Maiden Name if Different: Donna Jean Gibbons  
Previous Marital Status: Never Married  
Last Marriage Ended By: Death, Divorce, Annulment  
Color or Race: White  
Usual Occupation: Nurse: ACH  
Date of birth verified by: Birth Cert.  
Other (Specify): Drives Permet.

- 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: Maurice James Gibbons  
Residence of father (if deceased so state): Hazelwood, Ind.  
Occupation of father: Electrician  
Race of father: white  
Birthplace of father (State or foreign country): Brown Co., Ind.
- Full maiden name of mother: Imogene Jannity Mynatt  
Residence of mother (if deceased so state): Hazelwood, Ind.  
Occupation of mother: Housekeeper: ACH  
Race of mother: white  
Birthplace of mother (State or foreign country): Hazelwood, Ind.

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 Gleason  
New Address Danville  
Subscribed and sworn to before me this 20th day of October, 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 \_\_\_\_\_

**CONSENT OF PARENTS, PARENT OR GUARDIAN**  
We, the parents, of this applicant hereby give consent 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 24 day of October, 1966, authorizing the joining together as husband and wife of Joseph A. Stephens and Donna Jean Gleason.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, \_\_\_\_\_ hereby certify that on the \_\_\_\_\_ day of \_\_\_\_\_, County of \_\_\_\_\_, State of \_\_\_\_\_, one thousand nine hundred and \_\_\_\_\_ 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 \_\_\_\_\_, 19\_\_\_\_  
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. 324  
File 22 October 1966  
Book 29  
Date of Application

MALE  
Medical Examination Report Dated 17 October 1966  
Name of Physician Fred R. Brooks M.D.

FEMALE  
Medical Examination Report Dated 17 October 1966  
Name of Physician Fred R. Brooks 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 Eddie B. Satterly  
Date of Birth December 3 1945  
Place of Birth Louisville, Ky.  
Residence Address 113x292 Clayton, Hend. Ind.  
Previous Marital Status: Never Married  
Last Marriage Ended By: Death  Divorce  Annulment   
Color or Race White  Negro  Other   
Usual Occupation Laborer - Link Belt  
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
- 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

(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 Sherman Delbert Satterly  
Residence of father (if deceased so state) Clayton, Ind.  
Occupation of father US Dept of Montgomery artist  
Birthplace of father (State or foreign country) Nelson Co., Ky.  
12. Full maiden name of mother Ruby Frances Gritton  
Residence of mother (if deceased so state) Clayton, Ind.  
Occupation of mother clerk: toppe  
Birthplace of mother (State or foreign country) Anderson Co., Ky.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of HENDRICKS }  
Signed Eddie B. Satterly  
New Address 3817 Bennett Dr. Apt 3 Indpls

Subscribed and sworn to before me this 22nd day of October, 1966  
John Gansford Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of 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 has custody.

State of Indiana, HENDRICKS } ss:  
County of HENDRICKS }  
Signed Sherman D. Satterly Father  
Signed Ruby Satterly Mother  
Subscribed and sworn to before me this 22nd day of October, 1966  
John Gansford Clerk

FEMALE APPLICANT  
Name Diana L. Ward  
Date of Birth March 1949  
Place of Birth Indianapolis, Ind.  
Residence Address 5319 W 36th Indpls, Marion, Ind.  
Maiden Name if Different  
Previous Marital Status: Never Married  
Last Marriage Ended By: Death  Divorce  Annulment   
Color or Race White  Negro  Other   
Usual Occupation Cashier: TOPPS  
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 Ronald Delonne Ward  
Residence of father (if deceased so state) Indpls, Ind.  
Occupation of father Plainfield oil  
Birthplace of father (State or foreign country) Danville, Ind.
- 8. Full maiden name of mother Barbara Colleen Winstel Gibson  
Residence of mother (if deceased so state) 126 N. Center Pk  
Occupation of mother Factory wkr  
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 Diana L. Ward  
New Address Same

Subscribed and sworn to before me this 24th day of October, 1966  
John Gansford Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of 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 has custody.

State of Indiana, HENDRICKS } ss:  
County of HENDRICKS }  
Signed Ronald D. Ward Father  
Signed Barbara Colleen Winstel Gibson Mother  
Subscribed and sworn to before me this 24th day of October, 1966  
John Gansford 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 \_\_\_\_\_ 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 26th day of October, 1966, authorizing the joining together as husband and wife of Eddie B. Satterly and Diana L. Ward.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, \_\_\_\_\_ hereby certify that on the 29th day of October, one thousand nine hundred and 66, at Indianapolis, County of Marion, State of Indiana, Groom Eddie B. Satterly and, Bride Diana L. Ward, 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 October, 1966.

Signed Rev. Chester L. Ross  
Official Designation Minister  
Signed John Gansford Jr Clerk  
Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 16 day of Nov, 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. 325  
File Book 29  
Date of Application Oct. 22, 1966

MALE  
Medical Examination Report Dated 10-17-66  
Name of Physician David B. Haggard, M.D.

FEMALE  
Medical Examination Report Dated 10-17-66  
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 James Earl King  
Date of Birth April 28 1945  
Place of Birth Liberty Ky.  
Residence Address Brooklyn, Morgan Ind.

Usual Occupation Welder: Auto Armature  
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 [ ]
- 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 [ ]

(a) List their full names, ages and addresses  
Name Age Address

11. Full name of father Howell Oatley King  
Residence of father (if deceased so state) Brooklyn, Ind.  
Occupation of father Farmer: Welch Race of father white  
Birthplace of father (State or foreign country) Liberty Ky.

12. Full maiden name of mother Hazel Vaughn  
Residence of mother (if deceased so state) Brooklyn, Ind.  
Occupation of mother Owner of Groc. 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.  
Signed James Earl King  
New Address  
Subscribed and sworn to before me this 22nd day of October, 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:  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
Clerk \_\_\_\_\_

FEMALE APPLICANT

Name Wanda Gail Barnes  
Date of Birth August 10 1948  
Place of Birth Tipton Tenn.  
Residence Address Rt. 2 Box 456 Plainfield, Ind.

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 [ ]
- 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 Melvin Barnes

Residence of father (if deceased so state) Indianapolis, Ind.  
Occupation of father H/Opr. Weebly Race of father white  
Birthplace of father (State or foreign country) Crawfords, Tenn.

8. Full maiden name of mother Gladys Geraldine Matthews  
Residence of mother (if deceased so state) Plainfield, Ind.  
Occupation of mother H/W Race of mother white  
Birthplace of mother (State or foreign country) Crawfords Tenn

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
Signed Wanda Gail Barnes  
New Address  
Subscribed and sworn to before me this 22nd day of October, 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:  
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 26 day of Oct 1966, authorizing the joining together as husband and wife of James Earl King and Wanda Gail Barnes  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, \_\_\_\_\_ hereby certify that on the 29 day of October 1966 at Plainfield, Morgan County, State of Indiana, Groom James Earl King of Morgan County, State of Indiana and, Bride Wanda Gail Barnes 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 29 day of Oct, 1966. Signed Rev. Raymond E. Watson

Official Designation \_\_\_\_\_ day of Nov, 1966  
Signed \_\_\_\_\_ Clerk  
\_\_\_\_\_ 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. 326  
File Book 29  
24 October 1966  
Date of Application

MALE  
Medical Examination Report Dated 20 October 1966  
Name of Physician Lloyd Terry MD

FEMALE  
Medical Examination Report Dated 20 October 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, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

**MALE APPLICANT**

Name: Earl E. Hanson  
Date of Birth: February 23 1896  
Place of Birth: Rhineland, Wis  
Residence Address: 204 1/2 E 11th St Danville, Vermillion, Ill  
Previous Marital Status:  Never Married  Divorce  Annulment  (Specify: 1936 Los Angeles Calif)  
Color or Race:  White  Negro  Other (specify) \_\_\_\_\_  
Usual Occupation: Painter  
Date of birth verified by:  Birth Cert.  Judicial Decree  Other (Specify) Ill Driving 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?  No  Yes  
(If yes, answer questions a, b, c)  
(a) List their full names, ages and addresses

Name	Age	Address
Charles Crist Hanson		Deceased
Marie Ellinson		Deceased

(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 Crist Hanson  
Residence of father (if deceased so state): Deceased  
Occupation of father: \_\_\_\_\_ Race of father: white  
Birthplace of father (State or foreign country): Christiana, Norway

12. Full maiden name of mother: Marie Ellinson  
Residence of mother (if deceased so state): Deceased  
Occupation of mother: \_\_\_\_\_ Race of mother: white  
Birthplace of mother (State or foreign country): Christiana, Norway

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
Signed: Earl E. Hanson  
New Address: 204 1/2 E 11th St Danville, Ill  
Subscribed and sworn to before me this 24th day of October, 1966  
Clerk: John Samuel HENDRICKS Circuit Court

**FEMALE APPLICANT**

Name: Elizabeth Hanson  
Date of Birth: December 22 1908  
Place of Birth: Danville, Ill  
Residence Address: 204 1/2 E 11th Danville, Vermillion, Ill  
Maiden Name if Different: Elizabeth Meeker  
Previous Marital Status:  Never Married  Divorce  Annulment  (Specify: Remarriage at 24th Oct 1966)  
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) \_\_\_\_\_

- 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 Meeker  
Residence of father (if deceased so state): Deceased  
Occupation of father: \_\_\_\_\_ Race of father: white  
Birthplace of father (State or foreign country): Danville, Ind.
- Full maiden name of mother: Lela Mae McRae  
Residence of mother (if deceased so state): Deceased  
Occupation of mother: \_\_\_\_\_ Race of mother: white  
Birthplace of mother (State or foreign country): Potosburg, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
Signed: Elizabeth Hanson  
New Address: Same  
Subscribed and sworn to before me this 24th day of October, 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:  
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:  
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 24 October 1966 and filed in \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties. 3da Wave

**RETURN 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, 1966, authorizing the joining together as husband and wife of Earl E. Hanson and Elizabeth Hanson.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Eugene E. Crawley, hereby certify that on the 24 day of October, one thousand nine hundred and 66, at Plainfield, County of Hendricks, State of Indiana, Groom Earl E. Hanson and, Bride Elizabeth Hanson of Vermillion 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 24 day of October, 1966.

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_ day of \_\_\_\_\_, 1966.  
Signed: Eugene E. Crawley  
Official Designation: Judge of 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. 327  
File Book 29  
24 Oct 1966  
Date of Application

MALE  
Medical Examination Report Dated 10-19-66  
Name of Physician L E Zoltz M.D.

FEMALE  
Medical Examination Report Dated 10-19-66  
Name of Physician L E Zoltz 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 L Christie  
Date of Birth 11 23 1937  
Place of Birth (State or foreign country) Ind.  
Residence Address 241 Spring Court Indianapolis Ind.  
Previous Marital Status: Never Married  Divorced  Number of Previous Marriages Once  
Last Marriage Ended By: Death  Divorce  Annulment

Color or Race White  Negro  Other  (specify) \_\_\_\_\_  
Usual Occupation Machine operator  
Date of birth verified by:  Birth Cert.  Judicial Decree  
 Other (Specify) Operators License

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

(a) List their full names, ages and addresses  
Name Age Address  
Kellie 6 Indianapolis  
John 3 " "  
Paul 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 Vernal Christie  
Residence of father (if deceased so state) Cynthiana, Ind.  
Occupation of father Production Worker Race of father W  
Birthplace of father (State or foreign country) Indiana

12. Full maiden name of mother Jama Matilda Shacker  
Residence of mother (if deceased so state) Indianapolis  
Occupation of mother Inspector Race of mother W  
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } as: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_  
Signed Donald L. Christie  
New Address \_\_\_\_\_

Subscribed and sworn to before me this 24 day of Oct, 1966  
Wm. O. Morris Clerk HENDRICKS Circuit Court

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

FEMALE APPLICANT

Name Frances L Blevins  
Date of Birth 7 2 1936  
Place of Birth (State or foreign country) Ind.  
Residence Address 242 N Jeff Brownsburg Ind.  
Maiden Name if Different Frances Robinson  
Previous Marital Status: Never Married  Number of Previous Marriages once  
Last Marriage Ended By: Death  Divorce  Annulment

Color or Race White  Negro  Other  (specify) \_\_\_\_\_  
Usual Occupation Inspector  
Date of birth verified by:  Birth Cert.  Judicial Decree  
 Other (Specify) Operators License

- 1. Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile?  No  Yes   
Of Unsound Mind?  No  Yes
- 2. Are you under guardianship as a person of unsound mind?  No  Yes
- 3. Are you 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 Robinson  
Residence of father (if deceased so state) unknown  
Occupation of father unknown Race of father W  
Birthplace of father (State or foreign country) Tenn.

8. Full maiden name of mother Tola Beatrice Robinson  
Residence of mother (if deceased so state) Indianapolis  
Occupation of mother none Race of mother W  
Birthplace of mother (State or foreign country) Tenn.

State of Indiana, HENDRICKS } as: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_  
Signed Frances L. Blevins  
New Address \_\_\_\_\_

Subscribed and sworn to before me this 24 day of Oct, 1966  
Wm. O. Morris Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  
State of Indiana, HENDRICKS } as:  
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 28th day of October, 1966, authorizing the joining together as husband and wife of Ronald L. Christie and Frances L. Blevins.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Wm. O. Morris hereby certify that on the 30th day of October, one thousand nine hundred and 66 at Marion County of Indiana State of Indiana, Groom Ronald L. Christie of Hendricks County, State of Indiana and, Bride Frances L. Blevins 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 28th day of October, 1966. Signed Wm. O. Morris  
Official Designation Minister  
Filed and recorded in accordance with the laws of the State of Indiana this 16 day of Nov, 1966.  
Signed Wm. O. Morris 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. 328  
File Book 29  
24 October 1966  
Date of Application

MALE  
Medical Examination Report Dated 12 October 1966  
Name of Physician A.N. Scudder, M.D.

FEMALE  
Medical Examination Report Dated 12 October 1966  
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 John Greeley  
Date of Birth December 29 1940  
Place of Birth Indianapolis, Ind.  
Residence Address R2, Bx 923 Brownsburg, 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 Owner: N.W. Lumber  
Date of birth verified by:  Birth Cert.  Judicial Decree  
 Other (Specify) Army Discharge  
1. Are you now or have you been adjudged, diagnosed or considered as:  
An 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 Harry Peter Greeley  
Residence of father (if deceased so state) Brownsburg, Ind.  
Occupation of father owner: N.W. Lumber Race of father white  
Birthplace of father (State or foreign country) Indianapolis, Ind.  
12. Full maiden name of mother Eva Mae Combs  
Residence of mother (if deceased so state) Brownsburg, Ind.  
Occupation of mother H/W. Race of mother white  
Birthplace of mother (State or foreign country) B'burg, Ind.  
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_  
Signed John J. Greeley  
New Address 516 New Augusta, Ind.  
Subscribed and sworn to before me this 24th day of October, 1966  
Clerk HENDRICKS Circuit Court

**FEMALE APPLICANT**

Name Mary Anne Cassidy  
Date of Birth April 6 1944  
Place of Birth Lebanon, Indiana  
Residence Address 518 Bx 322 Indianapolis, Hend. 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 Teacher: St Marica, Indpls.  
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 Merte Lee Cassidy  
Residence of father (if deceased so state) Indpls, (New) Ind.  
Occupation of father Machinist: Alcoa Race of father white  
Birthplace of father (State or foreign country) Bristow, Ind.  
8. Full maiden name of mother Gladys Zoia Raed  
Residence of mother (if deceased so state) Indpls, Ind.  
Occupation of mother H/W. Race of mother white  
Birthplace of mother (State or foreign country) Cannelton, Ind.  
State of Indiana, \_\_\_\_\_ } ss: I depose and state the information given in this application is true and correct.  
County of HENDRICKS  
Signed Mary Anne Cassidy  
New Address Same  
Subscribed and sworn to before me this 24th day of October, 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 28th day of October, 1966, authorizing the joining together as husband and wife of John J. Greeley and Mary Anne Cassidy.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Rt. Rev. Edward Backhaed hereby certify that on the 29 day of October, one thousand nine hundred and 66 at Brownsburg, County of Hendricks State of Indiana, Groom John J. Greeley and, Bride Mary Anne Cassidy of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.  
Dated this 29 day of October, 1966.

Filed and recorded in accordance with the laws of the State of Indiana this 16 day of Nov., 1966.  
Signed Edward Backhaed Official Designation Delegate  
Signed John Backhaed Jr Clerk  
Hendricks Circuit Court

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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

No. 329  
File Oct 25, 1966  
Bk. 29  
Date of Application

HENDRICKS County

MALE  
Medical Examination Report Dated Oct. 22, 1966  
Name of Physician James Black

FEMALE  
Medical Examination Report Dated Oct. 22, 1966  
Name of Physician James Black

ALL QUESTIONS 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 L. Burns  
Date of Birth August 6, 1941  
Place of Birth Marion Co., Indpls. Marion Ind.  
Residence Address 222 Franklin St., Crawfordsville

Previous 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 Mgr, Rest.

Date of birth verified by:  Birth Cert.  Judicial Decree

Other (Specify) Drivers 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

- (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 Norman V. Burns

Residence of father (if deceased so state) Same

Occupation of father Labor Race of father W.

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

12. Full maiden name of mother Dorothy Sellers

Residence of mother (if deceased so state) Deceased

Occupation of mother None Race of mother W.

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.

Signed Larry L. Burns

New Address 6124 Arlington Rd. Bloomington

Subscribed and sworn to before me this 25th day of Oct., 1966

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:

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

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

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

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

FEMALE APPLICANT

Name Kathie R. Smock  
Date of Birth Sept. 20, 1945  
Place of Birth Terre Haute, Ind.  
Residence Address 6124 Arlington Rd. Bloomington, Monroe Co.

Previous Marital Status: Never Married  Number of Previous Marriages: \_\_\_\_\_

Last Marriage Ended By: Death  Divorce  Annulment

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

Usual Occupation Lic. Practical Nurse

Date of birth verified by:  Birth Cert.  Judicial Decree

Other (Specify) Drivers 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 Raymond Charles Smock  
Residence of father (if deceased so state) Terre Haute (931 Maple Ave.)  
Occupation of father Retired Race of father W.  
Birthplace of father (State or foreign country) Terre Haute, Ind.
- 8. Full maiden name of mother Margaret Emily Goss  
Residence of mother (if deceased so state) Terre Haute, Same  
Occupation of mother Housewife Race of mother W.  
Birthplace of mother (State or foreign country) W. Plains, Missouri

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

Signed Kathie R. Smock

New Address Same as above

Subscribed and sworn to before me this 25 day of Oct., 1966

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:

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

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

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

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

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

in \_\_\_\_\_ County \_\_\_\_\_ Court by written order issued \_\_\_\_\_

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 2 day of Nov., 1966, authorizing the joining together as husband and wife of Larry L. Burns and Kathie R. Smock.

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

I, Louis E. Haskell hereby certify that on the 6th day of November, 1966, at Terre Haute, County of  Vigo, State of Indiana, one thousand nine hundred and 66 of Hendricks County, State of Indiana, and, Bride Kathie R. Smock of Monroe County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 6th day of November, 1966.

Signed Louis E. Haskell

Official Designation Minister

Nov day of Nov, 1966.

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. 330  
File 29  
Date of Application Oct. 25, 1966

MALE  
Medical Examination Report Dated Oct. 25, 1966  
Name of Physician Robert K. Sterling, D.O.

FEMALE  
Medical Examination Report Dated Oct. 25, 1966  
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, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT  
Name James M. Lowery  
Date of Birth Oct. 27 1943  
Place of Birth Indpls., Ind.  
Residence Address RR#8, Box 302, Indpls. Hend. Ind.  
Previous Marital Status: Never Married  Number of Previous Marriages 0  
Last Marriage Ended By: Death  Divorce  Annulment

FEMALE APPLICANT  
Name Karen L. Walker  
Date of Birth Sept. 14 1946  
Place of Birth Indpls., Ind.  
Residence Address 2228 Sumter, Apt. 4, Speedway Marion Ind.  
Maiden Name if Different None  
Previous Marital Status: Never Married  Number of Previous Marriages 0  
Last Marriage Ended By: Death  Divorce  Annulment

Color or Race White  Negro  Other  (specify) \_\_\_\_\_  
Usual Occupation Production Grinder MLLisons  
Date of birth verified by:  Birth Cert.  Judicial Decree  
 Other (Specify) Drivers Lic.

Color or Race White  Negro  Other  (specify) \_\_\_\_\_  
Usual Occupation Clerk Typist  
Date of birth verified by:  Birth Cert.  Judicial Decree  
 Other (Specify) Drivers Lic.

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

- 1. Are you now or have you been adjudged, diagnosed or considered as:  
An 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 Morion E. Walker  
Residence of father (if deceased so state) Eberhearts Tr. Ct. Shelbyville,  
Occupation of father Truck Driver St. Highway Race of father W.  
Birthplace of father (State or foreign country) Morgantown, 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 Paul Raymond Lowery Sr.  
Residence of father (if deceased so state) Same  
Occupation of father Cutter Grinder, MLLisons Race of father W.  
Birthplace of father (State or foreign country) Indpls., Ind.

8. Full maiden name of mother Jesse Mae Phillips  
Residence of mother (if deceased so state) 723 Ferndale Ct. Indpls.  
Occupation of mother Steno-Type Supplies Race of mother W.  
Birthplace of mother (State or foreign country) Indpls., Ind.

12. Full maiden name of mother Sylvia Margaret Creekbaum  
Residence of mother (if deceased so state) Same  
Occupation of mother Housewife Race of mother W.  
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 James M. Lowery  
New Address Westwood tract RR2 Box 141 Indpls.

Signed Karen L. Walker  
New Address Westwood Tract RR2 Box 141, Indpls.  
Subscribed and sworn to before me this 25th day of Oct., 1966  
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 \_\_\_\_\_

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of this applicant hereby give consent 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 29th day of October, 1966, authorizing the joining together as husband and wife of James M. Lowery and Karen L. Walker  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Ruben N. Lindstrom hereby certify that on the 29th day of October, one thousand nine hundred and sixty-six at Indianapolis, County of Marion, State of Indiana, Groom James Michael Lowery of Hendricks County, State of Indiana and, Bride Karen Lee Walker 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 October, 1966.

Signed Ruben N. Lindstrom  
Official Designation Reverend  
Filed and recorded in accordance with the laws of the State of Indiana this 1st day of November, 1966.  
Signed John Gambold, Jr. Clerk Hendricks Circuit Court

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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 331  
File Bk 29  
Date of Application Oct. 26, 1966

MALE  
Medical Examination Report Dated Oct. 18, 1966  
Name of Physician J.C. Kerlin, Md.

FEMALE  
Medical Examination Report Dated Oct. 18, 1966  
Name of Physician Ronald D. Chessman, 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  Number of Previous Marriages  
Last Marriage Ended By: Death  Divorce  Annulment   
Color or Race White  Negro  Other  (specify)  
Usual Occupation Machinist: Allison  
Date of birth verified by:  Birth Cert.  Judicial Decree

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

(a) List their full names, ages and addresses

Name	Age	Address

- (b) Are you supporting or contributing to their support? Yes  No
- (c) Are you complying with any court order or orders issued for their support? Yes  No
- 11. Full name of father: Joseph Earl Bryant  
Residence of father (if deceased so state): Indianapolis, Ind.  
Occupation of father: Electrician Race of father: white  
Birthplace of father (State or foreign country): Terre Haute, Ind.
- 12. Full maiden name of mother: Marjorie Ann Rockliff  
Residence of mother (if deceased so state): Danville, Ind.  
Occupation of mother: legal secy. Race of mother: white  
Birthplace of mother (State or foreign country): Brazil, Ind.

State of Indiana, } ss: I depose and state the information given  
County of HENDRICKS } in this application is true and correct.  
Signed: Marshall Bryant  
New Address: Lakeside, I.S. Indpls. H.C.  
Subscribed and sworn to before me this 26th day of October, 1966  
John Gantard, Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of this applicant hereby 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 First Middle Last  
Date of Birth Month Day Year  
Place of Birth (State or foreign country)  
Residence Address Street or R. R. City County State  
Maiden Name if Different  
Previous Marital Status: Never Married  Number of Previous Marriages  
Last Marriage Ended By: Death  Divorce  Annulment   
Color or Race White  Negro  Other  (specify)  
Usual Occupation Typist: Link Bell  
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: Wayne Phillip Moody  
Residence of father (if deceased so state): Danville, Ind.  
Occupation of father: Bulk Tr. Dr. City Race of father: white  
Birthplace of father (State or foreign country): Indianapolis, Ind.
- 8. Full maiden name of mother: Juanita Mae Cowles  
Residence of mother (if deceased so state): Danville, Ind.  
Occupation of mother: H/W 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: Norma J. Mood  
New Address: Same  
Subscribed and sworn to before me this 26th day of October, 1966  
John Gantard, Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of this applicant hereby 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 9 day of November, 1966, authorizing the joining together as husband and wife of Charles A. Bryant and Norma J. Mood.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Brian A. Nelson hereby certify that on the 26 day of November, one thousand nine hundred and 66 at Danville, County of HENDRICKS, State of Indiana, Groom Charles Bryant of HENDRICKS County, State of Indiana, and, Bride Norma Mood 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 9 day of November, 1966. Signed: Brian A. Nelson  
Official Designation: Pastor  
Filed and recorded in accordance with the laws of the State of Indiana this 3 day of December, 1966. Signed: John Gantard 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. 332  
File Bk 29  
Oct 27, 1966  
Date of Application

MALE  
Medical Examination Report Dated Oct 5, 1966  
Name of Physician L.C. Toltz, M.D.

FEMALE  
Medical Examination Report Dated Oct 5, 1966  
Name of Physician L.C. 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 Charles D. Shutt  
Date of Birth November 12, 1946  
Place of Birth Shelbyville, Ind.  
Residence Address TS3 Dv3 Brownsburg Hwy, 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 Caretaker: Link Belt.  
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
Clarence Albert Shutt		Brownsburg, Ind.

**FEMALE APPLICANT**

Name Sandra Kay Lambert  
Date of Birth March 27, 1947  
Place of Birth Clinton, Indiana  
Residence Address 207 E College, Brownsburg, Hwy, 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 Bar-tender: Beauty Room.  
Date of birth verified by:  Birth Cert.  Judicial Decree  
 Other (Specify) Drivers 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 Donald Oscar Lambert.  
Residence of father (if deceased so state) Indpls, Ind.  
Occupation of father unk. Race of father white  
Birthplace of father (State or foreign country) Indiana.
- Full maiden name of mother Anna Josephine Peters.  
Residence of mother (if deceased so state) Bibury, Ind.  
Occupation of mother waitress: Frank Meyer of mother white  
Birthplace of mother (State or foreign country) Attica, 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 Clarence Albert Shutt  
Residence of father (if deceased so state) Brownsburg, Ind.  
Occupation of father Sutgrassville, Ala Race of father white  
Place of father (State or foreign country) Shelbyville, Ind.  
Maiden name of mother Theresa Venus King  
Residence of mother (if deceased so state) Blymorth, Ind.  
Occupation of mother H/W Race of mother white  
Place of mother (State or foreign country) Shelbyville, Ind.

HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
Signed Charles D. Shutt  
New Address 304 E. Main, Bibury  
Subscribed and sworn to before me this 27th day of October, 1966  
John Jambell 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 Sandra Kay Lambert  
New Address Same  
Subscribed and sworn to before me this 27th day of October, 1966  
John Jambell Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

We, the parents, of this applicant hereby 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 Clarence A. Shutt Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this 27th day of October, 1966  
John Jambell 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, } 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 Urban.

**RETURN 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 27th day of October, 1966, authorizing the joining together as husband and wife of Charles D. Shutt and Sandra Kay Lambert.  
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 October, one thousand nine hundred and sixty-six at Brownsburg, County of Hendricks, State of Indiana, Groom Charles Douglas Shutt and, Bride Sandra Kay Lambert 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 October, 1966.

Signed Lester B. Yearick  
Official Designation Minister  
Signed John Jambell Clerk  
\_\_\_\_\_ Clerk  
\_\_\_\_\_ Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_ day of \_\_\_\_\_, 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. 332  
File # 29  
Oct 27, 1966  
Date of Application

MALE  
Medical Examination Report Dated Oct. 5, 1966  
Name of Physician L. C. Toltz, M.D.

FEMALE  
Medical Examination Report Dated Oct. 5, 1966  
Name of Physician L. C. 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 Charles D. Shutt  
Date of Birth November 12, 1946  
Place of Birth Shelbyville, Ind.  
Residence Address 133 Box 3 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 Contractor: High Belt  
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 \_\_\_\_\_? No  Yes

**FEMALE APPLICANT**

Name Sandra Kay Lambert  
Date of Birth March 27, 1947  
Place of Birth Clinton, Indiana  
Residence Address 207 E College, 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 Beautician: Beauty Room  
Date of birth verified by:  Birth Cert.  Judicial Decree  
 Other (Specify) Drivers 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 groom 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 \_\_\_\_\_? No  Yes

October 26, 1966

To Whom It May Concern -

Charles Douglas has my permission  
to get married.

Theresa Smock

Sally J. Shutt  
Notary Public  
2-14-68  
Commission Expires

Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Lester B. Yearick hereby certify that on the 29<sup>th</sup> day of October  
one thousand nine hundred and sixty-six at Brownsburg, County of Hendricks  
State of Indiana, Groom Charles Douglas Shutt of Hendricks County, State of Indiana  
and, Bride Sandra Kay Lambert of Hendricks County, State of Indiana  
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.  
Dated this 29<sup>th</sup> day of October, 1966.

Signed Lester B. Yearick  
Official Designation Minister  
Filed and recorded in accordance with the laws of the State of Indiana this 1<sup>st</sup> day of November, 1966.  
Signed John Lambold 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. 333  
File Book 29  
28 October 1966  
Date of Application

MALE  
Medical Examination Report Dated 18 October 1966  
Name of Physician James Black MD.

FEMALE  
Medical Examination Report Dated 18 October 1966  
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, representa-

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

MALE APPLICANT

Name John G. Eggers.  
Date of Birth April 21 1934  
Place of Birth Indianapolis, Ind.  
Residence Address RI BX222 Lizton, 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 Mechanic: Mayflower.

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? 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 Elmer Harold Eggers  
Residence of father (if deceased so state) Lizton, Ind.  
Occupation of father Construction B'bug Race of father white  
Birthplace of father (State or foreign country) Spence, Ind.

12. Full maiden name of mother Mary Belle Heathorn  
Residence of mother (if deceased so state) Lizton, Ind.  
Occupation of mother H/W. Race of mother white  
Birthplace of mother (State or foreign country) North Selas, Ind.

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

Signed John G. Eggers  
New Address 369 S. Taft, Indpls, Ind.  
Subscribed and sworn to before me this 28th day of October, 1966.  
Clerk John Samball HENDRICKS Circuit Court

FEMALE APPLICANT

Name Diann L. Collins.  
Date of Birth June 6 1947  
Place of Birth Crawfordsville, Ind.  
Residence Address RS BX134 Brownsburg, Hend, Ind.  
Maiden Name if Different \_\_\_\_\_

Previous Marital Status: Never Married  Number of Previous Marriages \_\_\_\_\_

Last Marriage Ended By: Death  Divorce  Annulment

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

Usual Occupation Waitress

Date of birth verified by:  Birth Cert.  Judicial Decree

- 1. Are you now or have you been adjudged, diagnosed or considered as:  
An 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 Roy Collins Sr.  
Residence of father (if deceased so state) Brownsburg, Ind.  
Occupation of father A. Crane opr. Race of father white  
Birthplace of father (State or foreign country) Crawfordsville, Ind.

8. Full maiden name of mother Imogene Ruth Davis  
Residence of mother (if deceased so state) B'burg, Ind.  
Occupation of mother H/W. Race of mother white  
Birthplace of mother (State or foreign country) Granite City, Ill

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

Signed Diann L. Collins  
New Address 2 Sam  
Subscribed and sworn to before me this 28th day of October, 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.

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 1st day of November, 1966, authorizing the joining together as husband and wife of John G. Eggers and Diann L. Collins.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Aubrey Morris hereby certify that on the 12th day of November, one thousand nine hundred and 66 at Brownsburg, County of Hendricks, State of Indiana, Groom John G. Eggers of Hendricks County, State of Indiana, and, Bride Diann L. Collins 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 12 day of November, 1966.  
Signed Aubrey Morris  
Official Designation Minister  
17 day of Nov, 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. 339  
File Book 29  
28 October 1966  
Date of Application

MALE  
Medical Examination Report Dated 19 October 1966  
Name of Physician Fred P. Warbinton MD

FEMALE  
Medical Examination Report Dated 19 October 1966  
Name of Physician Fred P. Warbinton 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 S. Blubaugh  
Date of Birth July 22, 1939  
Place of Birth Farmersburg, Ind.  
Residence Address 9825 W. Wash, Indpls, 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 Welder Local 157  
Date of birth verified by:  Birth Cert.  Judicial Decree  
 Other (Specify) Driver 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

(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 Edward Blubaugh  
Residence of father (if deceased so state) Terre Haute, Ind.  
Occupation of father Painter: Steam Steel Race of father White  
Birthplace of father (State or foreign country) Shelby Co, Ind.  
12. Full maiden name of mother Esther May Hagger  
Residence of mother (if deceased so state) Farmersburg, Ind.  
Occupation of mother Shelby, Rawls Race of mother White  
Birthplace of mother (State or foreign country) Farmersburg Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
Signed James S. Blubaugh  
New Address 9825 W. Wash, Indpls  
Subscribed and sworn to before me this 28th day of October, 1966  
John Hamsted 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 Meredith Ann Swift  
Date of Birth February 5, 1943  
Place of Birth Indianapolis, Ind.  
Residence Address 1523x 294 Indpls, Hend, 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. Lt Gov.  
Date of birth verified by:  Birth Cert.  Judicial Decree  
 Other (Specify) Driver 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 Harold Oscar Swift  
Residence of father (if deceased so state) Indpls RR, Ind.  
Occupation of father Farmr. Race of father White  
Birthplace of father (State or foreign country) Hendricks Co, Ind.

8. Full maiden name of mother Myra Ann Atkinson  
Residence of mother (if deceased so state) Indpls RR, Ind.  
Occupation of mother Secy: IRS. 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 Meredith Ann Swift  
New Address Same  
Subscribed and sworn to before me this 28th day of October, 1966  
John Hamsted 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 2nd day of December, 1966, authorizing the joining together as husband and wife of James S. Blubaugh and Meredith Ann Swift.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Herbert Kinsale hereby certify that on the 12th day of November, one thousand nine hundred and 66 at Plainfield, County of Hendricks State of Indiana, Groom James Blubaugh and, Bride Meredith Swift 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, 1966.

Signed Herbert Kinsale  
Official Designation Minister  
Filed and recorded in accordance with the laws of the State of Indiana this 23 day of Nov., 1966.  
Signed John Hamsted Jr Clerk Hendricks Circuit Court

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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 335  
File Book 29  
Date of Application 29 October 1966

MALE  
Medical Examination Report Dated 26 October 1966  
Name of Physician M.O. Scamahorn M.D.

FEMALE  
Medical Examination Report Dated 26 October 1966  
Name of Physician M.O. Scamahorn 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 Myron K. Davis  
Date of Birth July 29 1942  
Place of Birth Indianapolis, Ind.  
Residence Address R2 Box 65 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 Inspector Book  
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?  No  Yes  
(If yes, answer questions a, b, c)  
(a) List their 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 Marion Jean Davis  
Residence of father (if deceased so state) Brownsburg, Ind.  
Occupation of father Title Insp. Law Enforcement Race of father white  
Birthplace of father (State or foreign country) New Augusta, Ind.

12. Full maiden name of mother Frances Alexander  
Residence of mother (if deceased so state) Brownsburg, Ind.  
Occupation of mother Teacher Private Kindergarten Race of mother white  
Birthplace of mother (State or foreign country) Pike TSP Morgan Co, Ind.

State of Indiana, } ss: I depose and state the information given in this application is true and correct.  
County of HENDRICKS  
Signed Myron K. Davis  
New Address Pittsboro, Ind.  
Subscribed and sworn to before me this 29th day of November, 1966  
Clerk 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, } ss:  
County of HENDRICKS  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
Clerk \_\_\_\_\_

FEMALE APPLICANT

Name Shelvia Jean Ring  
Date of Birth September 16 1945  
Place of Birth Acorn Ky.  
Residence Address R1 Box 134 Pittsboro, 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

- 1. Are you now or have you been adjudged, diagnosed or considered as:  
An 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 Clebert Ring  
Residence of father (if deceased so state) Deceased  
Occupation of father \_\_\_\_\_ Race of father white  
Birthplace of father (State or foreign country) Ruth Ky.

8. Full maiden name of mother Faustene Mayfield Roney  
Residence of mother (if deceased so state) Pittsboro, Ind.  
Occupation of mother H/W Race of mother white  
Birthplace of mother (State or foreign country) Ano, Ky.

State of Indiana, } ss: I depose and state the information given in this application is true and correct.  
County of HENDRICKS  
Signed Shelvia Jean Ring  
New Address Shaw  
Subscribed and sworn to before me this 29th day of November, 1966  
Clerk 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, } 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 2nd day of November, 1966, authorizing the joining together as husband and wife of Myron K. Davis and Shelvia Jean Ring

Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Lester B. Yearick hereby certify that on the 5th day of November, one thousand nine hundred and 66 at Brownsburg, County of Hendricks, State of Indiana, Groom Myron K. Davis of Hendricks County, State of Indiana, and, Bride Shelvia Jean Ring 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 November, 1966.

Signed Lester B. Yearick  
Official Designation Minister  
Filed and recorded in accordance with the laws of the State of Indiana this 16 day of Nov, 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. 336  
File Book 29  
29 October 1966  
Date of Application

MALE  
Medical Examination Report Dated 31 October 1966  
Name of Physician Irving Cohen, M.D.

FEMALE  
Medical Examination Report Dated 31 October 1966  
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 Keith W. Keppel  
Date of Birth December 12, 1944  
Place of Birth Indianapolis, Ind.  
Residence Address R 2, Bx 440, Plainfield, Hend, Ind.  
Previous Marital Status:  Never Married  
Last Marriage Ended By:  Death  Divorce  Annulment  
Color or Race  White  
Usual Occupation El: US Army  
Date of birth verified by:  Birth Cert.

FEMALE APPLICANT  
Name Mary Louise Shipley  
Date of Birth April 8, 1942  
Place of Birth Indianapolis, Ind.  
Residence Address R 2 Bx 440, Indpls, Hend, Ind.  
Maiden Name if Different  
Previous Marital Status:  Never Married  
Last Marriage Ended By:  Death  Divorce  Annulment  
Color or Race  White  
Usual Occupation Nurse: Methodist  
Date of birth verified by:  Birth Cert.

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

(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: Carol Wayne Keppel  
Residence of father (if deceased so state) PR 12, Ind.  
Occupation of father Supervisor Race of father white  
Birthplace of father (State or foreign country) Shelbyville, Ind.
- 12. Full maiden name of mother: Beatrice Mary Ottman  
Residence of mother (if deceased so state) PR 12, Ind.  
Occupation of mother Office: AFNB 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 Keith W. Keppel  
New Address Ft Belvoir Va  
Subscribed and sworn to before me this 29th day of October, 1966  
Clerk Jane Jankoff HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of this applicant hereby give consent 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 \_\_\_\_\_

- 1. Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No  Yes   
Of Unsound Mind? No  Yes
- 2. Are you under guardianship as a person of unsound mind? No  Yes
- 3. Are you afflicted with a transmissible disease? No  Yes
- 4. Are you related to the groom closer than second cousin? No  Yes
- 5. Are you now under the influence of intoxicating liquor? No  Yes
- 6. Are you now under the influence of a narcotic drug? No  Yes
- 7. Full name of father: Marshall Eugene Shipley  
Residence of father (if deceased so state) Indpls RR, Ind.  
Occupation of father Goldie Popeable Race of father white  
Birthplace of father (State or foreign country) Gas City, Ind.
- 8. Full maiden name of mother: Mary Elizabeth Jones  
Residence of mother (if deceased so state) Indpls RR, Ind.  
Occupation of mother H/W Race of mother white  
Birthplace of mother (State or foreign country) Gas City, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of HENDRICKS  
Signed Mary Louise Shipley  
New Address 1929 N. Senate Apt 32 Indpls  
Subscribed and sworn to before me this 29th day of October, 1966  
Clerk Jane Jankoff HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of this applicant hereby give consent 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 2nd day of November, 1966, authorizing the joining together as husband and wife of Keith W. Keppel and Mary Louise Shipley.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Seal O'Neil Younce hereby certify that on the 27th day of November, one thousand nine hundred and 66 at Evon, County of Hendricks State of Indiana, Groom Keith W. Keppel of Hendricks County, State of Indiana and, Bride Mary Louise Shipley 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, 1966.

Signed Seal O. Younce  
Official Designation Minister  
Filed and recorded in accordance with the laws of the State of Indiana this 3 day of Dec., 1966.  
Signed Jane Jankoff Clerk  
Hendricks Circuit Court

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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 937  
File Bk. 29  
Oct. 31, 1966  
Date of Application

MALE  
Medical Examination Report Dated Oct. 26, 1966  
Name of Physician Dr. M. D. Scamahorn

FEMALE  
Medical Examination Report Dated Oct. 26, 1966  
Name of Physician Dr. M. D. Scamahorn

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

MALE APPLICANT  
Name Robert Earl Weddle  
Date of Birth Jan. 12, 1899  
Place of Birth Hillsville, Virginia  
Residence Address RR#2 Brownsburg, Ind.  
Usual Occupation Farmer  
Date of birth verified by:  Birth Cert.  Judicial Decree  
 Other (Specify) Drivers Lic.

FEMALE APPLICANT  
Name Laura J. Carroll  
Date of Birth Jan. 4, 1913  
Place of Birth Wolfe Co., Ky.  
Residence Address 2009 N. Gerrard, Indpls, Marion, Ind.  
Maiden Name if Different Sane  
Usual Occupation Porkey Lane Grocery  
Date of birth verified by:  Birth Cert.  Judicial Decree  
 Other (Specify) Family Bbb Record

1. Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile?  No  Yes  
Of Unsound Mind?  No  Yes  
2. Are you under guardianship as a person of unsound mind?  No  Yes  
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons?  No  Yes  
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

1. Are you now or have you been adjudged, diagnosed or considered as:  
An 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 Jackson Carroll  
Residence of father (if deceased so state): deceased  
Occupation of father: Farmer Race of father: W  
Birthplace of father (State or foreign country): Ky. (Wolfe Co.)

11. Full name of father: James P. Weddle  
Residence of father (if deceased so state): deceased  
Occupation of father: Farmer Race of father: W.  
Birthplace of father (State or foreign country): Va.

8. Full maiden name of mother: Sarah Alice Wyatt  
Residence of mother (if deceased so state): deceased  
Occupation of mother: Housewife Race of mother: W  
Birthplace of mother (State or foreign country): Ky (Wolfe Co.)

State of Indiana, } ss: I depose and state the information given in this application is true and correct.  
County of HENDRICKS  
Signed: Earl Weddle  
New Address: same  
Subscribed and sworn to before me this 31st day of Oct., 1966  
John Sambold, Jr. 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: Laura J. Carroll  
New Address: (2009 N. Gerrard Dr.)  
Subscribed and sworn to before me this 31 day of Oct., 1966  
John Sambold, 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.

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE  
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 4th day of November, 1966, authorizing the joining together as husband and wife of Robert Earl Weddle and Laura J. Carroll  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Eldon J. Cox, hereby certify that on the 4th day of November, 1966, at Brownsburg, County of Hendricks, State of Indiana, Groom Earl Weddle of Hendricks County, State of Indiana and, Bride Laura J. Carroll 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 4th day of November, 1966.  
Signed: Eldon J. Cox  
Official Designation: Minister  
17 day of Nov., 1966.  
Signed: John Sambold, Jr. Clerk  
Hendricks Circuit Court

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ Court by written order issued \_\_\_\_\_ and filed 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 4th day of November, 1966, authorizing the joining together as husband and wife of Robert Earl Weddle and Laura J. Carroll  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Eldon J. Cox, hereby certify that on the 4th day of November, 1966, at Brownsburg, County of Hendricks, State of Indiana, Groom Earl Weddle of Hendricks County, State of Indiana and, Bride Laura J. Carroll 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 4th day of November, 1966.  
Signed: Eldon J. Cox  
Official Designation: Minister  
17 day of Nov., 1966.  
Signed: John Sambold, 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. 338  
File Book 29  
Date of Application 31 October 1966

MALE  
Medical Examination Report Dated 19 October 1966  
Name of Physician Eli E. Coats MD

FEMALE  
Medical Examination Report Dated 19 October 1966  
Name of Physician Eli E. Coats 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 Malcolm K. Smith  
Date of Birth November 9 1944  
Place of Birth Muncie, Indiana  
Residence Address Rt. 1, Box 60E, 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 Elect. Tech. RCA  
Date of birth verified by:  Birth Cert.  Judicial Decree  Other (Specify) Divorce 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

(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 Gerald Alton Smith  
Residence of father (if deceased so state) Muncie, Ind.  
Occupation of father Steelworks, Ind. Steelworks Race of father white  
Birthplace of father (State or foreign country) Say Co., Ind.

12. Full maiden name of mother Blanche Anna Sebcock  
Residence of mother (if deceased so state) Muncie, Ind.  
Occupation of mother H.W. Race of mother white  
Birthplace of mother (State or foreign country) Madison Co., Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
Signed Malcolm K. Smith  
New Address Rt. 1, Box 60E, Danville, Ind.  
Subscribed and sworn to before me this 31st day of October, 1966  
Clerk Jahn Dampald 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 Karen E. Beare  
Date of Birth September 26 1947  
Place of Birth Scottsby, Ind.  
Residence Address 960 Locke St., 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 Student Nurse: General  
Date of birth verified by:  Birth Cert.  Judicial Decree  Other (Specify) Divorce 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 Robert Calvin Beare  
Residence of father (if deceased so state) R3 Scottsby, Ind.  
Occupation of father Farmer: dairy Race of father white  
Birthplace of father (State or foreign country) Bethlehem, Ind.

8. Full maiden name of mother Mildred Gertrude Daugherty  
Residence of mother (if deceased so state) R1 Deputy, Ind.  
Occupation of mother Clk: shoe Race of mother white  
Birthplace of mother (State or foreign country) Cincinnati, Ohio

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
Signed Karen E. Beare  
New Address Same  
Subscribed and sworn to before me this 31st day of October, 1966  
Clerk Jahn Dampald 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 4th day of November, 1966, authorizing the joining together as husband and wife of Malcolm K. Smith and Karen E. Beare.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Rev. Carl E. Farris, hereby certify that on the 12th day of November, one thousand nine hundred and 66, at Blodau Methodist Church, County of Scott State of Indiana, Groom Malcolm K. Smith and, Bride Karen E. Beare 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 November, 1966.

Signed Rev. Carl E. Farris  
Official Designation Minister  
Signed Jahn Dampald Jr Clerk  
Date 3 day of Dec., 1966  
Hendricks Circuit Court

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



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

No. 339  
File Book 29  
1 November 1966  
Date of Application

HENDRICKS County

MALE  
Medical Examination Report Dated 1 November 1966  
Name of Physician H. Shester MD.

FEMALE  
Medical Examination Report Dated 1 November 1966  
Name of Physician H. Shester 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 Charles L. Hawk  
Date of Birth December 18 1907  
Place of Birth Hindsboro, Ill.  
Residence Address 312 W. High St., Danville, Ind.  
Previous Marital Status: Never Married  Number of Previous Marriages 4  
Last Marriage Ended By: Death  Divorce  Annulment   
Color or Race White  Negro  Other  (specify) 26 Austin, Tex.

Usual Occupation Drives license  
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

(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 Ollie Arthur Hawk  
Residence of father (if deceased so state) Deceased  
Occupation of father Deceased Race of father white  
Birthplace of father (State or foreign country) Douglas Co. Ill.  
12. Full maiden name of mother Hera Hanna Duke  
Residence of mother (if deceased so state) Indpls, Ind.  
Occupation of mother Retired Race of mother white  
Birthplace of mother (State or foreign country) Decatur, Ill.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of HENDRICKS  
Signed Charles L Hawk  
New Address 5250 E. Main, Indpls  
Subscribed and sworn to before me this 18th day of November, 1966  
John G. Galloway Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of this applicant hereby give consent 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 Ruth Adams  
Date of Birth February 10 1920  
Place of Birth Manchester, Tenn.  
Residence Address 5250 E Main, Indpls, Marion, Ind.  
Maiden Name if Different Ruth Simmons  
Previous Marital Status: Never Married  Number of Previous Marriages 2  
Last Marriage Ended By: Death  Divorce  Annulment   
Color or Race White  Negro  Other  (specify) 52 Hamilton, Tenn

Usual Occupation \_\_\_\_\_  
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   
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 Jackson Simmons  
Residence of father (if deceased so state) Deceased  
Occupation of father \_\_\_\_\_ Race of father white  
Birthplace of father (State or foreign country) Manchester, Tenn.  
8. Full maiden name of mother Mamie J. Pratt  
Residence of mother (if deceased so state) Deceased  
Occupation of mother \_\_\_\_\_ Race of mother white  
Birthplace of mother (State or foreign country) Shelbyville, Tenn

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of HENDRICKS  
Signed Ruth Adams  
New Address Same  
Subscribed and sworn to before me this 18th day of November, 1966  
John G. Galloway Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of this applicant hereby give consent 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 5th day of November, 1966, authorizing the joining together as husband and wife of Charles L. Hawk and Ruth Adams  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Frank E. Wynn hereby certify that on the 5th day of Nov, one thousand nine hundred and sixty six at Danville County of Hendricks, State of Indiana, Groom Charles L. Hawk of \_\_\_\_\_ County, State of \_\_\_\_\_ and, Bride Ruth Adams 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 5th day of Nov, 1966.  
Signed Frank E. Wynn  
Official Designation Justice of Peace  
25 day of October, 1968  
Signed John Galloway Sr 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. 340  
File Book 29  
Date of Application 9 November 1966

MALE  
Medical Examination Report Dated 9 November 1966  
Name of Physician V. H. Muller M.D.

FEMALE  
Medical Examination Report Dated 9 November 1966  
Name of Physician V. H. Muller 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 E. Shipp  
Date of Birth December 1, 1934  
Place of Birth Sullivan Co, Indiana  
Residence Address R1 Plainfield, Hendricks, Ind.  
Previous Marital Status: Never Married  
Last Marriage Ended By: Death  Divorce  Annulment   
Color or Race White  Negro  Other  (specify)  
Usual Occupation Mechanic: Steamers Trucking  
Date of birth verified by:  Birth Cert.  Judicial Decree  
 Other (Specify) Drivers 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  
Penny Jo 9 Mother Indps (unk)  
Larry Jay 7  
Douglas Kent 5

11. Full name of father Paul Berene Shipp  
Residence of father (if deceased so state) Carlisle, Ind.  
Occupation of father Farmer Race of father white  
Birthplace of father (State or foreign country) Sullivan Co, Ind.  
12. Full maiden name of mother Bonnie Mande Schvant  
Residence of mother (if deceased so state) Carlisle, Ind.  
Occupation of mother H/W Race of mother white  
Birthplace of mother (State or foreign country) Sullivan Co, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
Signed James E. Shipp  
New Address R1 Plainfield, Ind.  
Subscribed and sworn to before me this 9th day of November, 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:  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
Clerk \_\_\_\_\_

FEMALE APPLICANT  
Name Lassie S. Gilliam  
Date of Birth January 18, 1928  
Place of Birth Allen Co, Ky  
Residence Address R1 Plainfield, Hendricks, Ind.  
Maiden Name if Different Lassie S. Mann  
Previous Marital Status: Never Married  
Last Marriage Ended By: Death  Divorce  Annulment   
Color or Race White  Negro  Other  (specify)  
Usual Occupation Companion Opr: RCA  
Date of birth verified by:  Birth Cert.  Judicial Decree  
 Other (Specify) Drivers 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 Isiah Samuel Mann  
Residence of father (if deceased so state) Indianapolis, Ind.  
Occupation of father Retired Race of father white  
Birthplace of father (State or foreign country) Allen Co, Ky.

8. Full maiden name of mother Sarah Myrtle Poe  
Residence of mother (if deceased so state) Indps, Ind.  
Occupation of mother H/W Race of mother white  
Birthplace of mother (State or foreign country) Montgomery Co, Tenn.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
Signed Lassie S. Gilliam  
New Address Same  
Subscribed and sworn to before me this 9th day of November, 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:  
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 November, 1966, authorizing the joining together as husband and wife of James E. Shipp and Lassie S. Gilliam.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, H. C. Burnett, hereby certify that on the 12th day of November, one thousand nine hundred and 66, at Carmel, Hamilton County, State of Indiana, Groom James E. Shipp and, Bride Lassie S. Gilliam of Hendricks County, State of Ind. were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.  
Dated this 12th day of Nov., 1966.

Signed H. C. Burnett  
Official Designation Justice of Peace  
Subscribed and sworn to before me this 17th day of Nov., 1966  
Signed John Samuel Clerk  
Hendricks Circuit Court

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



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

No. 341  
File Book 29  
5 November 1966  
Date of Application

HENDRICKS County

MALE  
Medical Examination Report Dated 28 October 1966  
Name of Physician Seald L. Andrew MD

FEMALE  
Medical Examination Report Dated 28 October 1966  
Name of Physician Seald L. Andrew 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 Ronald L. Walker  
Date of Birth February 1948  
Place of Birth Knightsville, Ind.  
Residence Address R2 Ex 612 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 Stock man - Sears Ft Wayne  
Date of birth verified by:  Birth Cert.  Judicial Decree

FEMALE APPLICANT

Name Jacquelyn M. Simpson  
Date of Birth May 1948  
Place of Birth Fort Wayne, Indiana  
Residence Address 1412 Colerick St, Ft Wayne, Allen, 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 Counter Girl - Dry Cleaners  
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?  No  Yes   
(If yes, answer questions a, b, 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 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 Ellis Simpson  
Residence of father (if deceased so state): Ft Wayne, Ind.  
Occupation of father: Electrician self Race of father: white  
Birthplace of father (State or foreign country): Garret, Ind.

(a) List their full names, ages and addresses  
Name Age Address  
Alfred Eale Walker  
R2 Indpls, Ind.  
Assembly: Alban Race of father: white  
Brazil, Ind.  
Grace Della Blair  
R2 Indpls, Ind.  
Sch Cafe: Ave. Race of mother: white  
Brazil, Ind.

8. Full maiden name of mother: Cleo Marie Ackers  
Residence of mother (if deceased so state): Ft. Wayne, Ind.  
Occupation of mother: H/w Race of mother: white  
Birthplace of mother (State or foreign country): Virginia

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of HENDRICKS  
Signed: Ronald L. Walker  
New Address: Ft Wayne, Ind. (TS)  
Subscribed and sworn to before me this 5th day of November, 1966  
Clerk: John Samdell HENDRICKS Circuit Court

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of HENDRICKS  
Signed: Jacquelyn M. Simpson  
New Address: Same  
Subscribed and sworn to before me this 5th day of November, 1966  
Clerk: John Samdell HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of this applicant hereby give consent 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: Alfred E Walker Father  
Signed: Grace D Blair Mother  
Subscribed and sworn to before me this 5th day of November, 1966  
Clerk: John Samdell

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of this applicant hereby give consent 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 \_\_\_\_\_ 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 16th day of November, 1966, authorizing the joining together as husband and wife of Ronald L. Walker and Jacquelyn M. Simpson.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Rev. John Webb, hereby certify that on the 19th day of November, one thousand nine hundred and 66, at Indianapolis, County of Hendricks, State of Indiana, Groom: Ronald L. Walker of Hendricks County, State of Indiana, and, Bride: Jacquelyn M. Simpson of Allen County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.  
Dated this 16th day of November, 1966.  
Signed: Rev. John Webb  
Official Designation: Pastor  
26 day of Nov, 1966  
Signed: John Samdell 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. 342  
File Book 29  
Date of Application 5 November 1966

MALE  
Medical Examination Report Dated 4 November 1966  
Name of Physician F.P. Warbinta M.D.

FEMALE  
Medical Examination Report Dated 29 October 1966  
Name of Physician John Elliot 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 William M. Taylor  
Date of Birth February 18 1947  
Place of Birth Greencastle Ind.  
Residence Address Box 32 Armo 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 PFC. U.S. Army  
Date of birth verified by:  Birth Cert.  Judicial Decree  
 Other (Specify) Army 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) No  Yes   
(a) List their full names, ages and addresses

(b) Are you supporting or contributing to their support? Yes  No   
(c) Are you complying with any court order or orders issued for their support? Yes  No   
11. Full name of father William Forest Taylor  
Residence of father (if deceased so state) Armo Ind.  
Occupation of father Const Corps Sgt Race of father White  
Birthplace of father (State or foreign country) Putnam Co, Ind.  
12. Full maiden name of mother Mildred Bernice Frye  
Residence of mother (if deceased so state) Armo, Ind.  
Occupation of mother H/W Race of mother White  
Birthplace of mother (State or foreign country) Howard Co, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_  
Signed William M. Taylor  
New Address Armo Munch, Germany  
Subscribed and sworn to before me this 5th day of November, 1966  
John F. Deal Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of this applicant hereby give consent 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 F. Taylor Father  
Signed Mildred Bernice Frye Mother  
Subscribed and sworn to before me this 5th day of November, 1966  
John F. Deal Clerk

FEMALE APPLICANT  
Name Susan Dee Heavin  
Date of Birth April 7 1947  
Place of Birth Methodist Hosp, Indpls, Ind.  
Residence Address R2 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 Inspector IBM  
Date of birth verified by:  Birth Cert.  Judicial Decree  
 Other (Specify) Driver Permit  
1. Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No  Yes   
Of Unsound Mind? No  Yes   
2. Are you under guardianship as a person of unsound mind? No  Yes   
3. Are you 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 Milus Dale Heavin  
Residence of father (if deceased so state) Coatesville, Ind.  
Occupation of father Farmer - self Race of father White  
Birthplace of father (State or foreign country) Putnam Co, Ind.

8. Full maiden name of mother Doris Elizabeth Spillman  
Residence of mother (if deceased so state) Coatesville Ind  
Occupation of mother H/W 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 Susan Dee Heavin  
New Address Coatesville Ind.  
Subscribed and sworn to before me this 5th day of November, 1966  
John F. Deal Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of this applicant hereby give consent 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 9th day of November, 1966, authorizing the joining together as husband and wife of William M. Taylor and Susan Dee Heavin.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, John F. Deal hereby certify that on the 12th day of November, one thousand nine hundred and 66 at Coatesville, County of Hendricks State of Indiana, Groom William M. Taylor and, Bride Susan Dee Heavin 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, 1966.

Signed John F. Deal  
Official Designation Minister  
Filed and recorded in accordance with the laws of the State of Indiana this 17 day of Nov, 1966  
Signed John F. Deal Jr Clerk  
Hendricks Circuit Court

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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

No. 343  
File Book 29  
28 October 1966  
Date of Application

HENDRICKS County

MALE  
Medical Examination Report Dated 28 October 1966  
Name of Physician A.N. Scudder M.D.

FEMALE  
Medical Examination Report Dated 28 October 1966  
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 James A. Adams, Jr.  
Date of Birth July 31 1940  
Place of Birth Indianapolis, Ind.  
Residence Address 31 E. Lincoln, Brownsburg, Hen, Ind.  
Previous Marital Status: Never Married  Number of Previous Marriages 1  
Last Marriage Ended By: Death  Divorce  Annulment  66 Hen.  
Color or Race White  Negro  Other  (specify) \_\_\_\_\_  
Usual Occupation Construction S.D. Cameron, Pitt  
Date of birth verified by:  Birth Cert.  Judicial Decree  
 Other (Specify) Driver's Lic.

FEMALE APPLICANT  
Name Beverly K. Perry  
Date of Birth November 12 1944  
Place of Birth Marta emery Co., Indiana  
Residence Address 56th St. Brownsburg, Hen, Indiana  
Maiden Name if Different \_\_\_\_\_  
Previous Marital Status: Never Married  Number of Previous Marriages \_\_\_\_\_  
Last Marriage Ended By: Death  Divorce  Annulment  \_\_\_\_\_  
Color or Race White  Negro  Other  (specify) \_\_\_\_\_  
Usual Occupation Waitress: Coral Inn  
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 now or have you been within five (5) years an inmate of a county 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

(a) List their full names, ages and addresses  
Name Age Address  
Teresa Nadine 6 10109 V. College, Ind.  
James Brian 9 " " " "

(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 Arthur Adams, Jr.  
Residence of father (if deceased so state) 31 Hicksville, Ind.  
Occupation of father Auto Dr. Ind. Ver. Glycer Race of father white  
Birthplace of father (State or foreign country) Grant Co., Ind.

12. Full maiden name of mother Glendora Murial Smith  
Residence of mother (if deceased so state) H/W Hicksville, Ind.  
Occupation of mother H/W Race of mother white  
Birthplace of mother (State or foreign country) Upland, Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_  
Signed James A. Adams, Jr.  
New Address 31 E. Lincoln St., Brownsburg  
Subscribed and sworn to before me this 9th day of November, 1966  
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 \_\_\_\_\_

- 1. Are you now or have you been adjudged, diagnosed or considered as:  
An 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 Kenneth Earl Perry  
Residence of father (if deceased so state) B'burg, Ind.  
Occupation of father Farmer Race of father white  
Birthplace of father (State or foreign country) Remney, Ind.
- 8. Full maiden name of mother Hazel Louise MS Gaughey  
Residence of mother (if deceased so state) B'burg, Ind.  
Occupation of mother owner Coral Inn 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 Beverly K. Perry  
New Address Sax  
Subscribed and sworn to before me this 9th day of November, 1966  
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 Hendricks County Circuit Court by written order issued 9 November 1966 and filed in Clerks office authorizes and directs the issuance of a marriage license to the above named parties. 3da 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 9th day of November, 1966, authorizing the joining together as husband and wife of James A. Adams Jr. and Beverly K. Perry  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Charles R. Davis Jr. hereby certify that on the 12 day of November, one thousand nine hundred and 66 at Russellville, County of Putnam, State of Indiana, Groom James A. Adams Jr. of Hendricks County, State of Indiana and, Bride Beverly K. Perry 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 November, 1966. Signed Charles R. Davis Jr.  
Official Designation Minister  
17 day of Nov, 1966.  
Signed John Gambrell Jr. Clerk  
Hendricks Circuit Court

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



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

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

No. 344  
File Book 29  
Date of Application 9 November 1966

HENDRICKS County

MALE  
Medical Examination Report Dated 7 November 1966  
Name of Physician Chas W. Link Jr. MD

FEMALE  
Medical Examination Report Dated 7 November 1966  
Name of Physician Chas W. Link 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 Barry L. Cole  
Date of Birth March 8, 1942  
Place of Birth Cleveland, Ohio  
Residence Address R2 Bx352, Plainfield, Ind.  
Previous Marital Status: Never Married  Number of Previous Marriages 2  
Last Marriage Ended By: 6-23 Orange Co. Calif. etc  
Color or Race White  
Usual Occupation Sales: Self.  
Date of birth verified by:  Birth Cert.  Judicial Decree

FEMALE APPLICANT  
Name Velma C. Ellis  
Date of Birth June 12, 1949  
Place of Birth Juscola, Ill.  
Residence Address 51 Crestview Dr, Greenwood, Johnson, Ind.  
Maiden Name if Different Velma C. Enriquez  
Previous Marital Status: Never Married  Number of Previous Marriages 1  
Last Marriage Ended By: Oct 66 Maricopa  
Color or Race White  
Usual Occupation Housewife  
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? No  Yes

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

(a) List their full names, ages and addresses  
#1 Rocky Lamont 5 San Bernardino, Calif  
#2 Stacy LeAnne 1 1/2 Millerton, ..

7. Full name of father Bernard Frank Enriquez  
Residence of father (if deceased so state) Chicago, Ill.  
Occupation of father unknown Race of father white  
Birthplace of father (State or foreign country) Fresno, Calif.  
8. Full maiden name of mother Velma Corinne Tolin Wheeler  
Residence of mother (if deceased so state) Greenwood, Ind.  
Occupation of mother H/W. Race of mother white  
Birthplace of mother (State or foreign country) Arcola, 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 Herbert Wesley Cole  
Residence of father (if deceased so state) Waterloo, Iowa  
Occupation of father Sales Race of father white  
Birthplace of father (State or foreign country) Whittington, Ill.  
12. Full maiden name of mother Mary Genevieve Dugbar  
Residence of mother (if deceased so state) Plainfield, Ind.  
Occupation of mother Mrs. Manpower Inc Race of mother white  
Birthplace of mother (State or foreign country) Carrie Mills, Ill.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of HENDRICKS  
Signed Velma C. Ellis  
New Address Same  
Subscribed and sworn to before me this 9th day of November, 1966  
John Samuel Clerk HENDRICKS Circuit Court

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of HENDRICKS  
Signed Barry L. Cole  
New Address R2 Bx 352 Plainfield, Ind.  
Subscribed and sworn to before me this 9th day of November, 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.

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of this applicant hereby give consent 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

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 12th day of November, 1966, authorizing the joining together as husband and wife of Barry L. Cole and Velma C. Ellis  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Ruth A. Harper hereby certify that on the 13 day of November, one thousand nine hundred and 66 at Greenfield, County of Harrocks, State of Indiana, Groom Barry L. Cole of Harrocks County, State of Indiana and, Bride Velma C. Ellis 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 13 day of November, 1966.

Filed and recorded in accordance with the laws of the State of Indiana this 17 day of Nov, 1966.  
Signed Ruth A. Harper Official Designation Justice of the Peace  
Signed John Samuel Clerk Hendricks Circuit Court

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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 345  
File Book K 29  
Date of Application 12 November 1966

MALE  
Medical Examination Report Dated 9 November 1966  
Name of Physician M.D. Scamahan M.D.

FEMALE  
Medical Examination Report Dated 9 November 1966  
Name of Physician M.D. Scamahan 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 Lee Everett  
Date of Birth December 7, 1947  
Place of Birth Indianapolis, Ind.  
Residence Address 102 N. Green St., 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 Station Attendant, Marathon  
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
William Francis Everett		Decatur, Ill.
Irene Coshaw		Decatur, 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 William Francis Everett  
Residence of father (if deceased so state) Decatur, Ill.  
Occupation of father Foreman, Foundry Race of father white  
Birthplace of father (State or foreign country) Indpls, Ind.  
12. Full maiden name of mother Irene Coshaw  
Residence of mother (if deceased so state) Decatur, Ill.  
Occupation of mother H/W Race of mother white  
Birthplace of mother (State or foreign country) Sanestown, Ind.

State of Indiana, } ss: I depose and state the information given  
County of HENDRICKS in this application is true and correct.  
Signed Robert Lee Everett  
New Address Pittsburg, Ind.  
Subscribed and sworn to before me this 12th day of November, 1966  
Clerk John Samdell HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of 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 cons dated 5/12/66 attached  
State of Indiana, } ss:  
County of HENDRICKS  
Signed William F. Everett Father  
Signed Irene Coshaw Mother  
Subscribed and sworn to before me this 12th day of November, 1966  
Clerk John Samdell

FEMALE APPLICANT

Name Kathy Sean Gregory  
Date of Birth March 14, 1950  
Place of Birth Manchester, Ky.  
Residence Address 210 N. Jefferson, 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 unemployed  
Date of birth verified by:  Birth Cert.  Judicial Decree  
 Other (Specify) Drivers 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 Sam K. Gregory  
Residence of father (if deceased so state) Brownsburg, Ind.  
Occupation of father Factory: Bryant Healy Race of father white  
Birthplace of father (State or foreign country) Manchester, Ky.
- 8. Full maiden name of mother Hester Root  
Residence of mother (if deceased so state) Brownsburg, Ind.  
Occupation of mother Factory: Amer. Art Clay Race of mother white  
Birthplace of mother (State or foreign country) Lawrence, Ind.

State of Indiana, } ss: I depose and state the information given  
County of HENDRICKS in this application is true and correct.  
Signed Kathy Sean Gregory  
New Address Same  
Subscribed and sworn to before me this 12th day of November, 1966  
Clerk John Samdell HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of 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 cons dated 5/12/66 attached  
State of Indiana, } ss:  
County of HENDRICKS  
Signed \_\_\_\_\_  
Signed \_\_\_\_\_  
Subscribed and sworn to before me this 12th day of November, 1966  
Clerk John Samdell

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties in \_\_\_\_\_ County \_\_\_\_\_ Court by written order issued \_\_\_\_\_ and \_\_\_\_\_ 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 of \_\_\_\_\_ State of Indiana dated the 16th day of November, 1966, authorizing the joining together as husband and wife of Robert Lee Everett and Kathy Sean Gregory.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Clarence J. Brakes hereby certify that on the 22 day of November, one thousand nine hundred and 66 at Clemmont, County of Marion, State of Indiana, Groom Robert Lee Everett of Hendricks County, State of Indiana, and, Bride Kathy Sean Gregory 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 November, 1966.

Signed Clarence J. Brakes  
Official Designation Minister  
Filed and recorded in accordance with the laws of the State of Indiana this 29 day of Nov, 1966.  
Signed John Samdell 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. 345  
File Book 29  
12 November 1966  
Date of Application

MALE  
Medical Examination Report Dated 4 November 1966  
Name of Physician M.O. Scamahan M.D.

FEMALE  
Medical Examination Report Dated 4 November 1966  
Name of Physician M.O. Scamahan 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 Lee Everett  
Date of Birth December 21 1947  
Place of Birth Indianapolis, Ind.

Residence Address 102 N. Green St., 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 Station Attendant, Marathon  
Date of birth verified by:  Birth Cert.  Judicial Decree

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

(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>William Francis Everett</u>		
Residence of father (if deceased so state) <u>Decatur, Ill.</u>		
Occupation of father <u>Foreman, Foundry</u> Race of father <u>white</u>		
Birthplace of father (State or foreign country) <u>Indpls, Ind.</u>		
12. Full maiden name of mother <u>Irene Coshaw</u>		
Residence of mother (if deceased so state) <u>Decatur, Ill.</u>		
Occupation of mother <u>H/W</u> Race of mother <u>white</u>		
Birthplace of mother (State or foreign country) <u>Sanestown, Ind.</u>		

FEMALE APPLICANT

Name Kathy Sean Gregory  
Date of Birth March 19 1950  
Place of Birth Manchester, Ky.

Residence Address 210 N. Jefferson, 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 unemployed  
Date of birth verified by:  Birth Cert.  Judicial Decree

- Other (Specify) Drivers 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 Sam K. Gregory  
Residence of father (if deceased so state) Brownsburg, Ind.  
Occupation of father Factory, Bryant Heaty Race of father white  
Birthplace of father (State or foreign country) Manchester, Ky.

8. Full maiden name of mother Hester Root  
Residence of mother (if deceased so state) Brownsburg, Ind.  
Occupation of mother Factory, Am. Art Clay Race of mother white  
Birthplace of mother (State or foreign country) Lawrence, Ind.

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

Signed Kathy Jean Gregory  
New Address Same  
Subscribed and sworn to before me this 12th day of November, 1966

State of Indiana  
County of \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 1966

CONSENT OF PARENTS  
We, the parents  
signs, state fact

I, Hester Gregory, hereby give my consent for  
my Daughter, Kathy Jean Gregory to  
marry Robert Lee Everett.

FILED

Subscribed and sworn to before me this 12th day of Nov 1966

John Lambold Jr.  
CLERK HENDRICKS COURT SUPERIOR

Fred J. Moore  
Notary Public

My Commission expires May 14, 1969

COMPLETE

in \_\_\_\_\_ County \_\_\_\_\_ Court by written order issued \_\_\_\_\_ and \_\_\_\_\_

RETURN 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 November, 1966, authorizing the joining together as husband and wife of Robert Lee Everett and Kathy Sean Gregory

Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Clarence J. Brakes hereby certify that on the 22 day of November, one thousand nine hundred and 66 at Clermont County of Marian State of Indiana, Groom Robert Lee Everett of Hendricks County, State of Indiana and, Bride Kathy Jean Gregory 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 November, 1966.  
Signed Clarence J. Brakes  
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 29 day of Nov, 1966.  
Signed John Lambold 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. 346  
File Book 29  
12 November 1966  
Date of Application

MALE  
Medical Examination Report Dated 9 November 1966  
Name of Physician Lloyd Terry M.D.

FEMALE  
Medical Examination Report Dated 9 November 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, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Marvin G. Smith  
Date of Birth December 2, 1938  
Place of Birth Indianapolis, Ind.  
Residence Address 56 S. Walnut, Danville, Hend, Ind.

Previous Marital Status: Never Married  Number of Previous Marriages 1

Last Marriage Ended By: Death  Divorce  Annulment   
Nov 63

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

Usual Occupation Truck Driver: HCHwy.

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

(a) List their full names, ages and addresses  
Name Age Address  
Brenda L. 7 w/ Father.  
Brian G. 5 - - -

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

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

11. Full name of father Ralph H. Smith  
Residence of father (if deceased so state) Danville, Ind.  
Occupation of father Ball. - Supt. Race of father white  
Birthplace of father (State or foreign country) Hendricks Co., Ind.

12. Full maiden name of mother Noerne Ruth Franklin  
Residence of mother (if deceased so state) Danville, Ind.  
Occupation of mother H/W. 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 \_\_\_\_\_

Signed Marvin G. Smith  
New Address R2, Bx 370, Danville, Ind.

Subscribed and sworn to before me this 12th day of November, 1966  
Clerk John S. [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 Carol D. Mallicoat  
Date of Birth December 9, 1946  
Place of Birth Indianapolis, Ind.  
Residence Address 13 Bx 178, Danville, 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 clerk-typist - bank B&T.

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 Oscar Mallicoat  
Residence of father (if deceased so state) Danville, Ind.  
Occupation of father Farmer. Race of father white  
Birthplace of father (State or foreign country) Tenn.

8. Full maiden name of mother Evelyn Marie Sawyer  
Residence of mother (if deceased so state) Danville, Ind.  
Occupation of mother H/W. Race of mother white  
Birthplace of mother (State or foreign country) Humansville, Mo.

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

Signed Carol D. Mallicoat  
New Address Same.

Subscribed and sworn to before me this 12th day of November, 1966  
Clerk John S. [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 \_\_\_\_\_ 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 16th day of November, 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, George A. Harris

one thousand nine hundred and 66 hereby certify that on the 19th day of November

State of Indiana, Groom Marvin G. Smith at Danville, County of Hendricks

and, Bride Carol D. Mallicoat 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 November, 1966.

Signed Rev. George A. Harris  
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 23 day of November, 1966.

Signed John S. [Signature] 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. 347  
File Book 29  
14 November, 1966  
Date of Application

HENDRICKS County

MALE  
Medical Examination Report Dated 8 November 1966  
Name of Physician R.M. Jacobs M.D.

FEMALE  
Medical Examination Report Dated 8 November 1966  
Name of Physician R.M. Jacobs 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 Dale Welty  
Date of Birth February 10 1947  
Place of Birth Martinville Ind.  
Residence Address Bx 63 Cartersburg, 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 Order Filler, Balkamp.  
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 Dale L. Welty  
Residence of father (if deceased so state) Cartersburg, Ind.  
Occupation of father Driver, Maplehurst. Race of father white  
Birthplace of father (State or foreign country) Pecksburg, Ind. Hendricks

12. Full maiden name of mother Thelma Inogene Wright  
Residence of mother (if deceased so state) Cartersburg, Ind.  
Occupation of mother H/W Race of mother white  
Birthplace of mother (State or foreign country) Kittle Rock, Ill.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_  
Signed Ronald Dale Welty  
New Address Cartersburg, Ind.  
Subscribed and sworn to before me this 14th day of November, 1966  
Clerk John Campbell HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of 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 dated 7 November 1966 attached.

State of Indiana, HENDRICKS } ss:  
County of \_\_\_\_\_  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this 14th day of November, 1966  
Clerk John Campbell

FEMALE APPLICANT

Name Cheryl Darlene Hamilton  
Date of Birth September 11 1948  
Place of Birth Bellefille Ind.  
Residence Address Rt. Bx 96, Clayton, Hend, 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 Donnie Hamilton  
Residence of father (if deceased so state) Bellefille, Ind.  
Occupation of father Grinder, Allison Race of father white  
Birthplace of father (State or foreign country) Bellefille, Ind.

8. Full maiden name of mother Hazel Lucille Perkins  
Residence of mother (if deceased so state) Bellefille, Ind.  
Occupation of mother H/W 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 Cheryl Darlene Hamilton  
New Address Sam  
Subscribed and sworn to before me this 14th day of November, 1966  
Clerk John Campbell HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of this applicant hereby give consent 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 18th day of November, 1966, authorizing the joining together as husband and wife of Ronald Dale Welty and Cheryl Darlene Hamilton  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Paul Saylor hereby certify that on the 26th day of November, one thousand nine hundred and 66 at Cartersburg, County of Hendricks, State of Indiana, Groom Ronald Dale Welty of Hendricks County, State of Indiana, and, Bride Cheryl Darlene Hamilton 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 November, 1966. Signed Paul Saylor  
Official Designation Minister  
Filed and recorded in accordance with the laws of the State of Indiana this 3 day of Dec, 1966.  
Signed John Campbell 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. 348  
File Book 29  
14 November 1966  
Date of Application

MALE  
Medical Examination Report Dated 9 November 1966  
Name of Physician Ralph B. Villon, M.D.

FEMALE  
Medical Examination Report Dated 9 November 1966  
Name of Physician Ralph B. Villon, 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 Willbert C. Smith  
Date of Birth August 30 1899  
Place of Birth Exira, Iowa  
Residence Address 6157 Park Ave, 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).....  
Usual Occupation Retired Engineer  
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

(a) List their full names, ages and addresses  
Name Age Address  
Albert B. Smith  
Residence of father (if deceased so state) Deceased  
Occupation of father Deceased Race of father white  
Birthplace of father (State or foreign country) Johnson Co., Iowa  
Full maiden name of mother Sarah K. Bruhn  
Residence of mother (if deceased so state) Deceased  
Occupation of mother Deceased Race of mother white  
Birthplace of mother (State or foreign country) Johnson Co., Iowa

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of HENDRICKS }  
Signed Willbert C. Smith  
New Address 6157 Park Ave, Indpls, Marion, Ind.  
Subscribed and sworn to before me this 14th day of November, 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 HENDRICKS }  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
Clerk \_\_\_\_\_

FEMALE APPLICANT  
Name Vesta M. Walker  
Date of Birth September 13 1907  
Place of Birth Elkhart, Ind.  
Residence Address 613 Herlan, Plainfield, Hend, Ind.  
Maiden Name if Different Vesta M. Walker  
Previous Marital Status: Never Married  Number of Previous Marriages \_\_\_\_\_  
Last Marriage Ended By: Death  Divorce  Annulment   
Color or Race White  Negro  Other  (specify).....  
Usual Occupation Nurse  
Date of birth verified by:  Birth Cert.  Judicial Decree

- 1. Are you now or have you been adjudged, diagnosed or considered as:  
An 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 Wesley Walker  
Residence of father (if deceased so state) Deceased  
Occupation of father \_\_\_\_\_ Race of father white  
Birthplace of father (State or foreign country) Atwood, Ind.
- 8. Full maiden name of mother Rosa Mae Yazel  
Residence of mother (if deceased so state) Deceased  
Occupation of mother \_\_\_\_\_ Race of mother white  
Birthplace of mother (State or foreign country) Bremen, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of HENDRICKS }  
Signed Vesta M. Walker  
New Address Same  
Subscribed and sworn to before me this 14th day of November, 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 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 18 day of November, 1966, authorizing the joining together as husband and wife of Willbert C. Smith and Vesta M. Walker  
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 66 at Indianapolis, County of Marion, State of Indiana, Groom Willbert C. Smith and, Bride Vesta Mae Walker 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, 1966.

Filed and recorded in accordance with the laws of the State of Indiana this 23 day of Nov, 1966  
Signed Ernest E. Thompson Official Designation Minister  
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. 379  
File Book 29  
15 November 1966  
Date of Application

MALE  
Medical Examination Report Dated 7 November 1966  
Name of Physician Donald D. Cheesman MD.

FEMALE  
Medical Examination Report Dated 7 November 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, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Charles E. Burnsworth  
Date of Birth March 3, 1931  
Place of Birth Randolph Co., Ind.  
Residence Address North Salem, Hendricks, Ind.  
Previous Marital Status: Never Married  
Last Marriage Ended By: Divorce  
Color or Race: White  
Usual Occupation: Driver: Brady Motor Fr.

FEMALE APPLICANT

Name Helen M. Smith  
Date of Birth August 9, 1918  
Place of Birth North Salem, Ind.  
Residence Address Bx 145 North Salem, Hendricks, Ind.  
Maiden Name if Different: Helen M. Smith  
Previous Marital Status: Never Married  
Last Marriage Ended By: Divorce  
Color or Race: White  
Usual Occupation: Adm. clark: ASC.

- 1. Are you now or have you been adjudged, diagnosed or considered as an imbecile? No [checked] Yes [ ]
- 2. Are you under guardianship as a person of unsound mind? No [checked] 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 [checked] Yes [ ]
- 4. Are you afflicted with a transmissible disease? No [checked] Yes [ ]
- 5. Are you related to the bride closer than second cousin? No [checked] Yes [ ]
- 6. Are you now under the influence of intoxicating liquor? No [checked] Yes [ ]
- 7. Are you now under the influence of a narcotic drug? No [checked] Yes [ ]
- 8. Are you able to support a family? Yes [checked] No [ ]
- 9. Are you likely to so continue? Yes [checked] No [ ]
- 10. Do you have minor children from one or more former marriages? No [checked] Yes [ ]

- 1. Are you now or have you been adjudged, diagnosed or considered as an imbecile? No [checked] Yes [ ]
- 2. Are you under guardianship as a person of unsound mind? No [checked] Yes [ ]
- 3. Are you afflicted with a transmissible disease? No [checked] Yes [ ]
- 4. Are you related to the groom closer than second cousin? No [checked] Yes [ ]
- 5. Are you now under the influence of intoxicating liquor? No [checked] Yes [ ]
- 6. Are you now under the influence of a narcotic drug? No [checked] Yes [ ]
- 7. Full name of father: Kenneth Samuel Smith

(a) List their full names, ages and addresses  
Name Age Address  
Lorraine Sue 12 Pittsburgh, Pa

Residence of father (if deceased so state): North Salem, Ind.  
Occupation of father: Retired  
Race of father: white  
Birthplace of father (State or foreign country): Hendricks, Ind.  
Full maiden name of mother: Edith Marie Jarampat  
Residence of mother (if deceased so state): Deceased  
Occupation of mother:   
Race of mother: white  
Birthplace of mother (State or foreign country): Hendricks, Ind.

(b) Are you supporting or contributing to their support? Yes [checked] No [ ]  
(c) Are you complying with any court order or orders issued for their support? Yes [checked] No [ ]  
11. Full name of father: John Charles Burnsworth  
Residence of father (if deceased so state): Deceased  
Occupation of father:   
Race of father: white  
Birthplace of father (State or foreign country): Randolph Co., Ind.  
12. Full maiden name of mother: Wava Mae Guthrie  
Residence of mother (if deceased so state): Deceased  
Occupation of mother:   
Race of mother: white  
Birthplace of mother (State or foreign country): Randolph 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: Helen M. Smith  
New Address: Same  
Subscribed and sworn to before me this 15th day of November, 1966  
John Gambrell Clerk HENDRICKS Circuit Court

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. Burnsworth  
New Address: Bx 145 North Salem, Ind.  
Subscribed and sworn to before me this 15th day of November, 1966  
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.

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of this applicant hereby give consent 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 19th day of November, 1966, authorizing the joining together as husband and wife of Charles E. Burnsworth and Helen M. Smith.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Roger C. Ziegler hereby certify that on the 20th day of November, 1966, at North Salem, Hendricks County, State of Indiana, Groom Charles E. Burnsworth of Hendricks County, State of Indiana, and, Bride Helen M. Smith of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.  
Dated this 20 day of November, 1966.  
Signed: Roger C. Ziegler Minister  
Official Designation: 23 day of Nov. 1966  
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

No. 350  
File Book 29  
17 November 1966  
Date of Application

HENDRICKS County

**MALE**  
Medical Examination Report Dated John P. Calhoun MD.  
Name of Physician 9 November 1966

**FEMALE**  
Medical Examination Report Dated John P. Calhoun MD.  
Name of Physician 2 November 1966

ALL QUESTIONS 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 Verlie D Roberts  
Date of Birth July 13 1923  
Place of Birth Mattoon, Ill.  
Residence Address 28 Bx 415 Indpls, Hend, Ind.  
Previous Marital Status: Never Married  Number of Previous Marriages 1  
Last Marriage Ended By: 66 Any Hand Remarriage  
Color or Race White  
Usual Occupation Car Inspector: N.Y.C.  
Date of birth verified by:  Birth Cert.  Judicial Decree  
 Other (Specify) Drives Lic.

**FEMALE APPLICANT**  
Name Elizabeth Ann Roberts  
Date of Birth May 23 1925  
Place of Birth Mattoon, Ill.  
Residence Address 707 Gibbs St, Plainfield, Hend, Ind.  
Maiden Name if Different Elizabeth Ann Newman  
Previous Marital Status: Never Married  Number of Previous Marriages 1  
Last Marriage Ended By: 66 Any Hand Remarriage  
Color or Race White  
Usual Occupation Secy. Kitlager  
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   
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  
Gary Wm. 19 707 Gibbs St, P.A.D.  
Carol Ann 19 .. ..  
Timothy Joseph 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 Verlie Donald Roberts Sr.  
Residence of father (if deceased so state) Deceased  
Occupation of father Deceased Race of father White  
Birthplace of father (State or foreign country) Coles Co., Ill.

12. Full maiden name of mother Reecie Irene Wainwright  
Residence of mother (if deceased so state) Deceased  
Occupation of mother Deceased Race of mother White  
Birthplace of mother (State or foreign country) Coles 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 Verlie D Roberts  
New Address 707 Gibbs St, P.A.D.  
Subscribed and sworn to before me this 17th day of November, 1966  
John Hancock Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**  
We, the parents, of this applicant hereby give consent 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 \_\_\_\_\_

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

8. Full maiden name of mother Blanche Elizabeth Baker  
Residence of mother (if deceased so state) Mattoon, Ill.  
Occupation of mother H/W Race of mother White  
Birthplace of mother (State or foreign country) Mattoon, Ill.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of HENDRICKS  
Signed Elizabeth Ann Roberts  
New Address Same  
Subscribed and sworn to before me this 17th day of November, 1966  
John Hancock Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**  
We, the parents, of this applicant hereby give consent 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 \_\_\_\_\_

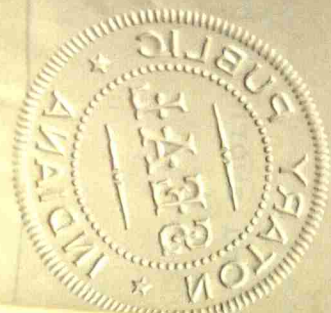
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

**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 21st day of November, 1966, authorizing the joining together as husband and wife of Verlie D. Roberts and Elizabeth Ann Roberts.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, James L. Ray, hereby certify that on the 25th day of November, one thousand nine hundred and 66, at Mooresville, County of Morgan, State of Indiana, Groom Verlie D. Roberts of Hendricks County, State of Indiana and, Bride Elizabeth Ann Roberts 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, 1966.

Signed James L. Ray  
Official Designation Minister  
Filed and recorded in accordance with the laws of the State of Indiana this 3 day of Dec., 1966.  
Signed John Hancock Jr Clerk Hendricks Circuit Court

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HENDRICKS County

No. 351  
File Book 29  
18 November 1966  
Date of Application

MALE  
Medical Examination Report Dated 16 November 1966  
Name of Physician A.N. Scudder M.D.

FEMALE  
Medical Examination Report Dated 16 November 1966  
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 Virgil William Neal  
Date of Birth 27 1947  
Place of Birth Indianapolis Ind.  
Residence Address 11 Bx 57 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 Steel Worker: Link Belt

FEMALE APPLICANT

Name Carolyn Irene Everett  
Date of Birth 19 1947  
Place of Birth Indianapolis Ind.  
Residence Address 153 22 Rosebush Ave. B. Bay, New 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 Student Nurse: Methodist

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

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

(a) List their full names, ages and addresses

7. Full name of father: Robert Dale Everett  
Residence of father (if deceased so state) Rebanon, Ind.  
Occupation of father: Dr. Robert M. M. M. Race of father white  
Birthplace of father (State or foreign country) Indpls, 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

8. Full maiden name of mother: Constance May Mathews  
Residence of mother (if deceased so state) Brownsburg, Ind.  
Occupation of mother: Secy. St. Mat. Race of mother white  
Birthplace of mother (State or foreign country) Indpls, Ind.

11. Full name of father: Harold William Neal  
Residence of father (if deceased so state) Danville, Ind.  
Occupation of father: Steel Worker: Link Belt Race of father white  
Birthplace of father (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

12. Full maiden name of mother: Helen Inogene Williams  
Residence of mother (if deceased so state) Danville, Ind.  
Occupation of mother: H/W Race of mother white  
Birthplace of mother (State or foreign country) Center Point, Ind.

Signed Carolyn Irene Everett  
New Address Dane

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

Subscribed and sworn to before me this 18th day of November, 1966  
John Ganssler Clerk HENDRICKS Circuit Court

Signed Virgil William Neal  
New Address Westwood Rd lot 17 Bx 141

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

Subscribed and sworn to before me this 18th day of November, 1966  
John Ganssler Clerk HENDRICKS Circuit Court

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

Written Consent of Father

State of Indiana, } ss:  
County of HENDRICKS

State of Indiana, } ss:  
County of HENDRICKS

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

Signed Inogene Neal Mother  
Subscribed and sworn to before me this 18th day of November, 1966  
John Ganssler 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 \_\_\_\_\_ 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, 1966, authorizing the joining together as husband and wife of Virgil William Neal and Carolyn Irene Everett

Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Rev. Glenn Clark hereby certify that on the 27th day of November, 1966, at Danville, County of Hendricks, State of Indiana, Groom Virgil William Neal of Hendricks County, State of Indiana and, Bride Carolyn Irene Everett 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, 1966. Signed Rev. Glenn Clark  
Official Designation Minister  
3 day of Dec, 1966.  
Signed John Ganssler 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

No. 351  
File Book 29  
18 November 1966  
Date of Application

MALE  
Medical Examination Report Dated 1  
Name of Physician A. N. Scudder

Report Dated 16 November 1966  
W. Scudder M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126,  
Title 16, Indiana Code. A fine of not more than  
\$100 or imprisonment for not more than 60 days,  
or both, may be imposed for the violation of this  
chapter or the commission of an act prohibited  
therein.

MALE APPLICANT

Name Virgil William  
First Middle Last

MALE APPLICANT

Irene Everett  
Middle Last

Date of Birth 27 1915  
Month Day Year

1915 1947  
Day Year

Place of Birth Danville  
(State or foreign country)

Polis, Ind.  
City

Residence Address 21 Bx 57 Danville  
Street or R. R. City

Rosebush Ave. B. B. Hwy. New, Ind.  
City County State

Previous Marital Status: Never Married  Number

Married  Number of Previous Marriages

Last Marriage Ended By: Death  Divorce

Death  Divorce  Annulment

Color or Race White  Negro  Other

Negro  Other  (specify)

Usual Occupation Steel Worker

Deaf Nurse: Methodist

Date of birth verified by:  Birth Cert.  Judicial I

Birth Cert.  Judicial Decree

Other (Specify) Driver's L.

When adjudged, diagnosed or considered as:

1. Are you now or have you been adjudged, diagnosed  
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  
home for indigent persons?  
If answer to 3 is "yes" has the cause of such condition  
been a transmissible disease?

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

Robert Dale Everett  
Deceased so state Rebanon, Ind.  
Race of father white  
or foreign country Indpls, Ind.  
Constance May Mathews  
Deceased so state Brownsburg, Ind.  
Occupation of mother St. Mat. Race of mother white  
Birthplace of mother (State or foreign country) Indpls, Ind.

Name Age

(b) Are you supporting or contributing to their support?

(c) Are you complying with any court order or order of  
their support?

11. Full name of father Harold William Neal

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

Occupation of father Steel Worker: Milk Belt Race of father white

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

12. Full maiden name of mother Helen Imogene Williams

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

Occupation of mother H/W Race of mother white

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

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

Signed Virgil William Neal

New Address Westwood Rd Lot 17 R2 Bx 149 Danville

Subscribed and sworn to before me this 18th day of November, 1966

John Ganssard Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

Written Consent of Father

State of Indiana, HENDRICKS } ss:

County of HENDRICKS

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

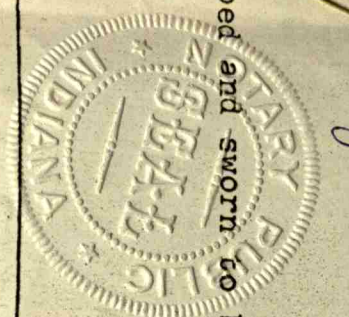
Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this 18th day of November, 1966

John Ganssard Clerk

I, Harold William Neal, hereby give my consent for  
my son Virgil William Neal to  
marry Carolyn Irene Everett.

Subscribed and sworn to before me this 18th day of November, 1966  
John Ganssard Notary Public



Occupation of mother St. Mat. Race of mother white  
Birthplace of mother (State or foreign country) Indpls, Ind.

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent 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 22nd day of November, 1966, authorizing the joining together as husband and wife  
of Virgil William Neal and Carolyn Irene Everett

Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Rev. Glenn Clark hereby certify that on the 27th day of November,  
one thousand nine hundred and 66 at Danville, County of Hendricks  
State of Indiana, Groom Virgil William Neal of Hendricks County, State of Indiana  
and, Bride Carolyn Irene Everett 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, 1966. Signed Rev. Glenn Clark

Official Designation Minister \_\_\_\_\_ 1966.

Filed and recorded in accordance with the laws of the State of Indiana this 3 day of Dec, 1966.  
Signed John Ganssard 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. 352  
File Book 29  
19 November, 1966  
Date of Application

HENDRICKS County

MALE  
Medical Examination Report Dated Nov. 18, 1966  
Name of Physician Joseph C. Kerlin M.D.

FEMALE  
Medical Examination Report Dated Nov. 18, 1966  
Name of Physician Joseph C. Kerlin 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 Terry Ray Lynch  
Date of Birth July 4 1944  
Place of Birth (State or foreign country) Ind.  
Residence Address Duggar R.R. #1 Box 313 Danville Hend Ind.  
Previous Marital Status: Never Married  Divorce  Annulment   
Last Marriage Ended By: Death  Divorce  Annulment   
Color or Race White  Negro  Other  (specify) \_\_\_\_\_

Usual Occupation Salesman - The E. Kahn's Sons Co.  
Date of birth verified by:  Birth Cert.  Judicial Decree  
 Other (Specify) Drivers License

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

(a) List their full names, ages and addresses  
Name Age Address  
11. Full name of father Harold Lynch  
Residence of father (if deceased so state) R.R. #1 Box 313, Danville, Ind.  
Occupation of father Maintenance Mechanic Race of father White  
Birthplace of father (State or foreign country) Brazil, 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   
12. Full maiden name of mother Audrey Delvinia Beadle  
Residence of mother (if deceased so state) R.R. #1 Box 313, Danville, Ind.  
Occupation of mother P.C.A. Assembly Line Race of mother White  
Birthplace of mother (State or foreign country) Gilmore, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_  
Signed Jerry R. Lynch  
New Address 4 Meadow Lane, Apt. B Carmel  
Subscribed and sworn to before me this 19 day of November, 1966  
John Sambold, 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 Margaret Jane Cummins  
Date of Birth February 14 1945  
Place of Birth (State or foreign country) Ind.  
Residence Address 414 East Mill St. Danville Allen Co. 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 CLERK - INSURANCE Co.  
Date of birth verified by:  Birth Cert.  Judicial Decree  
 Other (Specify) Drivers License

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

7. Full name of father William Richard Cummins  
Residence of father (if deceased so state) 414 E. Mill, Danville, Ind.  
Occupation of father Gen. Manager - Produce Marketing Race of father White  
Birthplace of father (State or foreign country) Portland, Ind.  
8. Full maiden name of mother Thelma Elizabeth Macy  
Residence of mother (if deceased so state) 414 E. Mill, Danville, Ind.  
Occupation of mother Housewife Race of mother White  
Birthplace of mother (State or foreign country) Portland, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_  
Signed Margaret Jane Cummins  
New Address 4 Meadow Lane, Apt. B Carmel, Ind.  
Subscribed and sworn to before me this 19 day of November, 1966  
John Sambold, 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 \_\_\_\_\_ County \_\_\_\_\_ Court by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE  
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 23 day of November, 1966, authorizing the joining together as husband and wife of Jerry Ray Lynch and Margaret Jane Cummins.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Marvin W. Cook hereby certify that on the 25th day of November, one thousand nine hundred and 66 at Danville, County of Hendricks State of Indiana, Groom Jerry Ray Lynch and, Bride Margaret Jane Cummins 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 November, 1966.

Signed Marvin W. Cook  
Official Designation Minister  
Subscribed and sworn to before me this 28 day of Nov, 1966  
Signed John Sambold Jr. Clerk Hendricks Circuit Court

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

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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

No. 353  
Book 29  
File 19, November

HENDRICKS County

MALE  
Medical Examination Report Dated Nov. 14, 1966  
Name of Physician Robert W. Kintley M.D.

FEMALE  
Medical Examination Report Dated Nov. 14, 1966  
Name of Physician Robert W. Kintley 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

FEMALE APPLICANT

Name Ted E Davidson  
Date of Birth April 28 1928  
Place of Birth Indianapolis Marion Ind.  
Residence Address R.R. #12 Box 402 Indpls Hancock 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)

Name Alice M Greeson  
Date of Birth August 16 1941  
Place of Birth Clay Township Hend Co. Ind.  
Residence Address R.R. #1 Clayton Hend Ind.  
Maiden Name if Different Clayton 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 Ports Manager - Tony's Trailer Service  
Date of birth verified by:  Birth Cert.  Judicial Decree

Usual Occupation Clerk Steno - State Fire Marshall Office  
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? No  Yes   
(If yes, answer questions a, b, c)  
(a) List their full names, ages and addresses

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

(a) List their full names, ages and addresses  
Name Karen Jean Davidson Age 9 Address R.R. #12 Box 402 Indpls, Ind.

7. Full name of father Wallace Leon Greeson  
Residence of father (if deceased so state) R.R. #1 Clayton, Ind.  
Occupation of father Grain Elevator - Amo Race of father White  
Birthplace of father (State or foreign country) Morgan Co. Ind.  
8. Full maiden name of mother Genevieve Lambert  
Residence of mother (if deceased so state) R.R. #1 Clayton, Ind.  
Occupation of mother Book Keeper - Amo Race of mother White  
Birthplace of mother (State or foreign country) Coatesville, 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

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

11. Full name of father Walter Erbin Davidson  
Residence of father (if deceased so state) Deceased  
Occupation of father Heat Frost Insulator Race of father White  
Birthplace of father (State or foreign country) Brown Co. Ind.  
12. Full maiden name of mother Mary Rebecca Farmer  
Residence of mother (if deceased so state) R.R. #12 Box 402, Indpls, Ind.  
Occupation of mother Housewife Race of mother White  
Birthplace of mother (State or foreign country) Indianapolis, Ind.

Signed Alice M. Greeson  
New Address 1902 N. Colorado, Indpls, Ind

State of Indiana, } ss: I depose and state the information given in this application is true and correct.  
County of HENDRICKS  
Signed Ted E Davidson  
New Address 1902 N. Colorado, Indpls, Ind

Subscribed and sworn to before me this 19 day of November, 1966.  
John Sambold, Jr. Clerk HENDRICKS Circuit Court

Subscribed and sworn to before me this 19 day of November, 1966.  
John Sambold, 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.

We, the parents, of this applicant hereby 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 \_\_\_\_\_

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 23rd day of November, 1966, authorizing the joining together as husband and wife of Ted E Davidson and Alice M. Greeson

Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Paul Taylor hereby certify that on the 9th day of December, one thousand nine hundred and 66 at Clayton County of Hendricks State of Indiana, Groom Ted E. Davidson of Marion County, State of Indiana and, Bride Alice M. Greeson 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 9th day of December, 1966.  
Signed Paul Taylor  
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 19 day of Dec, 1966.  
Signed John Sambold 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. 354  
File Book 29  
Nov. 19, 1966  
Date of Application

HENDRICKS County

MALE  
Medical Examination Report Dated Nov. 14, 1966  
Name of Physician C. D. Williams, M.D.

FEMALE  
Medical Examination Report Dated Nov. 14, 1966  
Name of Physician C. D. Williams, 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 K. RICHARDSON  
Date of Birth JUNE 2 1945  
Place of Birth GREGORY (WAYNE COUNTY) KENTUCKY  
Residence Address 2601 ROOSEVELT AVE. 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 INTERNATIONAL HARVESTER  
Date of birth verified by:  Birth Cert.  Judicial Decree

FEMALE APPLICANT  
Name MARGARET JOAN WIGGAM  
Date of Birth SEPT. 15 1948  
Place of Birth INDIANAPOLIS, IND.  
Residence Address 128 BLAKE DANVILLE, IND.  
Maiden Name if Different SAME  
Previous Marital Status: Never Married  Number of Previous Marriages  
Last Marriage Ended By: Death  Divorce  Annulment   
Color or Race White  Negro  Other  (specify)  
Usual Occupation A.F.N.B. - SECY.  
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? No  Yes   
(If yes, answer questions a, b, c)  
(a) List their full names, ages and addresses

Name Age Address  
RAYMOND EARNEST RICHARDSON  
2601 ROOSEVELT - INDIANAPOLIS  
VANEEER WORKER Race of father White  
GREGORY, KY.

(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 EARNEST RICHARDSON  
Residence of father (if deceased so state) 2601 ROOSEVELT - INDIANAPOLIS  
Occupation of father VANEEER WORKER Race of father White  
Birthplace of father (State or foreign country) GREGORY, KY.

12. Full maiden name of mother LELA HAZEL MORROW  
Residence of mother (if deceased so state) 2601 ROOSEVELT - INDIANAPOLIS  
Occupation of mother HOUSEWIFE Race of mother White  
Birthplace of mother (State or foreign country) GREGORY, KY.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of HENDRICKS  
Signed Robert K. Richardson  
New Address 2605 ROOSEVELT - INDIANAPOLIS  
Subscribed and sworn to before me this 19 day of Nov., 1966.  
John Gambard 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

- 1. Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No  Yes   
Of Unsound Mind? No  Yes
- 2. Are you under guardianship as a person of unsound mind? No  Yes
- 3. Are you afflicted with a transmissible disease? No  Yes
- 4. Are you related to the groom closer than second cousin? No  Yes
- 5. Are you now under the influence of intoxicating liquor? No  Yes
- 6. Are you now under the influence of a narcotic drug? No  Yes
- 7. Full name of father ARTHUR EUGENE WIGGAM SR.  
Residence of father (if deceased so state) 128 BLAKE - DANVILLE  
Occupation of father CARPENTER Race of father White  
Birthplace of father (State or foreign country) INDIANAPOLIS, IND.
- 8. Full maiden name of mother ELVES DEAN ELLIOTT  
Residence of mother (if deceased so state) 128 BLAKE - DANVILLE  
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 HENDRICKS  
Signed Margaret Joan Wiggam  
New Address same  
Subscribed and sworn to before me this 19 day of November, 1966.  
John Gambard 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 23 day of November, 1966, authorizing the joining together as husband and wife Robert K. Richardson and Margaret Joan Wiggam.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Rev. Dexter Rogers hereby certify that on the 24 day of November, one thousand nine hundred and 66 at Indianapolis, State of Indiana, Groom Robert K. Richardson of Marion County, State of Indiana and, Bride Margaret Joan Wiggam 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 24 day of November, 1966.

Filed and recorded in accordance with the laws of the State of Indiana this 26 day of Nov., 1966.  
Signed Rev. Dexter Rogers Official Designation Minister  
John Gambard Jr. Clerk Hendricks Circuit Court

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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

No. 355  
File Book 29  
22 November 1966  
Date of Application

HENDRICKS County

MALE  
Medical Examination Report Dated 18 November 1966  
Name of Physician Eli A. Coats MD

FEMALE  
Medical Examination Report Dated 18 November 1966  
Name of Physician Eli A. Coats 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 Dale G. Dinkel  
Date of Birth June 1945  
Place of Birth Centralia Washington  
Residence Address RS Bx 292D Indpls, Ind.  
Previous Marital Status:  Never Married

Last Marriage Ended By:  Death  Divorce  Annulment   
Color or Race  White  Negro  Other (specify) \_\_\_\_\_  
Usual Occupation Mover Carter Van Lines

- Date of birth verified by:  Birth Cert.  Judicial Decree  
 Other (Specify) Drivers 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
  - 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 Charles Dale Dinkel  
Residence of father (if deceased so state) Avon, Ind.  
Occupation of father Mail Clk. Wexler  
Birthplace of father (State or foreign country) Terre Haute, Ind.  
12. Full maiden name of mother Vivian Lavone Cornelison  
Residence of mother (if deceased so state) Avon, Ind.  
Occupation of mother Cook, CFE Drug  
Birthplace of mother (State or foreign country) Free Water, Wash.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
Signed Dale G. Dinkel  
New Address 3325 Mill St, P.O. 15, Ind.  
Subscribed and sworn to before me this 22nd day of November, 1966.  
Clerk John G. Gumbel HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of this applicant hereby give consent 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 Sabra Lynn Schenck  
Date of Birth December 3 1947  
Place of Birth Indianapolis, Ind.  
Residence Address 3137 Graytown Rd, Indpls, 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 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 Harold Wilbert Schenck  
Residence of father (if deceased so state) Braunsbury, Ind.  
Occupation of father Laber Allison  
Birthplace of father (State or foreign country) Indpls, Ind.
  - Full maiden name of mother Ima Gene Miller Cunningham  
Residence of mother (if deceased so state) Indpls, Ind.  
Occupation of mother Nurse Cent Hosp  
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 Sabra Lynn Schenck  
New Address Same  
Subscribed and sworn to before me this 22nd day of November, 1966.  
Clerk John G. Gumbel HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of this applicant hereby give consent 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, 1966, authorizing the joining together as husband and wife of Dale G. Dinkel and Sabra Lynn Schenck.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Seal O. Yancey hereby certify that on the 26 day of November, at Avon, County of Hendricks, State of Indiana, one thousand nine hundred and 66 of Hendricks County, State of Indiana, Groom Dale G. Dinkel and, Bride Sabra Lynn Schenck 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 26 day of Nov, 1966.  
Signed Seal O. Yancey  
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 3 day of Dec, 1966.  
Signed John G. Gumbel 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. 356  
File Book 29  
25 November 1966  
Date of Application

MALE  
Medical Examination Report Dated 7 November 1966  
Name of Physician Bert L. Booker Dr. Capt. M.C.

FEMALE  
Medical Examination Report Dated 15 November 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, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

**MALE APPLICANT**

Name John J. Peterson  
Date of Birth November 23 1929  
Place of Birth Johnstown Pa.  
Residence Address 519 Abyskate Dr. Berria, Cuyahoga, Ohio  
Previous Marital Status: Never Married  Number of Previous Marriages 1  
Last Marriage Ended By: Death  Divorce  Annulment  Annulment Ky 66  
Color or Race White  Negro  Other  (specify) \_\_\_\_\_  
Usual Occupation Sgt F.C. E7 US Army  
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   
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>Daniel Edw.</u>	<u>15</u>	<u>Ft Knox, Ky.</u>
<u>James Edw.</u>	<u>14</u>	<u>Ft Knox, Ky.</u>
<u>Shirley Jane</u>	<u>13</u>	<u>Ft Knox, Ky.</u>
<u>Peter John</u>	<u>11</u>	<u>Ft Knox, Ky.</u>
<u>Peter Rose</u>	<u>6</u>	<u>Ft Knox, 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 John J. Peterson Sr.  
Residence of father (if deceased so state) Deceased  
Occupation of father \_\_\_\_\_ Race of father white  
Birthplace of father (State or foreign country) Johnstown Pa

12. Full maiden name of mother Ethel Savilla Plummer  
Residence of mother (if deceased so state) Blansville, Pa.  
Occupation of mother H/W Race of mother white  
Birthplace of mother (State or foreign country) Derry, Pa.

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

Signed John J. Peterson  
New Address 4455 - D Galley Hts, Ft Knox Ky  
Subscribed and sworn to before me this 25th day of November, 1966  
Clerk John J. Peterson HENDRICKS Circuit Court

**FEMALE APPLICANT**

Name Barbara Ann Lawver  
Date of Birth February 12 1934  
Place of Birth Marion Co. Ind.  
Residence Address 17 Oakhurst Tr. S. Buy, Ind, Ind.  
Maiden Name if Different Barbara A. Tutewiler  
Previous Marital Status: Never Married  Number of Previous Marriages 1  
Last Marriage Ended By: Death  Divorce  Annulment  Marion Co. Ind 60  
Color or Race White  Negro  Other  (specify) \_\_\_\_\_  
Usual Occupation Steno-Receptionist: A/C Elect. Sp.  
Date of birth verified by:  Birth Cert.  Judicial Decree  Other (Specify) Drivers 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 Clarence L. Jewell Tutewiler  
Residence of father (if deceased so state) Cambry, Ind.  
Occupation of father Retired Race of father white  
Birthplace of father (State or foreign country) Johnson Co, Ind.
- Full maiden name of mother Edith Fern Stokesberry  
Residence of mother (if deceased so state) Cambry, Ind.  
Occupation of mother Tel. opr. Ind Bell 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 \_\_\_\_\_

Signed Barbara Ann Lawver  
New Address Same  
Subscribed and sworn to before me this 25th day of November, 1966  
Clerk John J. Peterson HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**  
We, the parents, of this applicant hereby give consent 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 29th day of November, 1966, authorizing the joining together as husband and wife of John J. Peterson and Barbara Ann Lawver.  
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 3rd day of December one thousand nine hundred and 66 at Cambry, County of Marion State of Indiana, Groom John J. Peterson and, Bride Barbara Ann Lawver of Cuyahoga County, State of Ohio were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County, State of Indiana.  
Dated this 3rd day of December, 1966.  
Signed Rev. Ralph P. Wade  
Official Designation Pastor  
Filed and recorded in accordance with the laws of the State of Indiana this 7 day of Dec, 1966.  
Signed John J. Peterson Clerk  
Hendricks Circuit Court

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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

No. 357  
File 29  
Date of Application Nov 29-1966

HENDRICKS County

MALE  
Medical Examination Report Dated Nov 25-66  
Name of Physician Gene C Lawrence M.D.

FEMALE  
Medical Examination Report Dated Nov 25-66  
Name of Physician Gene C Lawrence M.D.

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

MALE APPLICANT

Name First Larry Middle L Last Miller  
Date of Birth Month 10 Day 4 Year 1947  
Place of Birth (State or foreign country) Washington Ind.  
Residence Address Street or R. R. 510 S Green City Brownsburg County Ind. State  
Previous Marital Status: Never Married  Number of Previous Marriages 2nd  
Last Marriage Ended By: Death  Divorce  Annulment

Color or Race White  Negro  Other  (specify) \_\_\_\_\_  
Usual Occupation Capital Finance Speedway  
Date of birth verified by:  Birth Cert.  Judicial Decree  
 Other (Specify) Drivers License (operator)

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

Name	Age	Address

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

11. Full name of father Harold R Miller  
Residence of father (if deceased so state) Brownsburg  
Occupation of father Somalia Race of father W  
Birthplace of father (State or foreign country) Indiana  
12. Full maiden name of mother Mary Allene Bateman  
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 Larry L Miller  
New Address \_\_\_\_\_

Subscribed and sworn to before me this 29 day of Nov, 1966  
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 Harold R Miller Father  
Signed Mrs Allene Miller Mother

Subscribed and sworn to before me this 29 day of Nov, 1966  
John Hambold, Jr Clerk

FEMALE APPLICANT

Name First Peggy Middle A Last Harvey  
Date of Birth Month 5 Day 19 Year 1949  
Place of Birth (State or foreign country) Indpls Ind.  
Residence Address Street or R. R. 777 W Wash City Indpls County Marion State Ind.  
Maiden Name (if Different) Wash. Indpls Marion Ind.  
Previous Marital Status: Never Married  Number of Previous Marriages \_\_\_\_\_  
Last Marriage Ended By: Death  Divorce  Annulment

Color or Race White  Negro  Other  (specify) \_\_\_\_\_  
Usual Occupation none  
Date of birth verified by:  Birth Cert.  Judicial Decree  
 Other (Specify) Drivers License Permit

- 1. Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile?  No  Yes   
Of Unsound Mind?  No  Yes
- 2. Are you under guardianship as a person of unsound mind?  No  Yes
- 3. Are you 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 Notte  
Residence of father (if deceased so state) Carmel  
Occupation of father masonry work Race of father W  
Birthplace of father (State or foreign country) Ind.
- 8. Full maiden name of mother Dora Louise Land  
Residence of mother (if deceased so state) Indianapolis  
Occupation of mother Housewife Race of mother W  
Birthplace of mother (State or foreign country) Indiana

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

Subscribed and sworn to before me this 29 day of Nov, 1966  
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.  
Deceased full custody given to mother.

State of Indiana, HENDRICKS } ss:  
County of \_\_\_\_\_  
Signed \_\_\_\_\_ Father  
Signed Mrs Dora L. Mogg Mother

Subscribed and sworn to before me this 29 day of Nov, 1966  
John Hambold, Jr Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 3 day of December, 1966, authorizing the joining together as husband and wife of Larry L. Miller and Peggy A. Harvey.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Lester B. Yearick hereby certify that on the 3rd day of December, 1966, at Brownsburg, County of Hendricks, State of Indiana, one thousand nine hundred and 66 of Hendricks County, State of Indiana, and, Bride Peggy A. Harvey 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 3rd day of December, 1966.  
Signed Lester B. Yearick  
Official Designation Minister \_\_\_\_\_, 1966.

Filed and recorded in accordance with the laws of the State of Indiana this 7 day of Dec, 1966.  
Signed John Hambold, Jr Clerk  
Hendricks Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

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

HENDRICKS County

No. 358  
File Book 29  
Date of Application 30 November 1966

MALE  
Medical Examination Report Dated 28 November 1966  
Name of Physician Lloyd Terry, M.D.

FEMALE  
Medical Examination Report Dated 28 November 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, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT  
Name Donald L. Tutterow, Sr.  
Date of Birth September 19, 1936  
Place of Birth Indianapolis, Ind.  
Residence Address Clayton, Hendricks, Ind.

FEMALE APPLICANT  
Name Sandra D. Jines  
Date of Birth April 12, 1950  
Place of Birth Indianapolis, Ind.  
Residence Address 411 S. Holmes, Indpls, Marion, Ind.

Previous Marital Status: Never Married  
Last Marriage Ended By: Death  Divorce  Annulment   
Color or Race: White  Negro  Other   
Usual Occupation: Pt owner Plastic Equip.

Previous Marital Status: Never Married  Number of Previous Marriages  
Last Marriage Ended By: Death  Divorce  Annulment   
Color or Race: White  Negro  Other   
Usual Occupation: Unemployed

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

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

(a) List their full names, ages and addresses  
Jeffery Lynn 11 Clayton, Ind.  
Stephen Edw. 9  
Brian Lee 7  
Lori Ann 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: Donald Lloyd Tutterow Sr.  
Residence of father (if deceased so state): Minnesota  
Occupation of father: Mechanic Race of father: white  
Birthplace of father (State or foreign country): Indpls, Ind.

8. Full maiden name of mother: Mary Elizabeth Hall  
Residence of mother (if deceased so state): Indpls, Ind.  
Occupation of mother: H/W 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 HENDRICKS  
Signed Sandra D Jines  
New Address Sand.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of HENDRICKS  
Signed Donald Tutterow Sr.  
New Address Clayton, Ind.  
Subscribed and sworn to before me this 30th day of November 1966  
John Gambold Clerk HENDRICKS Circuit Court

Subscribed and sworn to before me this 30th day of November 1966  
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.  
Father Deceased.

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of 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, HENDRICKS } ss:  
County of HENDRICKS  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

State of Indiana, HENDRICKS } ss:  
County of HENDRICKS  
Signed \_\_\_\_\_ Father  
Signed Mary E. Jines \_\_\_\_\_ Mother  
Subscribed and sworn to before me this 30th day of November, 1966  
John Gambold Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE  
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 5th day of December, 1966 authorizing the joining together as husband and wife of Donald L. Tutterow, Sr. and Sandra D. Jines  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, George A. Harris, hereby certify that on the 5th day of December one thousand nine hundred and 66 at Clayton, County of Hendricks, State of Indiana, Groom Donald L. Tutterow, Sr. of Hendricks County, State of Indiana and, Bride Sandra D. Jines 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 5th day of December, 1966.

Signed Rev. George A. Harris  
Official Designation Minister  
7 day of Dec, 1966  
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. 359  
File Bk. 29  
Date of Application  
Dec. 3, 1966

MALE  
Medical Examination Report Dated 11-23-66  
Name of Physician Thomas Walker

FEMALE  
Medical Examination Report Dated 11-23-66  
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, representa-

MALE APPLICANT

Name William I. Gray  
Date of Birth April 17 1941  
Place of Birth Cornettsville, Ind.  
Residence Address Apartment 9-4675 Georgetown Pt., Indpls. Marion, Ind.  
Previous Marital Status: Never Married

Last Marriage Ended By: Death Divorce Annulment  
Color or Race White  
Usual Occupation Heat Treat Furnace Operator ALLisons

- 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? 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 Henry Eugene Gray  
Residence of father (if deceased so state) RR#1, Petersburg, Ind.  
Occupation of father Unemployed-Disabled  
12. Full maiden name of mother Hattie Florence Hinkle  
Residence of mother (if deceased so state) RR#3, Box 228, Brownsburg  
Occupation of mother Housewife

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
Signed William T. Gray  
New Address same as above  
Subscribed and sworn to before me this 3rd day of Dec. 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:  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
Clerk

FEMALE APPLICANT

Name Sylvia Middle Sams  
Date of Birth Feb 5 1948  
Place of Birth Corbin, Ky.  
Residence Address RR, H3, Brownsburg, Hendricks, Ind.  
Maiden Name if Different Same

Last Marriage Ended By: Death Divorce Annulment  
Color or Race White  
Usual Occupation Ace Receivable Clerk

- 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 Otis Sams  
Residence of father (if deceased so state) Same  
Occupation of father Truck Driver Race of father W.  
Birthplace of father (State or foreign country) Clay Co., Ky.

8. Full maiden name of mother Allie Smith  
Residence of mother (if deceased so state) Same  
Occupation of mother Packer, Fairmont Glass Race of mother W.  
Birthplace of mother (State or foreign country) Laurel Co., Ky.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
Signed Sylvia Sams  
New Address (Same as Wm Gray)  
Subscribed and sworn to before me this 3rd day of December, 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:  
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 December, 1966, authorizing the joining together as husband and wife of William T. Gray and Sylvia Sams  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Rev. Donald Tyler, hereby certify that on the 18 day of December at Brownsburg, County of Hendricks, State of Indiana, Groom William T. Gray of Hendricks County, State of Indiana, and, Bride Sylvia Sams of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.  
Dated this 18 day of December, 1966.  
Signed Rev. Donald Tyler  
Official Designation Minister  
21 day of Dec. 1966  
Signed John Lambold 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. 360  
File Book 29  
Date of Application 5 December 1966

MALE  
Medical Examination Report Dated 18 November 1966  
Name of Physician Hiram T. Saxon M.D.

FEMALE  
Medical Examination Report Dated 18 November 1966  
Name of Physician Hiram T. Saxon 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 Buford M. Cadle  
Date of Birth July 2 1909  
Place of Birth Orleans, Indiana  
Residence Address R1 Bx108 Clayton, Ind.  
Previous Marital Status: Never Married  
Last Marriage Ended By: Divorce 3 years 66  
Color or Race White

FEMALE APPLICANT  
Name Pauline F. Kennedy  
Date of Birth July 15 1905  
Place of Birth Allentown, Pa.  
Residence Address 890E Wash St. Martinsville, Morgan, Ind.  
Maiden Name if Different Pauline Louise Frederick  
Previous Marital Status: Never Married  
Last Marriage Ended By: Divorce Morgan 66  
Color or Race White

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

Usual Occupation Housewife  
Date of birth verified by: Birth Cert. Judicial Decree  
Other (Specify) Divorced  
1. Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No Yes  
Of Unsound Mind? No Yes  
2. Are you under guardianship as a person of unsound mind? No Yes  
3. Are you afflicted with a transmissible disease? No Yes  
4. Are you related to the groom closer than second cousin? No Yes  
5. Are you now under the influence of intoxicating liquor? No Yes  
6. Are you now under the influence of a narcotic drug? No Yes  
7. Full name of father Robert Jacob Frederick  
Residence of father (if deceased so state) Deceased  
Occupation of father Race of father white  
Birthplace of father (State or foreign country) Allentown, Pa.  
8. Full maiden name of mother Lillian Louise Roberts  
Residence of mother (if deceased so state) Deceased  
Occupation of mother Race of mother white  
Birthplace of mother (State or foreign country) Allentown, Pa.

(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 Emmett Howard Cadle  
Residence of father (if deceased so state) Deceased  
Occupation of father Race of father white  
Birthplace of father (State or foreign country) Washington Co., Ind.  
12. Full maiden name of mother Ola Myrtle Collier  
Residence of mother (if deceased so state) Deceased  
Occupation of mother Race of mother white  
Birthplace of mother (State or foreign country) Washington, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of HENDRICKS }  
Signed Pauline F. Kennedy  
New Address Same  
Subscribed and sworn to before me this 5th day of December, 1966  
John Gambrell Clerk HENDRICKS Circuit Court

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of HENDRICKS }  
Signed Buford M. Cadle  
New Address R1, Bx108 Clayton, Ind.  
Subscribed and sworn to before me this 5th day of December, 1966  
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 HENDRICKS }  
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 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 December, 1966, authorizing the joining together as husband and wife of \_\_\_\_\_ and \_\_\_\_\_  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, \_\_\_\_\_ hereby certify that on the 9th day of December, 1966, at \_\_\_\_\_ County of \_\_\_\_\_ State of Indiana, Groom \_\_\_\_\_ and, Bride \_\_\_\_\_ were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_ County.  
Dated this 9th day of December, 1966.

Filed and recorded in accordance with the laws of the State of Indiana this 14 day of Dec 1966.  
Signed Richard J. Groover  
Official Designation Judge Circuit Court  
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

No. 361  
File Book 29  
8 December 1966  
Date of Application

HENDRICKS County

MALE  
Medical Examination Report Dated 1 December 1966  
Name of Physician Irving Cohen, M.D.

FEMALE  
Medical Examination Report Dated 1 December 1966  
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 Everett H. Pyle  
Date of Birth April 9 1933  
Place of Birth (State or foreign country) Marian Co. Ind.  
Residence Address Coatesville Ex 146, Hendricks, Ind.  
Previous Marital Status: Never Married  Divorce  Annulment  Number of Previous Marriages 3  
Last Marriage Ended By: Death  Divorce  Annulment   
Color or Race White  Negro  Other  (specify) of Marian  
Usual Occupation Meat Cutter: Galyan  
Date of birth verified by:  Birth Cert.  Judicial Decree  
 Other (Specify) Drivers Lic.

- 1. Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No  Yes   
Of Unsound Mind? No  Yes
- 2. Are you under guardianship as a person of unsound mind? No  Yes
- 3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No  Yes   
If answer to 3 is "yes" has the cause of such condition been removed? No  Yes
- 4. Are you afflicted with a transmissible disease? No  Yes
- 5. Are you related to the bride closer than second cousin? No  Yes
- 6. Are you now under the influence of intoxicating liquor? No  Yes
- 7. Are you now under the influence of a narcotic drug? No  Yes
- 8. Are you able to support a family? Yes  No
- 9. Are you likely to so continue? Yes  No
- 10. Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c) 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 Everett Grayson Pyle  
Residence of father (if deceased so state) Coatesville, Ind.  
Occupation of father Store owner Race of father white  
Birthplace of father (State or foreign country) Marian Co. Ind.

12. Full maiden name of mother Mary Florence Pyle  
Residence of mother (if deceased so state) Coatesville  
Occupation of mother clerk: Groceries Race of mother white  
Birthplace of mother (State or foreign country) Concord, Ky.

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

Signed Everett H. Pyle  
New Address 284 N. Center, RFD, Ind.  
Subscribed and sworn to before me this 8th day of December, 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\_\_\_\_.

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

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

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

FEMALE APPLICANT

Name Lois S. Prince  
Date of Birth Jan 17 1943  
Place of Birth (State or foreign country) Grayson Carter Co. Ky.  
Residence Address 284 N. Center Plainfield, Hendricks, Ind.  
Maiden Name if Different \_\_\_\_\_  
Previous Marital Status: Never Married  Divorce  Annulment  Number of Previous Marriages \_\_\_\_\_  
Last Marriage Ended By: Death  Divorce  Annulment   
Color or Race White  Negro  Other  (specify) \_\_\_\_\_  
Usual Occupation Waitress: Jones  
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 Earl Prince  
Residence of father (if deceased so state) Grayson, Ind.  
Occupation of father Retired Race of father white  
Birthplace of father (State or foreign country) Carter Co. Ky.

8. Full maiden name of mother Louella Easterling  
Residence of mother (if deceased so state) Grayson, Ind.  
Occupation of mother H/W Race of mother white  
Birthplace of mother (State or foreign country) Carter Co. Ky.

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

Signed Lois J. Prince  
New Address San  
Subscribed and sworn to before me this 8th day of December, 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\_\_\_\_.

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

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 13th day of December, 1966, authorizing the joining together as husband and wife of Everett H. Pyle and Lois S. Prince

Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Eugene E. Crawley hereby certify that on the 15th day of December, \_\_\_\_\_ at Plainfield, County of HENDRICKS, State of Indiana

one thousand nine hundred and 66 of HENDRICKS County, State of Indiana, Groom Everett H. Pyle and, Bride Lois J. Prince 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 15 day of Dec., 1966.

Signed Eugene E. Crawley  
Official Designation Justice of Peace  
22 day of Dec., 1966  
Signed John Samuel 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. 362

File Book 29

December 10, 1966  
Date of Application

MALE  
Medical Examination Report Dated December 6, 1966  
Name of Physician Dr. Portia Parker M.D.

FEMALE  
Medical Examination Report Dated December 6, 1966  
Name of Physician Dr. Portia Parker 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 Thomas Holtsclaw  
Date of Birth October 31 1938  
Place of Birth Speedway Marion Co. Indiana  
Residence Address 4809 W. McCray, Speedway, Indiana (Marion)  
Previous Marital Status: Never Married [ ] Number of Previous Marriages: 2  
Last Marriage Ended By: Divorce Marion Co 1963  
Color or Race White [x] Negro [ ] Other [ ] (specify).....  
Usual Occupation Body Man - (Himself) Auto Body Rebuilder  
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 [x] Yes [ ]  
Of Unsound Mind? No [x] Yes [ ]
- 2. Are you under guardianship as a person of unsound mind? No [x] 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 [x] 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 [x] Yes [ ]
- 5. Are you related to the bride closer than second cousin? No [x] Yes [ ]
- 6. Are you now under the influence of intoxicating liquor? No [x] Yes [ ]
- 7. Are you now under the influence of a narcotic drug? No [x] Yes [ ]
- 8. Are you able to support a family? Yes [x] No [ ]
- 9. Are you likely to so continue? Yes [x] No [ ]
- 10. Do you have minor children from one or more former marriages? No [ ] Yes [x]  
(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  
Douglas Bruce Holtsclaw - 8 - 9880 W. 10th St.

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

11. Full name of father: Thomas Barrett Holtsclaw  
Residence of father (if deceased so state) 2320 Georgetown Rd.  
Occupation of father International Harvester Race of father White  
Birthplace of father (State or foreign country) Princeton, Ind.

12. Full maiden name of mother: Catherine Caroline Simmons  
Residence of mother (if deceased so state) 2320 Georgetown Rd.  
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.  
County of HENDRICKS }  
Signed William Holtsclaw  
New Address 4809 W. McCray, Speedway, Ind.

Subscribed and sworn to before me this 10th day of December, 1966.  
John Sambold, 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 Peggy Holtsclaw  
Date of Birth August 26 1938  
Place of Birth Seymour Jackson Ind.  
Residence Address 9880 W. 10th Street, Danville + Indianapolis (Hendricks)  
Maiden Name if Different Peggy Alberring  
Previous Marital Status: Never Married [ ] Number of Previous Marriages: 1  
Last Marriage Ended By: Divorce Marion Co 1961  
Color or Race White [x] Negro [ ] Other [ ] (specify).....  
Usual Occupation Indiana National Bank - Wash + Virginia Ave.

- 1. Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No [x] Yes [ ]  
Of Unsound Mind? No [x] Yes [ ]
- 2. Are you under guardianship as a person of unsound mind? No [x] Yes [ ]
- 3. Are you afflicted with a transmissible disease? No [x] Yes [ ]
- 4. Are you related to the groom closer than second cousin? No [x] Yes [ ]
- 5. Are you now under the influence of intoxicating liquor? No [x] Yes [ ]
- 6. Are you now under the influence of a narcotic drug? No [x] Yes [ ]
- 7. Full name of father: John E. Alberring  
Residence of father (if deceased so state) 822 S. Poplar St. Seymour  
Occupation of father Carpenter Race of father White  
Birthplace of father (State or foreign country) Brownstown, Ind.

8. Full maiden name of mother: Hilda Wald Koetter  
Residence of mother (if deceased so state) 9880 W. 10th St., Indpls  
Occupation of mother Housewife Race of mother White  
Birthplace of mother (State or foreign country) Brownstown, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of HENDRICKS }  
Signed X Peggy Holtsclaw  
New Address 4809 W. McCray, Speedway, Ind.

Subscribed and sworn to before me this 10th day of December, 1966.  
John Sambold, 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 \_\_\_\_\_ Circuit Court of Indiana dated the \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_, authorizing the joining together as husband and wife of \_\_\_\_\_ and \_\_\_\_\_  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, \_\_\_\_\_ hereby certify that on the \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_, at \_\_\_\_\_, County of \_\_\_\_\_, State of Indiana, Groom \_\_\_\_\_ and, Bride \_\_\_\_\_ 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, State of Indiana.  
Dated this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.  
Signed \_\_\_\_\_ Official Designation \_\_\_\_\_  
Signed \_\_\_\_\_ Clerk  
\_\_\_\_\_ Circuit Court

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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 363  
File Book 29  
10 December 1966  
Date of Application

MALE  
Medical Examination Report Dated 5 December 1966  
Name of Physician R.W. Kirtley M.D.

FEMALE  
Medical Examination Report Dated 5 December 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 Darrell Coons  
Date of Birth February 11 1942  
Place of Birth Lebanon, Ind.  
Residence Address RR1 North Salem, 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 Welder: Electric Steel  
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   
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: Sack Cornelious Coons  
Residence of father (if deceased so state): North Salem, Ind.  
Occupation of father: Hijung State Race of father: White  
Birthplace of father (State or foreign country): Hendricks Co, Ind.

12. Full maiden name of mother: Eleanor Tanselle  
Residence of mother (if deceased so state): N. Salem, Ind.  
Occupation of mother: Assoc. L.S. Ayres 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 Darrell Coons  
New Address N. Salem, Ind.  
Subscribed and sworn to before me this 10th day of December, 1966  
Clerk John Samdell HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of this applicant hereby give consent 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 Dorothy Dalton  
Date of Birth April 27 1947  
Place of Birth Brownsville, Ky.  
Residence Address North Salem, 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 Calculations: Grain Deal. Ins.  
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: Dewey Dalton  
Residence of father (if deceased so state): Deceased  
Occupation of father: \_\_\_\_\_ Race of father: white  
Birthplace of father (State or foreign country): Bowling Green, Ky.

8. Full maiden name of mother: Dorice Race of mother: white  
Residence of mother (if deceased so state): N. Salem, Ind.  
Occupation of mother: H/W 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 HENDRICKS  
Signed Dorothy Dalton  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 10th day of December, 1966  
Clerk John Samdell HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of this applicant hereby give consent 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 December, 1966, authorizing the joining together as husband and wife of Darrell Coons and Dorothy Dalton

Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Robert L. Weaver hereby certify that on the 17th day of December, 1966, at North Salem, County of HENDRICKS, State of Indiana, Groom Darrell C. Coons of HENDRICKS County, State of Indiana, and, Bride Dorothy J. Dalton 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 17 day of December, 1966.  
Signed Robert L. Weaver  
Official Designation Minister, 1966

Filed and recorded in accordance with the laws of the State of Indiana this 21 day of Dec, 1966.  
Signed John Samdell Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

No. 364  
File Book 29  
Date of Application 10 December 1966

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

HENDRICKS County

MALE  
Medical Examination Report Dated 5 December 1966  
Name of Physician Irving Cohen M.D.

FEMALE  
Medical Examination Report Dated 5 December 1966  
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 John L. Wubbolding  
Date of Birth February 4 1946  
Place of Birth Cincinnati Ohio  
Residence Address 1172 Lancaster Ave, Elk Grove Cook Ill  
Previous Marital Status:  Never Married  Divorce  Annulment  
Last Marriage Ended By:  Death  Divorce  Annulment  
Color or Race  White  Negro  Other (specify)  
Usual Occupation Student: ISU.  
Date of birth verified by:  Birth Cert.  Judicial Decree  
 Other (Specify) Draft Card.

FEMALE APPLICANT  
Name Cynthia Ann Gibbs  
Date of Birth May 31 1947  
Place of Birth Indianapolis Ind.  
Residence Address 1099 Stafford, Plainfield, 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 Clerical  
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

- 1. Are you now or have you been adjudged, diagnosed or considered as:  
An 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 Leo John Gibbs  
Residence of father (if deceased so state) Plainfield, Ind  
Occupation of father Super. Ind Bell Race of father white  
Birthplace of father (State or foreign country) Brownsburg, Ind.
- 8. Full maiden name of mother Dorothea Caroline Biggs  
Residence of mother (if deceased so state) P.R.R., Ind.  
Occupation of mother H/W Race of mother white  
Birthplace of mother (State or foreign country) Ala.

11. Full name of father John Ferdinand Wubbolding  
Residence of father (if deceased so state) Elk Grove, Ill  
Occupation of father Area Mgr: FAA Race of father white  
Birthplace of father (State or foreign country) Cincinnati, Ohio  
12. Full maiden name of mother Bertha Conrad  
Residence of mother (if deceased so state) Elk Grove, Ill  
Occupation of mother H/W Race of mother white  
Birthplace of mother (State or foreign country) Cincinnati, Ohio.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of HENDRICKS  
Signed Cynthia Ann Gibbs  
New Address Same  
Subscribed and sworn to before me this 10th day of December, 1966  
John Samuel Clerk HENDRICKS Circuit Court

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of HENDRICKS  
Signed John L. Wubbolding  
New Address 2640 N 5th Terre Haute, Ill.  
Subscribed and sworn to before me this 10th day of December, 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.

CONSENT OF PARENTS, PARENT OR GUARDIAN  
The parents, of 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 dated 8 December 1966 attached.

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

State of Indiana, HENDRICKS } ss:  
County of HENDRICKS  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this 10th day of December, 1966  
John Samuel Clerk

DELETE 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 14th day of December, 1966, authorizing the joining together as husband and wife John L. Wubbolding and Cynthia Ann Gibbs.  
Be it further remembered, the following marriage certificate was filed in my office, to wit:  
I, Rev. Donald Coakley hereby certify that on the 17th day of December, one thousand nine hundred and 66 at Plainfield, County of Cook State of Illinois and, Bride Cynthia Ann Gibbs of HENDRICKS County, State of Indiana County. were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.  
Dated this 14th day of December, 1966.

Signed Rev. Donald Coakley  
Official Designation Catholic Priest  
Filed and recorded in accordance with the laws of the State of Indiana this 21 day of Dec., 1966  
Signed John Samuel Clerk  
HENDRICKS Circuit Court



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 364  
File Book 29  
10 December 1966  
Date of Application

MALE  
Medical Examination Report Dated 5 December 1966  
Name of Physician Irving Cohen M.D.

FEMALE  
Medical Examination Report Dated 5 December 1966  
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 John L. Wubbolding  
Date of Birth February 4 1946  
Place of Birth Cincinnati Ohio  
Residence Address 1172 Lancaster Ave., Elk Grove Cook Ill  
Previous 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: ISU.  
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

- Full name of father John Ferdinand Wubbolding  
Residence of father (if deceased so state) Elk Grove, Ill  
Occupation of father Area Mgr: FAA Race of father white  
Birthplace of father (State or foreign country) Cincinnati, Ohio
- Full maiden name of mother Bertha Conrad  
Residence of mother (if deceased so state) Elk Grove, Ill  
Occupation of mother H/W Race of mother white  
Birthplace of mother (State or foreign country) Cincinnati, Ohio.

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

**FEMALE APPLICANT**

Name Cynthia Ann Gibbs  
Date of Birth May 31 1947  
Place of Birth Indianapolis Ind.  
Residence Address 1049 Stafford, 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 Clerical  
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 Leo John Gibbs  
Residence of father (if deceased so state) Plainfield, Ind  
Occupation of father Super. Ind Bell Race of father white  
Birthplace of father (State or foreign country) Brownsburg, Ind.
- Full maiden name of mother Dorothea Caroline Biggs  
Residence of mother (if deceased so state) P.R. Rd., Ind.  
Occupation of mother H/W Race of mother white  
Birthplace of mother (State or foreign country) Ala.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of.....  
Signed Cynthia Ann Gibbs  
New Address Same.  
Subscribed and sworn to before me this 10th day of December, 1966  
John Lambell Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

**FILED**

John F. Wubbolding, hereby give my consent for my son John L. Wubbolding to marry Cynthia Ann Gibbs.

John F. Wubbolding  
Subscribed and sworn to before me this 8th day of Dec 1966  
Viola E. Taylor  
Notary Public

John Lambell Jr.  
CLERK HENDRICKS CIRCUIT COURT SUPERIOR

**Be It Remembered**, there was filed in my office a marriage license of Indiana dated the 14th day of December, 1966, authorizing the joining together as husband and wife of John L. Wubbolding and Cynthia Ann Gibbs.  
Be it further remembered, the following marriage certificate was filed in my office, to wit:  
I, Rev. Donald Coakley hereby certify that on the 17th day of December, one thousand nine hundred and 66 at Plainfield, County of Illinois, State of Illinois, Groom John Lee Wubbolding and, Bride Cynthia Ann Gibbs of Cook County, State of Indiana 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, State of Indiana.  
Dated this 14th day of December, 1966.  
Signed Rev. Donald Coakley  
Official Designation Catholic Priest  
Filed and recorded in accordance with the laws of the State of Indiana this 21 day of Dec, 1966.  
Signed John 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. 365  
File Book 29  
Date of Application 10 December 1966

MALE  
Medical Examination Report Dated 28 November 1966  
Name of Physician M.O. Scamahan M.D.

FEMALE  
Medical Examination Report Dated 28 November 1966  
Name of Physician M.O. Scamahan 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

FEMALE APPLICANT

Name Michael D. Luckey  
Date of Birth January 22 1945  
Place of Birth Troy, Ohio  
Residence Address 12 William Dr, 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 Student: Butler  
Date of birth verified by:  Birth Cert.  Judicial Decree  
 Other (Specify) Drivers Lic.

Name Judith Anne Schnell  
Date of Birth January 19 1945  
Place of Birth Gainesville, Texas  
Residence Address 23 Greencree Dr, B'burg, 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) Drivers 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

- 1. Are you now or have you been adjudged, diagnosed or considered as:  
An 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: Carlton Clean Schnell  
Residence of father (if deceased so state) Deceased  
Occupation of father: \_\_\_\_\_ Race of father white  
Birthplace of father (State or foreign country) Akron, Ohio
- 8. Full maiden name of mother: Joy Katherine Tomlinson  
Residence of mother (if deceased so state) B'burg, Ind.  
Occupation of mother School Teach. Sr. Hi. Race of mother white  
Birthplace of mother (State or foreign country) Indpls, 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: Avery D. Luckey  
Residence of father (if deceased so state) Deceased  
Occupation of father: \_\_\_\_\_ Race of father white  
Birthplace of father (State or foreign country) Moran, Kansas  
12. Full maiden name of mother: Ruth McCroym  
Residence of mother (if deceased so state) B'burg, Ind.  
Occupation of mother clerk: West Art Race of mother white  
Birthplace of mother (State or foreign country) Leopoldus Springs, Missouri

State of Indiana, } ss: I depose and state the information given in this application is true and correct.  
County of HENDRICKS  
Signed Michael D. Luckey  
New Address 1326 S. Lyndhurst #26, Indpls.  
Subscribed and sworn to before me this 10th day of December, 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 Judith Anne Schnell  
New Address Same  
Subscribed and sworn to before me this 10th day of December, 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.

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of this applicant hereby 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 \_\_\_\_\_

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 December, 1966, authorizing the joining together as husband and wife of Michael D. Luckey and Judith Anne Schnell.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Rev. L. L. Kroppmeier hereby certify that on the 17th day of December, one thousand nine hundred and 66 at Brownsburg County of HENDRICKS State of Indiana, Groom Michael D. Luckey of HENDRICKS County, State of Indiana and, Bride Judith Anne Schnell 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 17th day of December, 1966.  
Signed Rev. L. L. Kroppmeier  
Official Designation Minister  
\_\_\_\_\_ day of \_\_\_\_\_, 1966.  
Signed John Samuel J. 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. 366  
File Book 29  
Date of Application 10 December 1966

MALE  
Medical Examination Report Dated 6 December 1966  
Name of Physician L.E. Foltz, M.D.

FEMALE  
Medical Examination Report Dated 6 December 1966  
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 Michael Marion Olmstead  
Date of Birth September 22 1941  
Place of Birth Indianapolis, Ind.  
Residence Address R2, Bx 197 P.O., New, 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 Chaser: Allison  
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? 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  
Marion Oscar Olmstead  
Residence of father (if deceased so state) Deceased  
Occupation of father \_\_\_\_\_ Race of father white  
Birthplace of father (State or foreign country) Edinburg, Ind.  
Full maiden name of mother Rosamary Worrell  
Residence of mother (if deceased so state) P.O. Box 122, Ind.  
Occupation of mother Teacher, Sp. Ed. Dept. Race of mother white  
Birthplace of mother (State or foreign country) Pittsboro, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
Signed Michael Marion Olmstead  
New Address R2, Bx 197 P.O., New, Ind.  
Subscribed and sworn to before me this 10th day of December, 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 Andrea Lou Anderson  
Date of Birth August 8 1942  
Place of Birth Portsmouth, Ohio  
Residence Address 5346 Graceland, 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 Office CLK: Ayres  
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 Ford Andrew Anderson  
Residence of father (if deceased so state) Indpls, Ind.  
Occupation of father Claims Adj. Ind Ins. Race of father white  
Birthplace of father (State or foreign country) Portsmouth, Ohio

8. Full maiden name of mother Lucile Mae Roth  
Residence of mother (if deceased so state) Indpls, Ind.  
Occupation of mother H/W Race of mother white  
Birthplace of mother (State or foreign country) Portsmouth, Ohio

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
Signed Andrea Lou Anderson  
New Address Same  
Subscribed and sworn to before me this 10th day of December, 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 \_\_\_\_\_ 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 Hend. Circuit Court of Indiana dated the 7th day of Dec, 1966, authorizing the joining together as husband and wife Michael Marion Olmstead and Andrea Lou Anderson  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Rev. Edward C. McLana hereby certify that on the 31st day of December, one thousand nine hundred and 66 at Indianapolis, County of Marion, State of Indiana, Groom Michael Marion Olmstead of Hendricks County, State of Indiana and, Bride Andrea Lou Anderson 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, 1966.

Signed Rev. Edward C. McLana  
Official Designation Minister  
Filed and recorded in accordance with the laws of the State of Indiana this 3 day of Jan., 1967.  
Signed John Samuels 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. 367  
File Dec 10 - 1966  
Date of Application

HENDRICKS County

MALE  
Medical Examination Report Dated 12-9-66  
Name of Physician Irving Cohen M.D.

FEMALE  
Medical Examination Report Dated 12-9-66  
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, representa-

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

MALE APPLICANT

Name Laurence Huck  
Date of Birth Sept 3 1935  
Place of Birth (State or foreign country) Waukegan Ill  
Residence Address R 2 Box 117 Indpls Ind.  
Previous Marital Status: Never Married  Number of Previous Marriages once  
Last Marriage Ended By: Death  Divorce  Annulment

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

Usual Occupation Salesman

Date of birth verified by:  Birth Cert.  Judicial Degree

Other (Specify) operator 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 Laurence Huck

Residence of father (if deceased so state) deceased

Occupation of father \_\_\_\_\_ Race of father W

Birthplace of father (State or foreign country) Illinois

12. Full maiden name of mother Margaret Williams

Residence of mother (if deceased so state) deceased

Occupation of mother \_\_\_\_\_ Race of mother W

Birthplace of mother (State or foreign country) Illinois

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

County of HENDRICKS

Signed Laurence Huck

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

Subscribed and sworn to before me this 10 day of Dec, 1966

John Humbold, 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, } ss: \_\_\_\_\_

County of HENDRICKS

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

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

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

\_\_\_\_\_ Clerk

FEMALE APPLICANT

Name Barbara Drews  
Date of Birth Sept 20 1932  
Place of Birth (State or foreign country) Indianapolis Ind.  
Residence Address 3033 Jolly Indpls Ind.  
Maiden Name if Different 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 S.B.M.

Date of birth verified by:  Birth Cert.  Judicial Degree

Other (Specify) operator license

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

7. Full name of father Paul Drews

Residence of father (if deceased so state) deceased

Occupation of father \_\_\_\_\_ Race of father W

Birthplace of father (State or foreign country) Indiana

8. Full maiden name of mother Catherine Kaiser

Residence of mother (if deceased so state) Indianapolis

Occupation of mother none Race of mother W

Birthplace of mother (State or foreign country) Indiana

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

County of HENDRICKS

Signed Barbara Drews

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

Subscribed and sworn to before me this 10 day of Dec, 1966

John Humbold, 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, } 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 16th day of December, 1966, authorizing the joining together as husband and wife

of Laurence Huck and Barbara Drews

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

I, Wilbur J. Gill hereby certify that on the 18 day of Dec, \_\_\_\_\_

at Warsaw County of Rassias

one thousand nine hundred and 66 at HENDRICKS County, State of Ind.

State of Indiana, Groom Laurence Huck of Marion County, State of Ind.

and, Bride Barbara Drews 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 18 day of Dec, 1966

Signed Wilbur J. Gill Official Designation Justice of the Peace

Signed John Humbold Jr Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 21 day of Dec, 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. 368  
File Book 29  
12 December 1966  
Date of Application

MALE  
Medical Examination Report Dated 8 December 1966  
Name of Physician James Black M.D.

FEMALE  
Medical Examination Report Dated 8 December 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, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT  
Name Richard W. Daiker  
Date of Birth January 6 1945  
Place of Birth Sanum, Batesville, Ind.  
Residence Address 125 Walnut Osgood, Ripley, Ind.

FEMALE APPLICANT  
Name Kathleen E. Tunny  
Date of Birth January 9 1949  
Place of Birth Batesville, Ind.  
Residence Address Lot 59 Oakhurst, Bibury, 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: I.U.

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

- Date of birth verified by:  Birth Cert.  Judicial Decree  
 Other (Specify) Drivers 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 Thomas Edward Tunny  
Residence of father (if deceased so state) Deceased  
Occupation of father \_\_\_\_\_ Race of father white  
Birthplace of father (State or foreign country) Ripley Co, 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 William George Daiker  
Residence of father (if deceased so state) Deceased  
Occupation of father \_\_\_\_\_ Race of father white  
Birthplace of father (State or foreign country) Cincinnati, Ohio

8. Full maiden name of mother Mary Ruth Benham  
Residence of mother (if deceased so state) Bibury, Ind.  
Occupation of mother H/W Race of mother white  
Birthplace of mother (State or foreign country) Decatur Co, Ind.

State of Indiana, } ss: I depose and state the information given  
County of HENDRICKS in this application is true and correct.  
Signed Richard W Daiker  
New Address 750 S. Walker St, Lot 40, Bloomington, Ind.  
Subscribed and sworn to before me this 12th day of December, 1966.  
Clerk John Gambold HENDRICKS Circuit Court

State of Indiana, } ss: I depose and state the information given  
County of HENDRICKS in this application is true and correct.  
Signed Kathleen E. Tunny  
New Address Jane  
Subscribed and sworn to before me this 12th day of December, 1966.  
Clerk John Gambold HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of 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 consent below.

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of 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 consent below.

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

State of Indiana, } ss:  
County of HENDRICKS  
Signed \_\_\_\_\_ Father  
Signed Mary R. Herbert Mother  
Subscribed and sworn to before me this 12th day of December, 1966.  
Clerk John Gambold

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 16 day of December, 1966, authorizing the joining together as husband and wife Richard W. Daiker and Kathleen E. Tunny.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Rev. Donald F. Schweitzer hereby certify that on the 17th day of December, one thousand nine hundred and 66, at St. John Catholic Church of Ripley State of Indiana, Groom Richard W. Daiker of Ripley County, State of Indiana and, Bride Kathleen E. Tunny 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 December, 1966.

Signed Rev. Donald F. Schweitzer  
Official Designation Pastor  
Filed and recorded in accordance with the laws of the State of Indiana this 21 day of Dec, 1966.  
Signed John Gambold 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. 369  
File Book 29  
Date of Application 12 December 1966

MALE  
Medical Examination Report Dated 9 December 1966  
Name of Physician S.M. Humphreys, M.D.

FEMALE  
Medical Examination Report Dated 9 December 1966  
Name of Physician S.M. Humphreys, 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  
Floyd James Hensley  
Date of Birth Month Day Year  
December 12 1956  
Place of Birth (State or foreign country)  
Wabash, Indiana  
Residence Address Street or R. R. City County State  
17 E. Tildan, B'burg, Hen, 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 P.E.C. U.S. Army  
Date of birth verified by:  Birth Cert.  Judicial Decree

FEMALE APPLICANT  
Name First Middle Last  
Pamela Gail Hornaday  
Date of Birth Month Day Year  
May 18 1950  
Place of Birth (State or foreign country)  
Indianapolis, Ind.  
Residence Address Street or R. R. City County State  
484 S. Livingstone, 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 School  
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) No  Yes

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

(a) List their full names, ages and addresses  
Name Age Address

7. Full name of father: Theodore Hornaday  
Residence of father (if deceased so state): Indpls, Ind.  
Occupation of father: Furnace Inst. Std Oil  
Race of father: white  
Birthplace of father (State or foreign country): Mooresville, 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

8. Full maiden name of mother: Mary Katherine George  
Residence of mother (if deceased so state): Indpls, Ind.  
Occupation of mother: File clk. Am. Express  
Race of mother: white  
Birthplace of mother (State or foreign country): Indpls, Ind.

11. Full name of father: Lude James Hensley  
Residence of father (if deceased so state): B'burg, Ind.  
Occupation of father: Machinist: chgo. Race of father: white  
Birthplace of father (State or foreign country): Greenville, Tenn.

State of Indiana, } ss: I depose and state the information given in this application is true and correct.  
County of HENDRICKS }  
Signed Pamela Gail Hornaday  
New Address 484 S. Livingstone, Ind  
Subscribed and sworn to before me this 12th day of December, 1966  
John Samuell Clerk HENDRICKS Circuit Court

12. Full maiden name of mother: Emily Alice Shelton  
Residence of mother (if deceased so state): B'burg, Ind.  
Occupation of mother: Assemble: RCA Race of mother: white  
Birthplace of mother (State or foreign country): Greenville, Tenn.

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  
Father's consent as witness by this office 9th Decem 1966 at hnd.

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of 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 dated 12 December 1966  
State of Indiana, } ss:  
County of HENDRICKS }  
Signed Floyd James Hensley Father  
Signed Emily A. Hensley Mother  
Subscribed and sworn to before me this 12th day of December, 1966  
John Samuell Clerk

State of Indiana, } ss:  
County of HENDRICKS }  
Signed Mrs. Mary K. Hornaday Mother  
Subscribed and sworn to before me this 12th day of December, 1966  
John Samuell Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the  
Hendricks County Superior Court by written order issued 12th December 1966 and filed  
in Clerk's office authorizes and directs the issuance of a marriage license to the above named parties. 3da 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 12th day of December 1966, authorizing the joining together as husband and wife  
of Floyd James Hensley and Pamela Gail Hornaday.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Frank E. Ryan hereby certify that on the 12th day of December  
one thousand nine hundred and 66 at Danville, County of Hendricks,  
State of Indiana, Groom: Floyd James Hensley of Hendricks County, State of Indiana  
and, Bride: Pamela Gail Hornaday 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 12th day of December, 1966. Signed: Frank E. Ryan  
Official Designation: Justice of Peace  
14 day of Dec. 1966  
Signed: John Samuell 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. 369  
File Book 29  
Date of Application 12 December 1966

HENDRICKS County

MALE  
Medical Examination Report Dated 9 December 1966  
Name of Physician S.M. Humphreys, M.D.

FEMALE  
Medical Examination Report Dated 9 December 1966  
Name of Physician S.M. Humphreys, 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 Floyd James Hensley  
Date of Birth December 2 1956  
Place of Birth Wabash, Indiana  
Residence Address 17 E. Tildan Dr., Ellettsburg, Ind.  
Previous Marital Status:  Never Married  
Last Marriage Ended By:  Death  Divorce  Annulment  
Color or Race:  White  
Usual Occupation P.F.C. U.S. Army  
Date of birth verified by:  Birth Cert.

FEMALE APPLICANT  
Name Pamela Gail Hornaday  
Date of Birth May 18 1950  
Place of Birth Indianapolis, Ind.  
Residence Address 424 S. Livingston, Indpls, Marion, Ind.  
Maiden Name if Different  
Previous Marital Status:  Never Married  
Last Marriage Ended By:  Death  Divorce  Annulment  
Color or Race:  White  
Usual Occupation School  
Date of birth verified by:  Birth Cert.

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

- 1. Are you now or have you been adjudged, diagnosed or considered as:  
An 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: Theodore Hornaday  
Residence of father (if deceased so state): Indpls, Ind.  
Occupation of father: Furnace Inst. Std Oil  
Birthplace of father (State or foreign country): Mooresville, Ind.
- 8. Full maiden name of mother: Mary Katherine George  
Residence of mother (if deceased so state): Indpls, Ind.  
Occupation of mother: File clk. Am. Express  
Birthplace of mother (State or foreign country): Indpls, 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: Lude James Hensley  
Residence of father (if deceased so state): Ellettsburg, Ind.  
Occupation  
Birthplace

12. Full maiden name of mother: \_\_\_\_\_  
Residence  
Occupation  
Birthplace  
State of Indiana  
County of \_\_\_\_\_

I, Lude J. Hensley, hereby give my consent for  
**FILED**  
my son, Floyd James Hensley  
to marry Pamela Gail Hornaday.

Signed and sworn to before me this 12 day of Dec, 1966  
Lude J. Hensley  
Clerk HENDRICKS COUNTY SUPERIOR

Subscribed and sworn to before me this 12 day of Dec, 1966  
John Gambold Jr.  
Clerk HENDRICKS COUNTY SUPERIOR

Clara C. Rottmeyer  
Notary Public  
11-12-68

Signed Emily A. Hensley Mother  
Subscribed and sworn to before me this 12th day of December, 1966  
John Gambold Jr. Clerk

Signed Mrs. Mary K. Hornaday Mother  
Subscribed and sworn to before me this 12th day of December, 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 Superior Court by written order issued 12th December 1966 and filed  
in Clerks office authorizes and directs the issuance of a marriage license to the above named parties. 3da 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 12th day of December, 1966, authorizing the joining together as husband and wife  
of Floyd James Hensley and Pamela Gail Hornaday.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Frank E. Ryan hereby certify that on the 12th day of December,  
one thousand nine hundred and 66 at Darville, County of Hendricks,  
State of Indiana, Groom Floyd James Hensley of Hendricks County, State of Indiana,  
and, Bride Pamela Gail Hornaday 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 12th day of December, 1966. Signed Frank E. Ryan  
Official Designation Justice of Peace  
14 day of Dec, 1966.  
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. 370  
File Book 29  
Date of Application 13 December 1966

MALE  
Medical Examination Report Dated 2 December 1966  
Name of Physician Verville Perego Capt M.C.

FEMALE  
Medical Examination Report Dated 2 December 1966  
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 Stephan Lee Hunt  
Date of Birth March 1947  
Place of Birth Brazil, Indiana  
Residence Address 618 Maple St., 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 E-1: US 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? No  Yes   
(If yes, answer questions a, b, c)  
(a) List their full names, ages and addresses

Name	Age	Address

**FEMALE APPLICANT**

Name Susan Venette Kirkpatrick  
Date of Birth April 1948  
Place of Birth Indianapolis, Ind.  
Residence Address 111 Greenacre Dr., 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 Student: Ind. Govt. Bus. Col.  
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 Coral Kirkpatrick  
Residence of father (if deceased so state) PO Box 3720 Ada, Okla.  
Occupation of father Missionary Christian Ch. Race of father White  
Birthplace of father (State or foreign country) Nebraska
- Full maiden name of mother Wanda Venette Mills  
Residence of mother (if deceased so state) Sam  
Occupation of mother Sam Race of mother White  
Birthplace of mother (State or foreign country) Bloomington, Indiana

11. Full name of father Floyd M. Hunt  
Residence of father (if deceased so state) B'burg, Ind.  
Occupation of father Gen. Cath. Albrn Race of father White  
Birthplace of father (State or foreign country) Montezuma, Ind.

12. Full maiden name of mother Henrietta Maude Sutherland  
Residence of mother (if deceased so state) B'burg, Ind.  
Occupation of mother H/W. Race of mother White  
Birthplace of mother (State or foreign country) Brazil, Ind.

8. Full maiden name of mother Wanda Venette Mills  
Residence of mother (if deceased so state) Sam  
Occupation of mother Sam Race of mother White  
Birthplace of mother (State or foreign country) Bloomington, Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_  
Signed Stephan Lee Hunt  
New Address 82nd St. (AES) Ft. Briggs, Md.  
Subscribed and sworn to before me this 13th day of December, 1966  
John Gambold Clerk HENDRICKS Circuit Court

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_  
Signed Susan Venette Kirkpatrick  
New Address 111 Greenacre Dr., Brownsburg, Ind.  
Subscribed and sworn to before me this 13th day of December, 1966  
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.  
Father's notarized consent dated 28 Nov 1966 attached.  
State of Indiana, HENDRICKS } ss:  
County of \_\_\_\_\_  
Signed \_\_\_\_\_ Father  
Signed Henrietta M. Hunt Mother  
Subscribed and sworn to before me this 13th day of December, 1966  
John Gambold 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 \_\_\_\_\_ County \_\_\_\_\_ Court by written order issued 13 Dec 1966 and filed in Clerks office \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties. 3da 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 \_\_\_\_\_ of Indiana dated the 13th day of December, 1966, authorizing the joining together as husband and wife of Stephan Lee Hunt and Susan Venette Kirkpatrick.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Lester B. Yearick hereby certify that on the 17th day of December, one thousand nine hundred and 66 at Brownsburg, County of HENDRICKS, State of Indiana, Groom Stephan Lee Hunt of HENDRICKS County, State of Indiana, and, Bride Susan Venette Kirkpatrick 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 18th day of December, 1966.

Signed Lester B. Yearick  
Official Designation Minister  
\_\_\_\_\_ day of Dec., 1966  
Signed John Gambold Jr Clerk  
HENDRICKS Circuit Court

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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 370  
File Book 29  
Date of Application 13 December 1966

MALE  
Medical Examination Report Dated 2 December 1966  
Name of Physician Verville Perego Cat M.C.

FEMALE  
Medical Examination Report Dated 2 December 1966  
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 Stephan Lee Hunt  
Date of Birth March 1, 1947  
Place of Birth Brazil, Indiana  
Residence Address 618 Maple St, 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 E-1: US 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?  
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 Susan Venette Kirkpatrick  
Date of Birth April 27, 1948  
Place of Birth Indiana  
Residence Address 111 Greenacre Dr, 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 Student: Ind. Govt. Bus. Col.  
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 Coral Kirkpatrick  
Residence of father (if deceased so state) PO Box 3720 Adams, Ala.  
Occupation of father Missionary Christian Ch. Race of father White

(b) Are you su  
(c) Are you con  
their suppor

11. Full name of fat  
Residence of fat  
Occupation of fa  
Birthplace of fa

12. Full maiden nar  
Residence of mc  
Occupation of m  
Birthplace of m  
State of Indiana,  
County of \_\_\_\_\_

Subscribed and sw  
[Signature]

CONSENT OF PA  
We, the parents, c  
signs, state facts

Dated \_\_\_\_\_  
State of Indiana,  
County of \_\_\_\_\_

Subscribed and sw

COMPLETE I  
[Signature]

in \_\_\_\_\_  
[Signature]

FILED

DEC 13 1966

November 28, 1966

I, Floyd Hunt, give my consent for my son, Stephan Lee Hunt to marry  
Susan Venette Kirkpatrick.

State of Indiana )  
( SS:  
County of Hendricks)

On November 28, 1966 before me, the undersigned, a Notary Public in and for said State, personally appeared Floyd Hunt, who is known to be the person whose name is subscribed to the within instrument and acknowledged that he executed the same.

Witness my hand and official seal.

[Signature]  
(Ralph L. Henderson, Notary Public)

My commission expires: April 29, 1968



\_\_\_\_\_ 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 13th day of December, 1966, authorizing the joining together as husband and wife of Stephan Lee Hunt and Susan Venette Kirkpatrick.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Dexter B. Yearick hereby certify that on the 17th day of December, one thousand nine hundred and 66 at Brownsburg, County of HENDRICKS, State of Indiana, Groom Stephan Lee Hunt and, Bride Susan Venette Kirkpatrick 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, 1966.

Signed Dexter B. Yearick  
Official Designation Minister  
Filed and recorded in accordance with the laws of the State of Indiana this 21 day of Dec, 1966  
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. 371  
File Book 29  
13 December, 1966  
Date of Application

HENDRICKS County

MALE  
Medical Examination Report Dated December 12, 1966  
Name of Physician J. E. Gillispie M.D.

FEMALE  
Medical Examination Report Dated December 12, 1966  
Name of Physician J. E. Gillispie 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 Morris Keith Walton  
Date of Birth Sept. 29 1946  
Place of Birth Rendallville  
Residence Address R.R. #1 Box 104 Clayton Hend. Ind.  
Previous Marital Status:  Never Married  
Last Marriage Ended By:  Death  Divorce  Annulment  
Color or Race  White  
Usual Occupation United States Air Force  
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 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?  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: Henry Morris Walton  
Residence of father (if deceased so state): R.R. #1 Box 104 Clayton, Ind.  
Occupation of father: Carpenter - h+h Building  
Birthplace of father (State or foreign country): Columbiana, Alabama  
12. Full maiden name of mother: Ruth Viola McFarlin  
Residence of mother (if deceased so state): R.R. #1 Box 104 Clayton, Ind.  
Occupation of mother: Clerk - State Office Building  
Birthplace of mother (State or foreign country): Highland, Ohio

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
Signed Morris Keith Walton  
New Address: R.R. #1 Box 104 Clayton, Ind.  
Subscribed and sworn to before me this 13th day of December, 1966.  
John Sambold, 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. both  
Parents were present and signed.

State of Indiana, HENDRICKS } ss:  
Signed Henry Morris Walton Father  
Signed Ruth Viola Walton Mother  
Subscribed and sworn to before me this 13th day of December, 1966.  
John Sambold, Jr. Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 17th day of December, 1966, authorizing the joining together as husband and wife of Morris Keith Walton and Patricia Ann Trainor.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Paul Taylor hereby certify that on the 17th day of December, 1966, at Clayton, County of HENDRICKS, State of Indiana, Groom Morris Keith Walton of HENDRICKS County, State of Indiana, and, Bride Patricia Ann Trainor 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 17th day of December, 1966.  
Signed Paul Taylor Minister  
Official Designation Sec.  
Signed John Sambold Jr Clerk  
HENDRICKS Circuit Court

FEMALE APPLICANT  
Name Patricia Ann Trainor  
Date of Birth February 23 1946  
Place of Birth Greencastle Putnam Ind.  
Residence Address P.O. Box 234 Clayton Hend. Ind.  
Maiden Name if Different Clayton Hend. Ind.  
Previous Marital Status:  Never Married  
Last Marriage Ended By:  Death  Divorce  Annulment  
Color or Race  White

- 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: Eugene Edward Trainor  
Residence of father (if deceased so state): P.O. Box 234 Clayton, Ind.  
Occupation of father: Service Station Owner  
Race of father: White  
Birthplace of father (State or foreign country): Center City, Nebraska
- 8. Full maiden name of mother: Pauline Frances Jackson  
Residence of mother (if deceased so state): P.O. Box 234 Clayton, Ind.  
Occupation of mother: Housewife  
Race of mother: White  
Birthplace of mother (State or foreign country): Clayton, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
Signed Patricia Ann Trainor  
New Address: P.O. #1 Box 104 Clayton, Ind.  
Subscribed and sworn to before me this 13th day of December, 1966.  
John Sambold, 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 \_\_\_\_\_



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. 372  
File Book 29  
13 December 1966  
Date of Application

MALE  
Medical Examination Report Dated 13 December 1966  
Name of Physician Don E. Kelly, M.D.

FEMALE  
Medical Examination Report Dated 13 December 1966  
Name of Physician Don E. Kelly, M.D.

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

MALE APPLICANT  
Name Russell J. Christian  
Date of Birth March 13 1940  
Place of Birth Richlands, Va.  
Residence Address 809 W. Wash, Indpls, Marion, Ind.  
Previous Marital Status: Never Married  
Last Marriage Ended By: Death  Divorce  Annulment   
Color or Race White  Negro  Other  (specify)  
Usual Occupation E6 - US Army

FEMALE APPLICANT  
Name Sandra L. Christian  
Date of Birth November 17 1938  
Place of Birth Indianapolis, Ind.  
Residence Address 3007 Clow Dr, Indpls, Hend, Ind  
Maiden Name if Different Sandra L. Cline  
Previous Marital Status: Never Married  
Last Marriage Ended By: Death  Divorce  Annulment   
Color or Race White  Negro  Other  (specify)  
Usual Occupation Book Keeper: Central Soya.

Date of birth verified by:  Birth Cert.  Judicial Decree  
 Other (Specify) Army, Ind.  
1. Are you now or have you been adjudged, diagnosed or considered as:  
An 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

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 Franklin Cline, Sr.  
Residence of father (if deceased so state): Lebanon, Ind.  
Occupation of father: Factory wkr. Race of father: white  
Birthplace of father (State or foreign country): Boone Co, 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: Charles Russell Christian  
Residence of father (if deceased so state): Deceased  
Occupation of father: — Race of father: white  
Birthplace of father (State or foreign country): Tazewell Co, Va.

8. Full maiden name of mother: Beverly June Caldwell  
Residence of mother (if deceased so state): Plainfield, Ind.  
Occupation of mother: Waitress, Fredrick's 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 Russell J. Christian  
New Address 589th Elys, Ft. Hood, Tex  
Subscribed and sworn to before me this 13th day of December 1966  
Clerk Helen Gansell HENDRICKS Circuit Court

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of HENDRICKS }  
Signed Sandra L. Christian  
New Address 3007 Clow Dr, Indpls, Ind  
Subscribed and sworn to before me this 13th day of December 1966  
Clerk Helen Gansell HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of this applicant hereby give consent 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 \_\_\_\_\_

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of this applicant hereby give consent 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 17th day of December, 1966, authorizing the joining together as husband and wife of Russell J. Christian and Sandra L. Christian.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Frank Wynn, hereby certify that on the 17th day of Dec, one thousand nine hundred and 66, at Danville, HENDRICKS, County of Indiana, Groom Russell J. Christian of HENDRICKS County, State of Indiana and, Bride Sandra L. Christian 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 HENDRICK County.  
Dated this 17th day of Dec, 1966.

Signed Frank Wynn  
Official Designation Justice of Peace  
22 day of Dec 1966  
Signed John Gansell 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. 373  
File Book 29  
Date of Application 13 December 1966

MALE  
Medical Examination Report Dated 13 December 1966  
Name of Physician D.D. B. Haggard M.D.

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

MALE APPLICANT

Name Charles David Meade  
Date of Birth January 18 1947  
Place of Birth Kalamazoo, Mich.  
Residence Address 433 Middlesex Ave, Metuchen, Middlesex, N.J.  
Previous Marital Status: Never Married  Number of Previous Marriages.....  
Last Marriage Ended By: Death  Divorce  Annulment   
Color or Race White  Negro  Other  (specify).....  
Usual Occupation P.F.C. USMC.  
Date of birth verified by:  Birth Cert.  Judicial Decree  
 Other (Specify) Marine I.D.

FEMALE APPLICANT

Name Sharron Elizabeth Feola  
Date of Birth August 16 1946  
Place of Birth Indianapolis, Ind.  
Residence Address 510 Harding St, P.O. Box, 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 Secy.  
Date of birth verified by:  Birth Cert.  Judicial Decree  
 Other (Specify) Driver 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

- 1. Are you now or have you been adjudged, diagnosed or considered as:  
An 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 Santo Joseph Feola  
Residence of father (if deceased so state) Plainfield, N.J.  
Occupation of father Dep. Dohrn Race of father White  
Birthplace of father (State or foreign country) N.Y.C. N.Y.
- 8. Full maiden name of mother Doris Aileen Burton  
Residence of mother (if deceased so state) Plainfield, Ind.  
Occupation of mother H/W. Race of mother White  
Birthplace of mother (State or foreign country) Plate, Ky.

(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 Hayes Meade Sr.  
Residence of father (if deceased so state) Metuchen, N.J.  
Occupation of father Pres. Meade Corp. Race of father White  
Birthplace of father (State or foreign country) Washington, Ind.

State of Indiana, } ss: I depose and state the information given in this application is true and correct.  
County of HENDRICKS  
Signed Sharron Elizabeth Feola  
New Address Unknown  
Subscribed and sworn to before me this 13th day of December, 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 Charles David Meade  
New Address Reg. H.O. Co. H.O. Regt (S-3) Camp Pendleton, Calif.  
Subscribed and sworn to before me this 13th day of December, 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 notarized consent dated 5 December 1966 attached  
State of Indiana, } ss:  
County of HENDRICKS  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this 13th day of December, 1966  
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, } 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 December, 1966, authorizing the joining together as husband and wife of Charles David Meade and Sharron Elizabeth Feola.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Rev. Donald Coakley hereby certify that on the 17th day of December, HENDRICKS, one thousand nine hundred and 66 at Plainfield County of New Jersey, State of Indiana, Groom Charles David Meade of HENDRICKS County, State of Indiana, and, Bride Sharron Elizabeth Feola 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 17th day of December, 1966.  
Signed Rev. Donald Coakley  
Official Designation Catholic Priest  
21 day of Dec., 1966.  
Signed John Samboled 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. 373  
File Book 29  
13 December 1966  
Date of Application

HENDRICKS County

MALE  
Medical Examination Report Dated 13 December 1966  
Name of Physician Dr. B. Haggard M.D.

FEMALE  
Medical Examination Report Dated 13 December 1966  
Name of Physician Dr. 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 Charles David Meade  
Date of Birth January 18 1947  
Place of Birth Kalamazoo, Mich.  
Residence Address 43B Middlesex Ave, Metuchen, Middlesex, N.J.  
Previous Marital Status: Never Married  Number of Previous Marriages \_\_\_\_\_  
Last Marriage Ended By: Death  Divorce  Annulment

FEMALE APPLICANT  
Name Sharron Elizabeth Feola  
Date of Birth August 16 1946  
Place of Birth Indianapolis, Ind.  
Residence Address 510 Harding St, P.O. Box, Hendricks, Ind.  
Maiden Name if Different \_\_\_\_\_  
Previous Marital Status: Never Married  Number of Previous Marriages \_\_\_\_\_  
Last Marriage Ended By: Death  Divorce  Annulment

December 5, 1966

TO WHOM IT MAY CONCERN:

RE: Certification of Consent for Marriage  
CHARLES DAVID MEADE to  
SHARRON ELIZABETH FEOLA

This is to certify that we, the undersigned parents, hereby  
give consent for our son, Charles David Meade, to marry Sharron  
Elizabeth Feola.

Signed Robert H. Meade  
Robert H. Meade (Father)  
43-B Middlesex Ave., Metuchen, N.J.

Signed Marie B. Meade  
Marie B. Meade (Mother)  
43-B Middlesex Ave., Metuchen, N.J.

The above Certificate of Consent subscribed to and signed before  
me on:

Date: December 5, 1966

William H. Eichling  
Notary Public  
WILLIAM H. EICHLING  
NOTARY PUBLIC OF NEW JERSEY  
My Commission expires July 22, 1968

My commission expires \_\_\_\_\_

No  Yes   
No  Yes   
No  Yes   
No  Yes   
No  Yes   
No  Yes   
No  Yes   
No  Yes

col.  
eld. m.d.  
er. white  
V.Y.  
Burton  
eld, ind.  
her. white

Information given  
is true and correct.

Sub

December, 1966

Circuit Court

If only one parent

ary

Father

Mother

19

Clerk

med parties, the

and filed

Circuit Court

usband and wife

HENDRICKS,

ew Jersey

Indiana,

HENDRICKS.

were by me united in marriage as authorized by a marriage license issued for that purpose of \_\_\_\_\_  
County, \_\_\_\_\_  
Dated this 17th day of December, 1966.

Signed Rev. Donald Coakley  
Official Designation Catholic Priest

21 day of Dec., 1966.

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

Signed John Samsald 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 Bk 29  
Dec. 16, 1966  
Date of Application

MALE  
Medical Examination Report Dated Dec. 14, 1966  
Name of Physician Walter Mc Mannis, Md.

FEMALE  
Medical Examination Report Dated Dec. 14, 1966  
Name of Physician Walter Mc Mannis, 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 Walter Thomas Culbertson  
Date of Birth Sept. 10 1944  
Place of Birth Indpls., Ind.  
Residence Address R.R.#1, Box 173, Derwitt, Hend, Ind.  
Previous Marital Status: Never Married  Number of Previous Marriages 2  
Last Marriage Ended By: Death  Divorce  Annulment   
Color or Race White  
Usual Occupation Garage Service Station Owner  
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

(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 Townsend Culbertson  
Residence of father (if deceased so state) Same  
Occupation of father Partner in Station Race of father White  
Birthplace of father (State or foreign country) Indpls., Ind.  
12. Full maiden name of mother Lois A. Duckworth  
Residence of mother (if deceased so state) Same  
Occupation of mother Housewife Race of mother White  
Birthplace of mother (State or foreign country) Sullivan, Indiana

State of Indiana, HENDRICKS } as: I depose and state the information given in this application is true and correct.  
County of HENDRICKS  
Signed Walter Thomas Culbertson  
New Address Same  
Subscribed and sworn to before me this 16th day of December, 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 HENDRICKS  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

FEMALE APPLICANT  
Name Joyce Marie Sanborn  
Date of Birth Oct. 22 1948  
Place of Birth Indpls., Ind.  
Residence Address 712 1/2 Norfolk, Indpls., Marion, Ind.  
Maiden Name if Different Same  
Previous Marital Status: Never Married  Number of Previous Marriages \_\_\_\_\_  
Last Marriage Ended By: Death  Divorce  Annulment   
Color or Race White  
Usual Occupation Student  
Date of birth verified by:  Birth Cert.  Judicial Decree  
 Other (Specify) \_\_\_\_\_

- 1. Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No  Yes   
Of Unsound Mind? No  Yes
- 2. Are you under guardianship as a person of unsound mind? No  Yes
- 3. Are you afflicted with a transmissible disease? No  Yes
- 4. Are you related to the groom closer than second cousin? No  Yes
- 5. Are you now under the influence of intoxicating liquor? No  Yes
- 6. Are you now under the influence of a narcotic drug? No  Yes
- 7. Full name of father Jack Howard Sanborn  
Residence of father (if deceased so state) Same  
Occupation of father Painter Race of father White  
Birthplace of father (State or foreign country) Indpls., Ind.  
8. Full maiden name of mother Margaret Etta Davis  
Residence of mother (if deceased so state) Same  
Occupation of mother Bookkeeper Race of mother White  
Birthplace of mother (State or foreign country) Indpls., Ind.

State of Indiana, HENDRICKS } as: I depose and state the information given in this application is true and correct.  
County of HENDRICKS  
Signed Joyce Marie Sanborn  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 16th day of December, 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 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 December, 1966, authorizing the joining together as husband and wife of Walter Thomas Culbertson and Joyce Marie Sanborn.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Walter Bradford, hereby certify that on the 20 day of December, one thousand nine hundred and 66, at Indpls. County of Marion State of Indiana, Groom Walter Thomas Culbertson of HENDRICKS County, State of Indiana and, Bride Joyce Marie Sanborn of Marion County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.  
Dated this 20 day of Dec., 1966.

Signed Walter Bradford  
Official Designation Justice of Peace  
Filed and recorded in accordance with the laws of the State of Indiana this 22 day of Dec., 1966.  
Signed John Lambold, 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. 375  
File Book 29  
Date of Application 16 December 1966

HENDRICKS County

MALE  
Medical Examination Report Dated 9 December 1966  
Name of Physician Martin D. Garfield MD

FEMALE  
Medical Examination Report Dated 9 December 1966  
Name of Physician Martin D. Garfield 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 Norman Ray Koopman  
Date of Birth May 9 1943  
Place of Birth Lebanon, Indiana  
Residence Address R3 Box 110 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 Machinist: Allison  
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

(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 Gilbert Ralph Koopman  
Residence of father (if deceased so state) Danville, Ind.  
Occupation of father Farmer Race of father white  
Birthplace of father (State or foreign country) Indpls, Ind.

12. Full maiden name of mother Anna Mae Selch  
Residence of mother (if deceased so state) Danville, Ind.  
Occupation of mother H/W 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 Norman Ray Koopman  
New Address 1799 Lafayette Rd, Indpls.  
Subscribed and sworn to before me this 16th day of December, 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 Mildred M. Nooe  
Date of Birth November 23 1943  
Place of Birth Indianapolis, Ind.  
Residence Address 1799 Lafayette Rd, 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 Picker: Silver Burdette  
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 Arthur Heland Nooe  
Residence of father (if deceased so state) Imperial Beach, Calif.  
Occupation of father Electronics teacher Race of father white  
Birthplace of father (State or foreign country) Indpls, Ind.

8. Full maiden name of mother Ruth Ann Miller Adams  
Residence of mother (if deceased so state) 537 Poplar Pittsburg, Ind.  
Occupation of mother H/W 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 Mildred M Nooe  
New Address Same  
Subscribed and sworn to before me this 16th day of December, 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 \_\_\_\_\_

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 20th day of December, 1966, authorizing the joining together as husband and wife of Norman Ray Koopman and Mildred M. Nooe  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Thomas R. Stratton hereby certify that on the 23rd day of December, 1966, at Pittsburg, County of Hendricks, State of Indiana, Groom Norman Ray Koopman of Hendricks County, State of Indiana, and, Bride Mildred M. Nooe 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, 1966. Signed Thomas R. Stratton  
Official Designation Minister  
Filed and recorded in accordance with the laws of the State of Indiana this 29 day of Dec, 1966.  
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. 376  
File Book 29  
16 December 1966  
Date of Application

MALE  
Medical Examination Report Dated 13 December 1966  
Name of Physician R.M. Jacobs, M.D.

FEMALE  
Medical Examination Report Dated 13 December 1966  
Name of Physician R.M. Jacobs, 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 Burl E. Erwin Jr.  
Date of Birth June 10 1943  
Place of Birth Brazil, Indiana  
Residence Address R2 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 Truck Driver: Curtis  
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 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 Burl Edward Erwin Sr.  
Residence of father (if deceased so state) Coatesville, Ind.  
Occupation of father Farmer Race of father white  
Birthplace of father (State or foreign country) Brazil, Indiana

12. Full maiden name of mother Fern Sinders  
Residence of mother (if deceased so state) Kokomo, Ind.  
Occupation of mother Wartress Race of mother white  
Birthplace of mother (State or foreign country) J. Bend, Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
Signed Burl E. Erwin Jr.  
New Address Coatesville, Ind.  
Subscribed and sworn to before me this 16th day of December, 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:  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

**FEMALE APPLICANT**

Name Janet K. Shelton  
Date of Birth June 18 1944  
Place of Birth Coatesville, Ind.  
Residence Address R1 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 Assembler: P.R. Mallory  
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 Farrell Shelton  
Residence of father (if deceased so state) Coatesville, Ind.  
Occupation of father Farmer Race of father white  
Birthplace of father (State or foreign country) Clayton, Ind.
- Full maiden name of mother Geneva Esther Stanley  
Residence of mother (if deceased so state) Coatesville, Ind.  
Occupation of mother at/w 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 Janet K. Shelton  
New Address Same  
Subscribed and sworn to before me this 16th day of December, 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:  
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, 1966, authorizing the joining together as husband and wife of Burl E. Erwin, Jr. and Janet K. Shelton  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Jack C. McDaniel hereby certify that on the 23rd day of December, one thousand nine hundred and 66 at Hillmore, County of Putnam State of Indiana, Groom Burl E. Erwin, Jr. of Hendricks County, State of Indiana and, Bride Janet Kay Shelton 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, 1966.

Signed Rev. Jack C. McDaniel  
Official Designation Pastor of Bethel Baptist Church  
Filed and recorded in accordance with the laws of the State of Indiana this 28th day of December, 1966.  
Signed John Lambold Jr. Clerk  
Hendricks Circuit Court

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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

No. 377  
File Book 29  
17 December 1966  
Date of Application

HENDRICKS County

MALE  
Medical Examination Report Dated 13 December 1966  
Name of Physician Norman E. Whitney MD

FEMALE  
Medical Examination Report Dated 13 December 1966  
Name of Physician Norman E. Whitney 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 Boye First J Middle S Last Colee  
Date of Birth June Month 7 Day 1909 Year  
Place of Birth Mooreville, Ind.  
Residence Address 227 N. Mill, Plainfield, Ind.  
Previous Marital Status: Never Married  Number of Previous Marriages 2  
Last Marriage Ended By: Death  Divorce  Annulment   
St. Bartholomew  
Color or Race White  Negro  Other  (specify)  
Usual Occupation Guard: Pinkerton  
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 1 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 Charles Colee  
Residence of father (if deceased so state) Deceased  
Occupation of father — Race of father white  
Birthplace of father (State or foreign country) Mooreville, Ind.

12. Full maiden name of mother Hallie Brewer  
Residence of mother (if deceased so state) P. Ind., Ind.  
Occupation of mother Retired 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.  
Signed Boye J. Colee  
New Address 227 N. Mill St., P. Ind.

Subscribed and sworn to before me this 17th day of December, 1966  
John Gambard Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of this applicant hereby give consent 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 Mary First L. Middle Fenimore Last  
Date of Birth April Month 2 Day 1903 Year  
Place of Birth Birmingham, Ala.  
Residence Address 227 N. Mill St., Plainfield, Ind.  
Maiden Name if Different Mary Louise - Mrs Mary  
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 Nurse  
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 Willie Mrs Mary  
Residence of father (if deceased so state) Deceased  
Occupation of father — Race of father white  
Birthplace of father (State or foreign country) unk.

8. Full maiden name of mother Rosie Wilson  
Residence of mother (if deceased so state) Deceased  
Occupation of mother — Race of mother white  
Birthplace of mother (State or foreign country) Birmingham, Ala

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
Signed Mary L. Fenimore  
New Address Sam.

Subscribed and sworn to before me this 17th day of December, 1966  
John Gambard Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of this applicant hereby give consent 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 21st day of December, 1966, authorizing the joining together as husband and wife of Boye J. Colee and Mary L. Fenimore

Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Keith L. Trade hereby certify that on the 21 day of Dec.,  
at Mooreville, County of Moore, State of Indiana

one thousand nine hundred and 66  
State of Indiana, Groom Boye J. Colee of Hendricks County, State of Indiana  
and, Bride Mary L. Fenimore of Moore County, State of Missouri

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.  
Dated this 21 day of Dec., 1966.

Signed Keith L. Trade  
Official Designation Justice of the Peace  
Jan day of \_\_\_\_\_, 1967

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
Signed John Gambard 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. 378  
File Book 29  
Date of Application 17 December 1966

MALE  
Medical Examination Report Dated 14 December 1966  
Name of Physician R.M. Jacobs M.D.

FEMALE  
Medical Examination Report Dated 14 December 1966  
Name of Physician R.M. Jacobs 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 Pitts  
Date of Birth November 22 1946  
Place of Birth Greencastle, Ind.  
Residence Address R1 Bx 218A Danville, Hend, Ind.  
Previous Marital Status: Never Married

FEMALE APPLICANT  
Name Katherine Mary Schmitt  
Date of Birth August 13 1947  
Place of Birth Marion Co, Indiana  
Residence Address R2 Bx 51C Danville, Hend, Ind.  
Maiden Name if Different

Usual Occupation QM office: Stout Field.  
Date of birth verified by: Birth Cert.

Usual Occupation Secy: Link Bolt  
Date of birth verified by: Birth Cert.

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

- 1. Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No Yes  
Of Unsound Mind? No Yes  
2. Are you under guardianship as a person of unsound mind? No Yes  
3. Are you afflicted with a transmissible disease? No Yes  
4. Are you related to the groom closer than second cousin? No Yes  
5. Are you now under the influence of intoxicating liquor? No Yes  
6. Are you now under the influence of a narcotic drug? No Yes  
7. Full name of father: Joseph Leon Schmitt  
Residence of father (if deceased so state): Danville, Ind.  
Occupation of father: Machinist: Link Bolt. Race of father: white  
Birthplace of father (State or foreign country): Marion Co, Ind.

11. Full name of father: Harold Pitts  
Residence of father (if deceased so state): Danville, Ind.  
Occupation of father: Sr Mgr. 3M Race of father: white  
Birthplace of father (State or foreign country): Greencastle, Ind.  
12. Full maiden name of mother: Madonna Lucille Hestice  
Residence of mother (if deceased so state): Danville, Ind.  
Occupation of mother: H/W Race of mother: white  
Birthplace of mother (State or foreign country): Greencastle, Ind.

8. Full maiden name of mother: Mary Alice Storaug  
Residence of mother (if deceased so state): Danville, Ind.  
Occupation of mother: Secy: Eli Lilly. Race of mother:  
Birthplace of mother (State or foreign country): Putnam Co, Ind.

State of Indiana, HENDRICKS } as: I depose and state the information given in this application is true and correct.  
Signed: Harold Craig Pitts  
New Address: R1 Bx 218A Danville

State of Indiana, HENDRICKS } as: I depose and state the information given in this application is true and correct.  
Signed: Katherine Mary Schmitt  
New Address: Danville

CONSENT OF PARENTS, PARENT OR GUARDIAN  
The parents of 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.  
State of Indiana, HENDRICKS } ss:  
Signed: Madonna L Pitts  
Subscribed and sworn to before me this 21st day of December, 1966  
Clerk: John Sanford

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of this applicant hereby give consent 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 21st day of December, 1966, authorizing the joining together as husband and wife of Harold Pitts and Katherine Mary Schmitt.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Rev. Edward McLaughlin, hereby certify that on the 7th day of January, 1967, at Danville, St. Mary's Church County of Hendricks, State of Indiana, Groom Harold C. Pitts and Bride Katherine Mary Schmitt 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, 1967.

Filed and recorded in accordance with the laws of the State of Indiana this 9th day of January, 1967.  
Signed: Rev. Edward McLaughlin  
Official Designation: Catholic Priest - Pastor  
Signed: John Sanford, 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. 378  
File Book 29  
17 December 1966  
Date of Application

HENDRICKS County

MALE  
Medical Examination Report Dated 14 December 1966  
Name of Physician R.M. Jacobs M.D.

FEMALE  
Medical Examination Report Dated 14 December 1966  
Name of Physician R.M. Jacobs 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 Craig Pitts  
Date of Birth November 22 1946  
Place of Birth (State or foreign country) Greencastle, Ind.  
Residence Address R1 Bx 218A Danville, 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 QM office: Stout Field.  
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? No  Yes   
(If yes, answer questions a, b, c)  
(a) List their full names, ages and addresses

Name	Age	Address
<u>Harold Pitts</u>	<u>20</u>	<u>Danville, Ind.</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: Harold Pitts  
Residence of father (if deceased so state): Danville, Ind.  
Occupation of father: Sgt. Mgr. 3M Race of father: white  
Birthplace of father (State or foreign country): Greencastle Ind.

**FEMALE APPLICANT**

Name Katherine Mary Schmitt  
Date of Birth August 13 1947  
Place of Birth (State or foreign country) Marion Co, Indiana.  
Residence Address R2 Bx 51C Danville, Hend, 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: Link Bolt  
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: Joseph Leon Schmitt  
Residence of father (if deceased so state): Danville, Ind.  
Occupation of father: Machinist: Link Bolt Race of father: white  
Birthplace of father (State or foreign country): Marion Co, Ind.
- Full maiden name of mother: Mary Alice Storang  
Residence of mother (if deceased so state): Danville, Ind.  
Occupation of mother: Secy: Eli Lilly Race of mother:.....  
Birthplace of mother (State or foreign country): Putnam Co, Ind.

State of Indiana, .....

I, Harold Pitts, hereby give my consent for  
my son, Harold Craig Pitts to  
marry Mary Katherine Schmitt

Harold Pitts  
Subscribed and sworn to before me this 17th day of December 1966  
John Laubach Clerk  
Notary Public

Subscribed and sworn to before me this 21st day of December, 1966  
John Laubach 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 December, 1966, authorizing the joining together as husband and wife  
of Harold Craig Pitts and Katherine Mary Schmitt  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Rev. Edward McLaughlin hereby certify that on the 7th day of January,  
one thousand nine hundred and 67 at Danville, St. Mary's Church County of Hendricks,  
State of Indiana, Groom Harold C. Pitts of Hendricks County, State of Indiana  
and, Bride Katherine Mary Schmitt 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, 1967.  
Signed Rev. Edward McLaughlin  
Official Designation Catholic Priest-Pastor  
Filed and recorded in accordance with the laws of the State of Indiana this 9th day of January, 1967.  
Signed John Laubach, 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. 379  
File Book 29  
Date of Application 17 December 1966

MALE  
Medical Examination Report Dated 12 December 1966  
Name of Physician Lloyd Terry MD

FEMALE  
Medical Examination Report Dated 12 December 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, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Terry First Larsen Middle C. Last  
Date of Birth August Month 18 Day 1941 Year  
Place of Birth Indianapolis, Ind.  
Residence Address R3 Bx 299 Danville, 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 Inspector: Alison  
Date of birth verified by:  Birth Cert.  Judicial Decree

FEMALE APPLICANT

Name Pamela First S. Middle wheeler Last  
Date of Birth November Month 16 Day 1946 Year  
Place of Birth Lincoln, Nebraska  
Residence Address R2 Bx 141, Indpls, Hend, 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 Rate clerk: AFNB  
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) No  Yes

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

(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

7. Full name of father William Eugene Wheeler  
Residence of father (if deceased so state) R2 Bx 608 Indpls, Ind.  
Occupation of father Side: Lee Enterprises  
Birthplace of father (State or foreign country) Indpls, Ind.  
8. Full maiden name of mother Elizabeth Jeanne Griffin  
Residence of mother (if deceased so state) Same  
Occupation of mother H/W Race of mother white  
Birthplace of mother (State or foreign country) Crab Orchard, Neb.

State of Indiana, } ss: I depose and state the information given  
County of HENDRICKS } in this application is true and correct.  
Signed Jerry C. Larsen  
New Address R2 Bx 141, Danville, Ind.  
Subscribed and sworn to before me this 17th day of December, 1966  
John Gambrell Clerk HENDRICKS Circuit Court

State of Indiana, } ss: I depose and state the information given  
County of HENDRICKS } in this application is true and correct.  
Signed Pamela S. Wheeler  
New Address Same  
Subscribed and sworn to before me this 17th day of December, 1966  
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, } ss:  
County of HENDRICKS }  
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, } 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

We It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ Circuit Court of Indiana dated the 21 day of December, 1966, authorizing the joining together as husband and wife of Jerry C. Larsen and Pamela S. Wheeler.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Rev. Herman G. Lutz hereby certify that on the 30th day of December, 1966, at Plainfield, County of Hendricks, State of Indiana, one thousand nine hundred and 66 of Hendricks County, State of Indiana, Groom Jerry C. Larsen and, Bride Pamela S. Wheeler 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 30 day of December, 1966.  
Signed Rev. Herman G. Lutz  
Official Designation Priest  
John Gambrell Jr. Clerk  
Signed Hendricks Circuit Court



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 380  
File Book 29  
17 December 1966  
Date of Application

MALE  
Medical Examination Report Dated 9 December 1966  
Name of Physician Lloyd Terry M.D.

FEMALE  
Medical Examination Report Dated 9 December 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, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

**MALE APPLICANT**

Name David Elliotte Petree  
Date of Birth August 24 1946  
Place of Birth Lebanon, Ind.  
Residence Address 21 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 Service Sta Attendant: Shell  
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 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

**FEMALE APPLICANT**

Name Nita Virginia Jones  
Date of Birth June 24 1947  
Place of Birth Dodge City, Kansas  
Residence Address 508 S. Wayne 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 School: Olivet Nazarene  
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 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 Heale Jones Sr.  
Residence of father (if deceased so state) Arkansas City, Kan.  
Occupation of father Retired Race of father white  
Birthplace of father (State or foreign country) Okl.
- Full maiden name of mother: Bernita Bayl Webb  
Residence of mother (if deceased so state) Danville, Ind.  
Occupation of mother Disabled Race of mother white  
Birthplace of mother (State or foreign country) Atterly, Iowa

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

Signed Nita Virginia Jones  
New Address Dave  
Subscribed and sworn to before me this 17th day of December, 1966  
John Samdell Clerk HENDRICKS Circuit Court

(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 Edward Petree  
Residence of father (if deceased so state) Clayton, Ind.  
Occupation of father owner, Ser. Sta. Race of father white  
Birthplace of father (State or foreign country) London, Ky.
- Full maiden name of mother: Ethel Marie Hybarger  
Residence of mother (if deceased so state) Plainfield, Ind.  
Occupation of mother H/W. Race of mother white  
Birthplace of mother (State or foreign country) Veedsburg, Ind.

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

Signed David Elliotte Petree  
New Address 396 E. Olivet St., Kankakee, Ill.  
Subscribed and sworn to before me this 17th day of December, 1966  
John Samdell Clerk HENDRICKS Circuit Court

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
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 Robert Edward Petree Father  
Signed Ethel Marie Petree Mother  
Subscribed and sworn to before me this 17th day of December, 1966  
John Samdell 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 \_\_\_\_\_ 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, 1966, authorizing the joining together as husband and wife of David Elliotte Petree and Nita Virginia Jones.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Talmage Haggard, hereby certify that on the 23rd day of December, one thousand nine hundred and 66, at Calvary Church of the Nazarene County of Hendricks State of Indiana, Groom David Elliotte Petree of Hendricks County, State of Indiana and, Bride Nita Virginia Jones 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, 1966.

Signed Talmage Haggard  
Official Designation Minister  
Filed and recorded in accordance with the laws of the State of Indiana this 28th day of December, 1966.  
Signed John Samdell, Jr. Clerk  
Hendricks Circuit Court

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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 381  
File Book 29  
Date of Application 17 December 1966

MALE  
Medical Examination Report Dated 15 December 1966  
Name of Physician Chas T. Johnson Capt MC.

FEMALE  
Medical Examination Report Dated 18 November 1966  
Name of Physician Charles R. Eght 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 Douglas Edward Ledgerwood  
Date of Birth November 27 1946  
Place of Birth Indianapolis, Ind.  
Residence Address Rt 348 Danville, 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 E2 US Army  
Date of birth verified by:  Birth Cert.  Judicial Decree

FEMALE APPLICANT  
Name Judy L. Anderson  
Date of Birth November 18 1948  
Place of Birth Indianapolis, Ind.  
Residence Address 862 F Main, Danville, Hend, 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

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

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

(a) List their full names, ages and addresses  
Name Age Address  
Jack Douglas Ledgerwood  
Danville, Ind.  
Occupation of father Prod Eng. Allison Race of father white  
Birthplace of father (State or foreign country) Et Mornay Okla.  
Full maiden name of mother Coila Jane Keller  
Residence of mother (if deceased so state) Danville, Ind.  
Occupation of mother H/W. Race of mother white  
Birthplace of mother (State or foreign country) Newberry, Indian

7. Full name of father Ray Otha Anderson  
Residence of father (if deceased so state) Deceased  
Occupation of father \_\_\_\_\_ Race of father white  
Birthplace of father (State or foreign country) Gaspard Ind.  
8. Full maiden name of mother Edna Olive Martin  
Residence of mother (if deceased so state) Danville, Ind.  
Occupation of mother Supt. Co. Home Race of mother white  
Birthplace of mother (State or foreign country) Spencer, Ind.

State of Indiana, } ss: I depose and state the information given  
County of HENDRICKS } in this application is true and correct.  
Signed Douglas Edward Ledgerwood  
New Address 316 Ft Mornay, Okla.  
Subscribed and sworn to before me this 17th day of December, 1966  
John Gumbell Clerk HENDRICKS Circuit Court

State of Indiana, } ss: I depose and state the information given  
County of HENDRICKS } in this application is true and correct.  
Signed Judy L. Anderson  
New Address unk.  
Subscribed and sworn to before me this 17th day of December, 1966  
John Gumbell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of this applicant hereby 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 Jack D. Ledgerwood Father  
Signed Coila J. Ledgerwood Mother  
Subscribed and sworn to before me this 17th day of December, 1966  
John Gumbell 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, } 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 21 day of December, 1966, authorizing the joining together as husband and wife  
Douglas Edward Ledgerwood and Judy L. Anderson  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Aubrey Morris hereby certify that on the 21st day of December,  
at Brownsburg, County of Hendricks,  
one thousand nine hundred and 66 of Hendricks County, State of Indiana,  
State of Indiana, Groom Douglas Ledgerwood of Hendricks County, State of Indiana,  
and, Bride Judy Anderson of Hendricks County, State of Indiana,  
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_  
County.  
Dated this 21st day of December, 1966. Signed Rev. Aubrey Morris  
Official Designation Minister  
28th day of December, 1966.  
Signed John Gumbell 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. 382  
File Book 29  
Date of Application 18 December 1966

MALE  
Medical Examination Report Dated 13 December 1966  
Name of Physician Irving Cohen M.D.

FEMALE  
Medical Examination Report Dated 13 December 1966  
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 Kent Hayden  
Date of Birth December 15 1946  
Place of Birth Plainfield, Ind.  
Residence Address 1635 E. Main St., Plainfield, 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 Stock Boy Galvans.  
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 Ralph Thomas Hayden  
Residence of father (if deceased so state) Plainfield, Ind.  
Occupation of father Driver Smock Race of father white  
Birthplace of father (State or foreign country) Plainfield, Ind.

12. Full maiden name of mother Mary Stella Price  
Residence of mother (if deceased so state) Plainfield, Ind.  
Occupation of mother H/W. 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.  
County of.....  
Signed Robert Kent Hayden  
New Address 120 Pickett St., Plainfield, Ind.  
Subscribed and sworn to before me this 18th day of December, 1966  
John Samblak Clerk HENDRICKS Circuit Court

**FEMALE APPLICANT**

Name Patricia Ann Dillow  
Date of Birth June 17 1950  
Place of Birth Ind. Anapolis, Ind.  
Residence Address 120 Pickett St., Plainfield, Hend., 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).....

- 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 Robert Dillow  
Residence of father (if deceased so state) Akron, Ohio  
Occupation of father Truck Driver Race of father white  
Birthplace of father (State or foreign country) Indpls, Ind.
- Full maiden name of mother Betty Jane Smith Mosier  
Residence of mother (if deceased so state) Plainfield, Ind.  
Occupation of mother H/W. 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 Patricia Ann Dillow  
New Address Same  
Subscribed and sworn to before me this 18th day of December, 1966  
John Samblak Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

We, the parents, of 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 Ralph T. Hayden Father  
Signed Mary Stella Hayden Mother  
Subscribed and sworn to before me this 18th day of December, 1966  
John Samblak 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.....  
Parents divorced mother has custody.

State of Indiana, HENDRICKS } ss:  
County of.....  
Signed..... Father  
Signed Betty Mosier Mother  
Subscribed and sworn to before me this 18th day of December, 1966  
John Samblak 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 21st day of December, 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. Evan O. Paul hereby certify that on the 23 day of December, one thousand nine hundred and 66 at Plainfield, County of Hendricks State of Indiana, Groom Robert Kent Hayden and, Bride Patricia Ann Dillow 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 December, 1966.

Signed Rev. Evan O. Paul  
Official Designation Minister  
Filed and recorded in accordance with the laws of the State of Indiana this 29 day of Dec, 1966.  
Signed John Samblak Jr Clerk  
Hendricks Circuit Court

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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

No. 383  
File Book 29  
Date of Application 19 December 1966

HENDRICKS County

MALE  
Medical Examination Report Dated 16 December 1966  
Name of Physician Fred P. Warbinton MD

FEMALE  
Medical Examination Report Dated 16 December 1966  
Name of Physician Fred P. Warbinton 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 Bodrick Lynn Mahan  
Date of Birth October 2 1947  
Place of Birth Gunthensville, Ala.  
Residence Address RI BX 224 Clayton, New, 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 E3 US Army  
Date of birth verified by:  Birth Cert.  Judicial Decree

FEMALE APPLICANT

Name Laura Mae Root  
Date of Birth June 11 1947  
Place of Birth Indianapolis, Ind.  
Residence Address RI BX 758 Plainfield, New, 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 Invoice clk: Steel Prot & Chem.  
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 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? No  Yes

- 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

(a) List their full names, ages and addresses

Name	Age	Address

7. Full name of father John Bud Root  
Residence of father (if deceased so state) Plainfield, Ind.  
Occupation of father Mgr. Cullyan Race of father white  
Birthplace of father (State or foreign country) Kirtland, Ohio  
8. Full maiden name of mother Dorothy Ann Hardin  
Residence of mother (if deceased so state) Plainfield, Ind.  
Occupation of mother Dr. Nurse: Ret. Teach. Am. Race of mother white  
Birthplace of mother (State or foreign country) Indpls, 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

State of Indiana, } ss: I depose and state the information in this application is true and correct.  
County of HENDRICKS  
Signed Laura Mae Root  
New Address RI BX 758 Plainfield, Ind.  
Subscribed and sworn to before me this 19th day of December, 1966  
John Samuel Clerk HENDRICKS Circuit Court

11. Full name of father James Grady Mahan  
Residence of father (if deceased so state) Clayton, Ind.  
Occupation of father Sheet Metal: Appx Race of father white  
Birthplace of father (State or foreign country) Gunthensville Ala  
12. Full maiden name of mother Lucy Elizabeth Batimer  
Residence of mother (if deceased so state) 202 S. Mill Plainfield  
Occupation of mother Tester: RCA Race of mother white  
Birthplace of mother (State or foreign country) Gadston, Ala.

State of Indiana, } ss: I depose and state the information given in this application is true and correct.  
County of HENDRICKS  
Signed Kathleen Lynn Mahan  
New Address HO 6, 11 Bay 4th Bn 31st APO 9655 San Francisco  
Subscribed and sworn to before me this 19th day of December, 1966  
John Samuel Clerk HENDRICKS Circuit Court

State of Indiana, } ss:  
County of HENDRICKS  
Signed \_\_\_\_\_  
Signed \_\_\_\_\_  
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.  
Father (notarized) consent dated 17 December 1966 attached

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents of this applicant hereby 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 Lucy Elizabeth Mahan Father  
Signed Kathleen Lynn Mahan Mother  
Subscribed and sworn to before me this 19th day of December, 1966  
John Samuel Clerk

State of Indiana, } ss:  
County of HENDRICKS  
Signed \_\_\_\_\_  
Signed \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
Clerk \_\_\_\_\_

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE  
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ Circuit Court of Indiana dated the 23rd day of December, 1966, authorizing the joining together as husband and wife of Bodrick Lynn Mahan and Laura Mae Root

Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, John Maxwell Kirk hereby certify that on the 23rd day of December, \_\_\_\_\_ County of Hendricks, State of Indiana, one thousand nine hundred and 66 at Lansby, \_\_\_\_\_ County, State of Indiana, and, Bride Laura Mae Root 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, 1966.  
Signed John Maxwell Kirk  
Official Designation Pastor  
27 day of Dec, 1966.  
Signed John Samuel Jr Clerk  
Hendricks Circuit Court

Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, \_\_\_\_\_ hereby certify that on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ County of \_\_\_\_\_, State of \_\_\_\_\_, one thousand nine hundred and \_\_\_\_\_ at \_\_\_\_\_, \_\_\_\_\_ 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 \_\_\_\_\_  
\_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.  
Signed \_\_\_\_\_ Clerk  
\_\_\_\_\_ Circuit Court

Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, \_\_\_\_\_ hereby certify that on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ County of \_\_\_\_\_, State of \_\_\_\_\_, one thousand nine hundred and \_\_\_\_\_ at \_\_\_\_\_, \_\_\_\_\_ 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 \_\_\_\_\_  
\_\_\_\_\_ 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. 383  
File Book 29  
19 December 1966  
Date of Application

MALE  
Medical Examination Report Dated 16 December 1966  
Name of Physician Fred P. Warbinton MD

FEMALE  
Medical Examination Report Dated 16 December 1966  
Name of Physician Fred P. Warbinton 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 Rodrick Lynn Mahan  
Date of Birth October 2, 1947  
Place of Birth Guntherville, Ala.  
Residence Address RI Bx 224 Clayton, New, Ind.  
Previous Marital Status:  Never Married  
Last Marriage Ended By:  Death  Divorce  Annulment  
Color or Race:  White  
Usual Occupation: E3 US Army

FEMALE APPLICANT  
Name Laura Mae Root  
Date of Birth June 11, 1947  
Place of Birth Indiana, Ind.  
Residence Address RI Bx 758 Plainfield, New, Ind.  
Maiden Name if Different  
Previous Marital Status:  Never Married  
Last Marriage Ended By:  Death  Divorce  Annulment  
Color or Race:  White  
Usual Occupation: Invoice clk: Steel Prot & Chem.

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Dec 17, 1966

I James Mahan hereby give my consent for Rodrick Lynn Mahan to make application for & to marry Laura Mae Root

James Mahan

Before me a Notary Public for Hendricks County, State of Indiana, James Mahan,

notary expires 9/20/70 Horace A Arnold



Signed Laura Elishah Mahan Father  
Signed Laura Elishah Mahan Mother  
Subscribed and sworn to before me this 14th day of December, 1966  
John Sampson Clerk

Signed \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
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, 1966, authorizing the joining together as husband and wife of Rodrick Lynn Mahan and Laura Mae Root  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, John Warrell Kirk hereby certify that on the 23rd day of December, 1966, at Lansby, County of Hendricks, State of Indiana, Groom Rodrick Lynn Mahan of Hendricks County, State of Indiana, and, Bride Laura Mae Root 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, 1966.  
Signed John Warrell Kirk  
Official Designation Pastor  
27 day of Dec, 1966.  
Signed John Sampson 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. 384  
File Book 29  
Date of Application 19 December 1966

MALE  
Medical Examination Report Dated 9 December 1966  
Name of Physician A. N. Scudder MD

FEMALE  
Medical Examination Report Dated 9 December 1966  
Name of Physician A. N. Scudder 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 George O. Hieston  
Date of Birth November 19 1934  
Place of Birth Hendricks Co., Ind.  
Residence Address 910 S. Green B'burg Hen, 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 Ser. Sta Opp: B'burg '66  
Date of birth verified by:  Birth Cert.  Judicial Decree  
 Other (Specify) Drivers 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

(a) List their full names, ages and addresses

Name	Age	Address
<u>Robert Joseph</u>	<u>12</u>	<u>Whittier Calif.</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 Robert Kelsie Hieston  
Residence of father (if deceased so state) Deceased  
Occupation of father \_\_\_\_\_ Race of father white  
Birthplace of father (State or foreign country) Casey Co, Ky.  
12. Full maiden name of mother Mary Catharine Storm  
Residence of mother (if deceased so state) Deceased  
Occupation of mother \_\_\_\_\_ Race of mother white  
Birthplace of mother (State or foreign country) Mad Co, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_  
Signed George O. Hieston  
New Address 910 S. Green St. B'burg Ind.  
Subscribed and sworn to before me this 19th day of December, 1966  
Clerk John J. Jandell HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of this applicant hereby give consent 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, 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, Frank E. Wynn hereby certify that on the 23rd day of December, one thousand nine hundred and 66 at Danville, County of Hendricks, State of Indiana, Groom George O. Hieston of Hendricks County, State of Indiana and, Bride M. Ann Comer 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, 1966.

Signed Frank E. Wynn  
Official Designation Justice of Peace  
Filed and recorded in accordance with the laws of the State of Indiana this 28th day of December, 1966.  
Signed John J. Jandell Jr. Clerk  
Hendricks Circuit Court

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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 385  
File Book 29  
Date of Application 19 December 1966

MALE  
Medical Examination Report Dated 29 November 1966  
Name of Physician Graham E. Bead Capt. M.C.

FEMALE  
Medical Examination Report Dated 2 December 1966  
Name of Physician A. J. 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 Dean A. Richwine  
Date of Birth August 2, 1945  
Place of Birth Lebanon, Indiana  
Residence Address RI 32136 Brownsburg, Ind.  
Previous Marital Status:  Never Married  
Last Marriage Ended By:  Death  Divorce  Annulment  
Color or Race:  White  
Usual Occupation: E2: US Army  
Date of birth verified by:  Birth Cert.

- 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?  No  Yes

(a) List their full names, ages and addresses  
Name Age Address  
Meredith Glenn Richwine  
B'burg, Ind.  
Famer white  
Brownsburg, Ind.  
Lorraine Anna Stanley  
B'burg, Ind.  
H/W white  
Indpls, 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

State of Indiana, } ss: I depose and state the information given in this application is true and correct.  
County of HENDRICKS  
Signed Dean A. Richwine  
New Address 62, 1st St, Ft Knox Ky.  
Subscribed and sworn to before me this 19th day of December, 1966  
Clerk J. J. 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 \_\_\_\_\_

FEMALE APPLICANT

Name Paula K. Sims  
Date of Birth June 26, 1948  
Place of Birth Harlan, Ky  
Residence Address 410 Janet Dr, B'burg, Ind.  
Previous Marital Status:  Never Married  
Last Marriage Ended By:  Death  Divorce  Annulment  
Color or Race:  White  
Usual Occupation: Student: S'way Academy (Beauty)  
Date of birth verified by:  Birth Cert.

- 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: Allen Houston Sims
- 8. Full maiden name of mother: Blanche Walker

Residence of father (if deceased so state): B'burg, Ind.  
Occupation of father: Order Filler Race of father: white  
Birthplace of father (State or foreign country): W. Virg.  
Residence of mother (if deceased so state): B'burg, Ind.  
Occupation of mother: Nurse Meth. Race of mother: white  
Birthplace of mother (State or foreign country): Hazard, Ky.

State of Indiana, } ss: I depose and state the information given in this application is true and correct.  
County of HENDRICKS  
Signed Paula K. Sims  
New Address 410 Janet Dr, B'burg  
Subscribed and sworn to before me this 19th day of December, 1966  
Clerk J. J. 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 Hendricks County Circuit Court by written order issued 19th December 1966 and filed in Clerks office authorizes and directs the issuance of a marriage license to the above named parties. 3da Wann

RETURN 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 December, 1966, authorizing the joining together as husband and wife of Dean A. Richwine and Paula K. Sims  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Lester B. Yearick hereby certify that on the 19th day of December, HENDRICKS County of Indiana, State of Indiana, Groom Dean A. Richwine of HENDRICKS County, State of Indiana and, Bride Paula K. Sims 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 December, 1966. Signed Lester B. Yearick  
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 22 day of Dec, 1966  
Signed J. J. Samuels Jr Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

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

HENDRICKS County

No. 386  
File Book 29  
Date of Application 19 December 1966

MALE  
Medical Examination Report Dated 6 December 1966  
Name of Physician James C. Stanley M.D.

FEMALE  
Medical Examination Report Dated 15 December 1966  
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, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT  
Name David Ray Long  
Date of Birth July 26 1947  
Place of Birth New Albany, Ind.  
Residence Address Goodrich Sheridan, N. Dakota  
Previous Marital Status: Never Married  
Last Marriage Ended By: Death  Divorce  Annulment   
Color or Race White  Negro  Other   
Usual Occupation E2: US Army  
Date of birth verified by:  Birth Cert.  Judicial Decree

FEMALE APPLICANT  
Name Jeanette Lois Severe  
Date of Birth June 21 1947  
Place of Birth Indianapolis, Ind.  
Residence Address 121 Pittsburg, Hend, Ind.  
Maiden Name if Different  
Previous Marital Status: Never Married  
Last Marriage Ended By: Death  Divorce  Annulment   
Color or Race White  Negro  Other   
Usual Occupation Unemployed  
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 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? No  Yes

- 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: Frank Harlan Severe  
Residence of father (if deceased so state): Pittsburg, Ind.  
Occupation of father: Carpenter, busby Race of father: white  
Birthplace of father (State or foreign country): Granite, Okla.
- 8. Full maiden name of mother: Inis Mae Spears  
Residence of mother (if deceased so state): Pittsburg, Ind.  
Occupation of mother: H/W. Race of mother: white  
Birthplace of mother (State or foreign country): Brookville, Ky.

(a) List their full names, ages and addresses  
Name Age Address  
Wilmer Albert Long  
Goodrich, N.D.  
Minister, Nazarene  
Iwin Rocks, Pa.  
Viola Fern Schaffter  
Goodrich, N.D.  
H/W. Race of mother: white  
Corydon, Ind.

State of Indiana, HENDRICKS } as: I depose and state the information given in this application is true and correct.  
Signed: Jeanette Lois Severe  
New Address: Same.  
Subscribed and sworn to before me this 19th day of December, 1966.  
John Samuels Clerk HENDRICKS Circuit Court

Signed: David Ray Long  
New Address: San Antonio, Tex.  
Subscribed and sworn to before me this 19th day of December, 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.  
Parents notarized consent dated 12 December 1966 attached.  
State of Indiana, HENDRICKS } ss:  
Signed: \_\_\_\_\_ Father  
Signed: \_\_\_\_\_ Mother  
Subscribed and sworn to before me this 19th day of December, 1966.  
John Samuels 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:  
Signed: \_\_\_\_\_ Father  
Signed: \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.  
Clerk

COMPLETE 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 \_\_\_\_\_ 19th December 1966 filed in \_\_\_\_\_ Clerk's office \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties. 3d 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 \_\_\_\_\_ of Indiana dated the 11th day of December, 1966, authorizing the joining together as husband and wife \_\_\_\_\_ and \_\_\_\_\_  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Rev. Wilmer A. Long \_\_\_\_\_ hereby certify that on the 22 day of December, one thousand nine hundred and 66 \_\_\_\_\_ at Indianapolis, \_\_\_\_\_ County of Marion, State of Indiana, Groom David P. Long \_\_\_\_\_ of Sheridan \_\_\_\_\_ County, State of North Dakota and, Bride Jeanette L. Severe \_\_\_\_\_ 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 December, 1966.

Signed: Rev. Wilmer A. Long  
Official Designation: Minister, Church of the Nazarene  
Filed and recorded in accordance with the laws of the State of Indiana this 28 day of December, 1966.  
Signed: John Samuels, Jr. Clerk  
Hendricks Circuit Court

STATE OF NORTH DAKOTA  
CONSENT TO THE MARRIAGE  
AND  
COUNTY COURT  
STATE OF NORTH DAKOTA





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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

No. 386  
File Book 29  
Date of Application 19 December 1966

HENDRICKS County

MALE  
Medical Examination Report Dated 6 December 1966  
Name of Physician James C. Stanley Capt. MC.

FEMALE  
Medical Examination Report Dated 15 December 1966  
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 David Ray Long  
Date of Birth July 26 1947  
Place of Birth New Albany Ind.  
Residence Address Goodrich Sheridan N. Dakota  
Previous Marital Status:  Never Married  Number of Previous Marriages.....  
Last Marriage Ended By:  Death  Divorce  Annulment   
Color or Race  White  Negro  Other  (specify).....  
Usual Occupation E2: 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

**FEMALE APPLICANT**

Name Jeanette Lois Severe  
Date of Birth June 21 1947  
Place of Birth Indianapolis, Ind.  
Residence Address 21 Pittsboro, Hend, 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

325 1/4—Consent of Parent or Guardian to Marriage of Minor. (Ch. 117, S.L. 1957).

KNIGHT PRINTING CO., FARGO, N. D.

Consent of Parents or Guardian

INDIANA  
STATE OF ~~NORTH DAKOTA~~  
County of Hendricks } ss. IN THE COUNTY COURT,

We, Rev. Wilmer Long, and Viola Long  
being duly sworn, depose and say that we are the Parents  
of David Ray Long, who is of the age of 19 years, and who desires  
to be united in marriage to Jeanette Severe of the City of Indiana  
Pittsboro, Ind. in the County of Hendricks and State of INDIANA, and that we, do  
hereby certify and swear that we have and do give our consent in writing herein to the marriage of said  
David Ray Long and Jeanette Severe

Given at McClusky, North Dakota, the 12th day of December  
A. D., 19 66

FILED

Rev. Wilmer A. Long (Father)  
Mrs. Viola S. Long (Mother)

John Gambold Jr.  
CLERK HENDRICKS COUNTY

Subscribed and sworn to personally before me this 12th day of December A. D., 19 66

(SEAL) Almer D. Gambold (Notary Public)  
My Commission expires: 4-28-1972 Sheridan County, North Dakota

Ch. 117, S.L. 1957: "If the female is under the age of 18 years or the male is under the age of 21 years, the county judge shall require the consent of the parents or guardian, if any, to be given personally, or by a certificate of consent signed by such parents or guardian under oath, and sworn to before a notary public or other officer qualified by law to administer oaths."

Hendricks County Circuit Court by written order issued 19th December 1966  
in Clerks office authorizes and directs the issuance of a marriage license to the above named parties. 32nd 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 11th day of December, 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. Wilmer A. Long hereby certify that on the 22 day of December

one thousand nine hundred and 66 at Indianapolis, County of Marion  
State of Indiana, Groom David R. Long of Sheridan County, State of North Dakota  
and, Bride Jeanette L. Severe 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 December, 1966.

Signed Rev. Wilmer A. Long  
Official Designation Minister, Church of The Nazarene

Filed and recorded in accordance with the laws of the State of Indiana this 28 day of December, 1966

Signed John Gambold Jr.  
Hendricks 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

No. 387  
File Bank 29  
19 Dec. 1966  
Date of Application

HENDRICKS County

MALE  
Medical Examination Report Dated Dec. 6, 1966  
Name of Physician W. Sherster, M.D.

FEMALE  
Medical Examination Report Dated Dec. 12, 1966  
Name of Physician Fred P. Starkinton, 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 C. TAYLOR  
Date of Birth Oct. 31 1935  
Place of Birth IRVINE, ESTLIE COUNTY, KY.  
Residence Address 1116 ST. PAUL, INDIANAPOLIS, MARION CO., IND.  
Previous Marital Status: Never Married  Number of Previous Marriages  
Last Marriage Ended By: Death  Divorce  Annulment   
Color or Race White  Negro  Other  (specify)  
Usual Occupation CAR SALESMAN  
Date of birth verified by:  Birth Cert.  Judicial Decree  
 Other (Specify) DRIVER'S LICENSE  
1. Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No  Yes   
Of Unsound Mind? No  Yes   
2. Are you under guardianship as a person of unsound mind? No  Yes   
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No  Yes   
If answer to 3 is "yes" has the cause of such condition been removed? No  Yes   
4. Are you afflicted with a transmissible disease? No  Yes   
5. Are you related to the bride closer than second cousin? No  Yes   
6. Are you now under the influence of intoxicating liquor? No  Yes   
7. Are you now under the influence of a narcotic drug? No  Yes   
8. Are you able to support a family? Yes  No   
9. Are you likely to so continue? Yes  No   
10. Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c) No  Yes   
(a) List their full names, ages and addresses

FEMALE APPLICANT

Name HANNAH L. STURDIVANT  
Date of Birth Dec. 27 1935  
Place of Birth FINNEY, BARREN COUNTY, KY.  
Residence Address R.R. 2, BOX 394 A, PLAINFIELD, HENDRICKS, IND.  
Maiden Name if Different HANNAH L. HAYNES  
Previous Marital Status: Never Married  Number of Previous Marriages 1  
Last Marriage Ended By: Death  Divorce  Annulment   
Color or Race White  Negro  Other  (specify)  
Usual Occupation FACTORY WORKER  
Date of birth verified by:  Birth Cert.  Judicial Decree  
 Other (Specify) 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 JUDGE HAYNES  
Residence of father (if deceased so state) DECO.  
Occupation of father \_\_\_\_\_ Race of father \_\_\_\_\_  
Birthplace of father (State or foreign country) \_\_\_\_\_  
8. Full maiden name of mother LUMMIE MITCHELL COLE  
Residence of mother (if deceased so state) R. 2, BOX 400, PLAINFIELD  
Occupation of mother Housewife Race of mother white  
Birthplace of mother (State or foreign country) BARREN Co., KY.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_  
Signed James C Taylor  
New Address R. 2, BOX 394 A, PLAINFIELD  
Subscribed and sworn to before me this 19 day of Dec., 1966  
John Gambold Jr. Clerk HENDRICKS Circuit Court

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_  
Signed Hannah L Sturdivant  
New Address SAME  
Subscribed and sworn to before me this 19 day of DEC., 1966  
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

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of this applicant hereby give consent 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 23rd day of December, 1966, authorizing the joining together as husband and wife of James C. Taylor and Hannah L. Sturdivant.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Rev. Sherris Clark hereby certify that on the 24th day of December, 1966, at Danville, County of Hendricks, one thousand nine hundred and 66 of Marion County, State of Indiana and, Bride Hannah L. Sturdivant of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.  
Dated this 24th day of December, 1966.  
Signed Rev. Sherris Clark  
Official Designation Methodist Minister  
28th day of December, 1966.  
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. \_\_\_\_\_  
File \_\_\_\_\_  
Date of Application Dec 21-1966

HENDRICKS County

MALE  
Medical Examination Report Dated 12-20-66  
Name of Physician Dr. N. Daugherty M.D.

FEMALE  
Medical Examination Report Dated 12-20-66  
Name of Physician Dr. N. Daugherty 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 Landon C. Basham  
Date of Birth March 16 1947  
Place of Birth Indianapolis Ind.  
Residence Address North Salem Ind Ind  
Previous Marital Status: Never Married  Number of Previous Marriages \_\_\_\_\_  
Last Marriage Ended By: Death  Divorce  Annulment   
Color or Race White  Negro  Other  (specify) \_\_\_\_\_  
Usual Occupation Armed Service  
Date of birth verified by:  Birth Cert.  Judicial Decree

FEMALE APPLICANT  
Name Linda Diane Williams  
Date of Birth Oct 27 1948  
Place of Birth Brownsville S.C.  
Residence Address Brownsville Ind 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

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

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

(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

7. Full name of father Ralph D. Williams  
Residence of father (if deceased so state) Brownsville  
Occupation of father Pipe Fitter Race of father W  
Birthplace of father (State or foreign country) N. Carolina

11. Full name of father Clifford E. Basham  
Residence of father (if deceased so state) North Salem  
Occupation of father Line Air Race of father W  
Birthplace of father (State or foreign country) Kentucky  
12. Full maiden name of mother Sophie Alice White  
Residence of mother (if deceased so state) North Salem  
Occupation of mother Housewife Race of mother W  
Birthplace of mother (State or foreign country) Kentucky

8. Full maiden name of mother Betsy Ross Waldrop  
Residence of mother (if deceased so state) Brownsville  
Occupation of mother Teller Race of mother W  
Birthplace of mother (State or foreign country) N. Carolina

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

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

Subscribed and sworn to before me this 21 day of Dec, 1966  
John Gambold, Jr. Clerk HENDRICKS Circuit Court

Subscribed and sworn to before me this 21 day of Dec, 1966  
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 Clifford E. Basham X Father  
Signed Sophie Basham X Mother  
Subscribed and sworn to before me this 21 day of Dec, 1966  
John Gambold, Jr. 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 \_\_\_\_\_ County \_\_\_\_\_ Court by written order issued \_\_\_\_\_ and filed \_\_\_\_\_ in \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties. 2 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 \_\_\_\_\_ Circuit Court of Indiana dated the 21st day of December, 1966, authorizing the joining together as husband and wife Landon C. Basham and Linda Diane Williams.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Remuel E. Greer hereby certify that on the 27th day of December, one thousand nine hundred and 66 at New Market, County of Montgomery State of Indiana, Groom Landon C. Basham of Hendricks County, State of Indiana and, Bride Linda Diane 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 27th day of December, 1966.

Filed and recorded in accordance with the laws of the State of Indiana this 29 day of Dec, 1966  
Signed John Gambold, Jr. Clerk HENDRICKS Circuit Court

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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

No. 389  
File Book 29  
21 December 1966  
Date of Application

HENDRICKS County

MALE  
Medical Examination Report Dated 21 December 1966  
Name of Physician R.W. Kirtley M.D.

FEMALE  
Medical Examination Report Dated 21 December 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 E. Dean  
Date of Birth November 8 1921  
Place of Birth Tulsa, Oklahoma  
Residence Address R2, BX 119, Indpls, Hen, Ind.  
Previous Marital Status: Never Married  Number of Previous Marriages 3  
Last Marriage Ended By: Death  Divorce  Annulment   
45 Tulsa, 18 Springfield Ore 66A  
Color or Race White  Negro  Other  (specify)  
Usual Occupation Trucker: Red Ball  
Date of birth verified by:  Birth Cert.  Judicial Decree  
 Other (Specify) Divorce 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

(a) List their full names, ages and addresses  
Name Age Address  
Ruth Inez 17 Albuquerque NM.  
Donald David 16  
Robert Ernest 14  
Terry Allen 12

(b) Are you supporting or contributing to their support? Yes  No   
(c) Are you complying with any court order or orders issued for their support? Yes  No   
11. Full name of father Olma Erine Dean  
Residence of father (if deceased so state) Venita, Okla.  
Occupation of father Retired: tax collector Race of father white  
Birthplace of father (State or foreign country) Okla.  
12. Full maiden name of mother Amy Inez Martin  
Residence of mother (if deceased so state) Okmulgee, Okla.  
Occupation of mother laundry Race of mother white  
Birthplace of mother (State or foreign country) Okla.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of HENDRICKS  
Signed Robert E. Dean  
New Address 422 S. Rural St, Indpls  
Subscribed and sworn to before me this 21st day of December, 1966  
John Sanford Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of this applicant hereby give consent 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 Martha Jane Martineaux  
Date of Birth August 25 1937  
Place of Birth Rexville, Indiana (Ripley)  
Residence Address 422 S. Rural, Indpls, Merion, Ind.  
Maiden Name if Different Martha Jane Hockersmith  
Previous Marital Status: Never Married  Number of Previous Marriages 1  
Last Marriage Ended By: Death  Divorce  Annulment   
66 Merion  
Color or Race White  Negro  Other  (specify)  
Usual Occupation Baby sitter  
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 Ernest Earl Hockersmith

Residence of father (if deceased so state) Rexville, Ind.  
Occupation of father Ret Farmer Race of father white  
Birthplace of father (State or foreign country) Ripley Co, Ind.  
8. Full maiden name of mother Leora Gladys Black  
Residence of mother (if deceased so state) Rexville, Ind.  
Occupation of mother H/W Race of mother white  
Birthplace of mother (State or foreign country) Ripley 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 Martha Jane Martineaux  
New Address Sandy  
Subscribed and sworn to before me this 21st day of December, 1966  
John Sanford Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of this applicant hereby give consent 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 December 1966 and filed in clerk's office authorizes and directs the issuance of a marriage license to the above named parties. 3da 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 22nd day of December, 1966, authorizing the joining together as husband and wife Robert E. Dean and Martha Jane Martineaux  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, John H. Hesselburg hereby certify that on the 22nd day of December,  
one thousand nine hundred and 66 at Indianapolis, County of Marion  
State of Indiana, Groom Robert E. Dean of Don't know County, State of Oklahoma  
and, Bride Martha Jane Martineaux of Ripley County, State of Indiana  
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, 1966. Signed John H. Hesselburg  
Official Designation Clerk  
28th day of December, 1966  
Signed John Sanford Clerk Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 28th day of December, 1966.  
Signed John Sanford 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. 390  
File Book 29  
22 December 1966  
Date of Application

MALE  
Medical Examination Report Dated 1 December 1966  
Name of Physician Stephen R. Stauder USAF

FEMALE  
Medical Examination Report Dated 12 December 1966  
Name of Physician M.O. Scamahorn 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 Dennis Gene Grigsby  
Date of Birth February 11 1946  
Place of Birth Indianapolis, Ind.  
Residence Address 409 College Brownsburg, 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 ABC: USAF  
Date of birth verified by:  Birth Cert.  Judicial Decree  
 Other (Specify) USAF I.D.

FEMALE APPLICANT  
Name Roberta Ann Reed  
Date of Birth February 7 1946  
Place of Birth Hebanon, Indiana  
Residence Address R3 Bx 61 Brownsburg, Hend, 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: Eli Lilly 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? (If yes, answer questions a, b, c)  
(a) List their full names, ages and addresses

- 1. Are you now or have you been adjudged, diagnosed or considered as:  
An 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 Revel Irvin Reed  
Residence of father (if deceased so state) B'burg, Ind.  
Occupation of father Spec. Eli Lilly Race of father white  
Birthplace of father (State or foreign country) Tilden, Ind.  
8. Full maiden name of mother Ruth S. Beasley  
Residence of mother (if deceased so state) Deceased  
Occupation of mother..... Race of mother white  
Birthplace of mother (State or foreign country) Indiana

11. Full name of father John Curtiss Grigsby  
Residence of father (if deceased so state) B'burg, Ind.  
Occupation of father Foreman Estab. Agri. Race of father white  
Birthplace of father (State or foreign country) Knox Co, Ind.  
12. Full maiden name of mother Alice Marie Snyder  
Residence of mother (if deceased so state) B'burg, Ind.  
Occupation of mother stock clerk Race of mother white  
Birthplace of mother (State or foreign country) Seanett, Pa.

State of Indiana, } ss: I depose and state the information given  
County of HENDRICKS } in this application is true and correct.  
Signed Roberta Ann Reed  
New Address Montgomery, Ala  
Subscribed and sworn to before me this 22nd day of December, 1966  
John Sambold Clerk HENDRICKS Circuit Court

Signed Dennis Gene Grigsby  
New Address CMR Bx 777 Maxwell, AFB Ala.  
Subscribed and sworn to before me this 22nd day of December, 1966  
John Sambold Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....  
Mrs. Alice M. Grigsby  
John Grigsby's (father) consent dated  
State of Indiana, } ss:  
County of HENDRICKS }  
Signed..... Father  
Signed Mrs. Alice M. Grigsby Mother  
Subscribed and sworn to before me this 22nd day of December, 1966  
John Sambold 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, } 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..... 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 Indiana dated the 29th day of December, 1966, authorizing the joining together as husband and wife Dennis Gene Grigsby and Roberta Ann Reed further remembered, the following marriage certificate was filed in my office, to-wit:  
Rev. L. L. Kropfmeier hereby certify that on the 29th day of December, 1966 at Brownsburg, County of Hendricks, Indiana, Groom Dennis Gene Grigsby of Hendricks County, State of Indiana and Bride Roberta Ann Reed of Hendricks County, State of Indiana were united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County, Indiana, on this 29th day of December, 1966.

Signed Rev. L. L. Kropfmeier  
Official Designation Minister  
Subscribed and sworn to before me this 4th day of Jan, 1967  
John Sambold 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. 390  
File Book 29  
Date of Application 22 December 1966

MALE  
Medical Examination Report Dated 1 December 1966  
Name of Physician Stephen R. Stouder USAF

FEMALE  
Medical Examination Report Dated 12 December 1966  
Name of Physician M.O. Scamahorn 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 Dennis Gene Grigsby  
Date of Birth February 11 1946  
Place of Birth Indianapolis, Ind.  
Residence Address 909 College Brownsburg, 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 A3C USAF

FEMALE APPLICANT  
Name Roberta Ann Reed  
Date of Birth February 7 1946  
Place of Birth Lebanon, Indiana  
Residence Address R3 Bx 61 Brownsburg, Hend, 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).....

Lilly Co.  
considered as:  
No  Yes   
No  Yes   
No  Yes   
No  Yes   
No  Yes   
No  Yes   
No  Yes   
Race of father White  
Tilden, Ind.  
Beasley  
Decatur  
Race of mother White  
Indian

I, John Grigsby, consent to the marriage of  
my son, Dennis Gene Grigsby, to Roberta Reed.

John E. Grigsby  
John Grigsby

Gladys Thiers  
My Commission Expires March 29, 1967

FILED  
DEC 22 1966  
John Gambold Jr.  
CLERK HENDRICKS SUPERIOR COURT

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 1966.

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_ day of \_\_\_\_\_, 1966.

Signed Rev. L. L. Krappmeier  
Official Designation Minister  
Signed John Gambold Jr  
Clerk Hendricks  
Circuit Court

December  
of Hendricks  
of Indiana  
of Hendricks



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. 391  
File Book 29  
22 December 1966  
Date of Application

MALE  
Medical Examination Report Dated 21 December 1966  
Name of Physician Joseph C Kerlin M.D.

FEMALE  
Medical Examination Report Dated 21 December 1966  
Name of Physician Joseph C. Kerlin 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 Harward Dywane Price, Jr  
Date of Birth July 28 1948  
Place of Birth Hundred, W. Virginia.  
Residence Address 199 W. Jefferson, Danville, Hen, 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: Univ. Tank & Iron  
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? 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 Harward Dywane Price Sr  
Residence of father (if deceased so state) Danville, Ind.  
Occupation of father Painter: Univ. T&E Race of father white  
Birthplace of father (State or foreign country) Wades town, W. Va.

12. Full maiden name of mother Betty Lee Yost  
Residence of mother (if deceased so state) S. Fork, Pa.  
Occupation of mother H/W Race of mother white  
Birthplace of mother (State or foreign country) Hundred, W. Va.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of  
Signed Harward Dywane Price Jr  
New Address 199 W. Jefferson, Danville, Ind.  
Subscribed and sworn to before me this 22nd day of December, 1966  
John Sandoz Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name Sandra Lee Yarnell  
Date of Birth February 19 1946  
Place of Birth Indianapolis, Ind.  
Residence Address R2 Bx 371 Danville, Hen, Ind.  
Maiden Name if Different Sandra Lee Eckman  
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

- 1. Are you now or have you been adjudged, diagnosed or considered as:  
An 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 Herbert Marvin Eckman  
Residence of father (if deceased so state) Ind. 76, Ind.  
Occupation of father Clerk: Alvin Fink Race of father white  
Birthplace of father (State or foreign country) Herdsville, N.D.

8. Full maiden name of mother Lorraine Jessie Beach  
Residence of mother (if deceased so state) 46 N. Keystone, Indpls.  
Occupation of mother H/W 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 Sandra Lee Yarnell  
New Address Same  
Subscribed and sworn to before me this 22nd day of December, 1966  
John Sandoz Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of this applicant hereby give consent 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 Hendricks Court by written order issued 22nd December 1966 and filed  
in Clerks office authorizes and directs the issuance of a marriage license to the above named parties. 32 Wagon

RETURN 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, 1966, authorizing the joining together as husband and wife  
of Harward Dywane Price and Sandra Lee Yarnell  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, George A. Harris hereby certify that on the 24th day of December  
at Danville, County of Hendricks  
one thousand nine hundred and 66 at Hendricks County, State of Indiana  
State of Indiana, Groom Harward Dywane Price of Hendricks County, State of Indiana  
and, Bride Sandra Lee Yarnell of Hendricks County, State of Indiana  
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks  
County.  
Dated this 24th day of December, 1966. Signed Rev. George A. Harris  
Official Designation Minister  
3 day of Jan, 1967

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
Signed John Sandoz 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. 392  
File Book K 29  
Date of Application 22 December 1966

MALE  
Medical Examination Report Dated 21 December 1966  
Name of Physician R.W. Kirtley M.D.

FEMALE  
Medical Examination Report Dated 21 December 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)." *This couple married 29 April 1966 and were not in Indiana at that time.*

MALE APPLICANT  
Name Harry Pitcock  
Date of Birth March 4 1948  
Place of Birth Marshall Ky  
Residence Address 202 S. Jefferson, Danville, Ind.  
Previous Marital Status: Never Married  
Last Marriage Ended By: Death  Divorce  Annulment   
Color or Race White  Negro  Other   
Usual Occupation Unemployed  
Date of birth verified by:  Birth Cert.  Judicial Degree  
 Other (Specify) Draft card.

FEMALE APPLICANT  
Name Sharon Pitcock  
Date of Birth August 19 1950  
Place of Birth Gasport Ky  
Residence Address 202 S. Jefferson, Danville, Ind.  
Maiden Name if Different Sharon Dickerson  
Previous Marital Status: Never Married  
Last Marriage Ended By: Death  Divorce  Annulment   
Color or Race White  Negro  Other   
Usual Occupation Waitress

- 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? No  Yes

- 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: Tommy Dickerson  
Residence of father (if deceased so state): 15 W. Main St, Danville, Ind.  
Occupation of father: Caretaker  
Race of father: white  
Birthplace of father (State or foreign country): Louinsville, Ky
- 8. Full maiden name of mother: Virginia Louise Foynt  
Residence of mother (if deceased so state): Danville, Ind.  
Occupation of mother: Waitress  
Race of mother: white  
Birthplace of mother (State or foreign country): Horse Cave, Ky

(a) List their full names, ages and addresses  
Name Age Address  
Earl Thomas Pitcock  
Houseville, Ky  
Mechanic  
Monroe, Kentucky  
Olive Corine Eaton  
Danville, Ind.  
Pract. nurse  
Monroe Co, Ky

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
Signed: Sharon Pitcock  
New Address: Danville  
Subscribed and sworn to before me this 22nd day of December, 1966  
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: Olive Pitcock Mother  
Subscribed and sworn to before me this 22nd day of December, 1966  
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: Tommie Dickerson Father  
Signed: Virginia L. Dickerson Mother  
Subscribed and sworn to before me this 22nd day of December, 1966  
John Gambold 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 \_\_\_\_\_ of Indiana dated the 27th day of December, 1966, authorizing the joining together as husband and wife of \_\_\_\_\_ and \_\_\_\_\_  
I, \_\_\_\_\_ hereby certify that on the 7th day of January, 1967, at \_\_\_\_\_, County of \_\_\_\_\_, State of Indiana, \_\_\_\_\_ and \_\_\_\_\_ 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, 1967.  
Signed: John A. Fletcher  
Official Designation: Minister  
Filed and recorded in accordance with the laws of the State of Indiana this 9th day of January, 1967.  
Signed: John Gambold, Jr  
Clerk HENDRICKS Circuit Court

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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 393  
File Book 29  
23 December 1966  
Date of Application

MALE  
Medical Examination Report Dated 17 December 1966  
Name of Physician Richard E. Kremp M.D.

FEMALE  
Medical Examination Report Dated 17 December 1966  
Name of Physician Richard E. Kremp 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 F. Stewart  
Date of Birth: July 7, 1946  
Place of Birth: Marion Co., Indiana  
Residence Address: 2415 W. 79th St. Indpls, Marion, Ind.  
Previous Marital Status:  Never Married  
Last Marriage Ended By:  Death  Divorce  Annulment  
Color or Race:  White  
Usual Occupation: Sales Rep. - Van Camp Awd.  
Date of birth verified by:  Birth Cert.  Judicial Decree  
 Other (Specify) Driver 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

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

11. Full name of father: Oscar Harold Stewart  
Residence of father (if deceased so state): Indpls, Ind.  
Occupation of father: Contractor: Self Race of father: white  
Birthplace of father (State or foreign country): Marion Co., Ind.

12. Full maiden name of mother: Marian Josephine Hardin  
Residence of mother (if deceased so state): Indpls, Ind.  
Occupation of mother: H/W. 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: John F. Stewart  
New Address: Rt 16 Bx 216 New Augusta, Ind.  
Subscribed and sworn to before me this 23rd day of December, 1966  
Clerk: HENDRICKS Circuit Court

**FEMALE APPLICANT**

Name: Doris K. Hamstra  
Date of Birth: April 7, 1947  
Place of Birth: Lebanon, Indiana  
Residence Address: 1513x146, Brownsburg, Ind.  
Maiden Name if Different: \_\_\_\_\_  
Previous Marital Status:  Never Married  
Last Marriage Ended By:  Death  Divorce  Annulment  
Color or Race:  White  
Usual Occupation: IBM Key Punch - Van Camp  
Date of birth verified by:  Birth Cert.  Judicial Decree  
 Other (Specify) Driver 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: Emmericus Hamstra  
Residence of father (if deceased so state): Brownsburg, Ind.  
Occupation of father: Farmer Race of father: white  
Birthplace of father (State or foreign country): Holland

8. Full maiden name of mother: Mary Edith Berington  
Residence of mother (if deceased so state): B'burg, Ind.  
Occupation of mother: H/W Race of mother: white  
Birthplace of mother (State or foreign country): Lebanon, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of HENDRICKS  
Signed: Doris K. Hamstra  
New Address: 23rd  
Subscribed and sworn to before me this 23rd day of December, 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: Oscar H. Stewart Father  
Signed: Marian J. Stewart Mother  
Subscribed and sworn to before me this 23rd day of December, 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 \_\_\_\_\_ and filed in \_\_\_\_\_ County \_\_\_\_\_ Court by written order issued \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 27 day of December, 1966, authorizing the joining together as husband and wife of John F. Stewart and Doris K. Hamstra.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Edward C. Simon hereby certify that on the 30th day of December, 1966, at Indianapolis, County of Marion, State of Indiana, Groom John F. Stewart of Marion County, State of Indiana, and, Bride Doris K. Hamstra 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 December, 1966.  
Signed: Edward C. Simon  
Official Designation: Minister  
4 day of Jan, 1967  
Signed: John Hammond 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. 399  
File Book 29  
26 December 1966  
Date of Application

MALE  
Medical Examination Report Dated 27 December 1966  
Name of Physician Floyd A. Boyer MD

FEMALE  
Medical Examination Report Dated 27 December 1966  
Name of Physician Floyd A. Boyer 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 Ronald E. Lydick  
Date of Birth August 29 1944  
Place of Birth Greencastle, Ind.  
Residence Address RI Bx 79 Coatsville, New, Ind.  
Previous Marital Status: Never Married  Number of Previous Marriages: \_\_\_\_\_  
Last Marriage Ended By: Death  Divorce  Annulment   
Color or Race: White  Negro  Other  (specify) \_\_\_\_\_  
Usual Occupation Teacher: Trafalgar (Indiana)  
Date of birth verified by:  Birth Cert.  Judicial Decree  
 Other (Specify) Driver Lic.  
1. Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No  Yes   
Of Unsound Mind? No  Yes   
2. Are you under guardianship as a person of unsound mind? No  Yes   
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No  Yes   
If answer to 3 is "yes" has the cause of such condition been removed? No  Yes   
4. Are you afflicted with a transmissible disease? No  Yes   
5. Are you related to the bride closer than second cousin? No  Yes   
6. Are you now under the influence of intoxicating liquor? No  Yes   
7. Are you now under the influence of a narcotic drug? No  Yes   
8. Are you able to support a family? Yes  No   
9. Are you likely to so continue? Yes  No   
10. Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)  
(a) List their full names, ages and addresses

(b) Are you supporting or contributing to their support? Yes  No   
(c) Are you complying with any court order or orders issued for their support? Yes  No   
11. Full name of father Roy Eugene Lydick  
Residence of father (if deceased so state) RI Coatsville, Ind.  
Occupation of father Farmer Race of father white  
Birthplace of father (State or foreign country) Coroneau, Ind.  
12. Full maiden name of mother Maryann Eileen Frankler  
Residence of mother (if deceased so state) RI Coatsville, Ind.  
Occupation of mother Clerk: Eng Sec Race of mother white  
Birthplace of mother (State or foreign country) Bellerille, Ind.  
State of Indiana, } ss: I depose and state the information given in this application is true and correct.  
County of HENDRICKS  
Signed Ronald E. Lydick  
New Address Box 87 Trafalgar, Ind.  
Subscribed and sworn to before me this 26th day of December, 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, } ss:  
County of HENDRICKS  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

FEMALE APPLICANT  
Name Karen L. Richards  
Date of Birth March 9 1946  
Place of Birth Indianapolis, Indiana  
Residence Address 406 S. Spencer, 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 Student: ISU  
Date of birth verified by:  Birth Cert.  Judicial Decree  
 Other (Specify) \_\_\_\_\_  
1. Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No  Yes   
Of Unsound Mind? No  Yes   
2. Are you under guardianship as a person of unsound mind? No  Yes   
3. Are you afflicted with a transmissible disease? No  Yes   
4. Are you related to the groom closer than second cousin? No  Yes   
5. Are you now under the influence of intoxicating liquor? No  Yes   
6. Are you now under the influence of a narcotic drug? No  Yes   
7. Full name of father Lawrence Albert Richards  
Residence of father (if deceased so state) Indpls, Ind.  
Occupation of father Farmer Race of father white  
Birthplace of father (State or foreign country) hinton, Ind.  
8. Full maiden name of mother Ella Louise Wilson  
Residence of mother (if deceased so state) Indpls, Ind.  
Occupation of mother Teacher: Wayne ISU Race of mother white  
Birthplace of mother (State or foreign country) Forest River, Ind.

State of Indiana, } ss: I depose and state the information given in this application is true and correct.  
County of HENDRICKS  
Signed Karen L. Richards  
New Address Same  
Subscribed and sworn to before me this 26th day of December, 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, } 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 Dec, 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. R. E. Walls hereby certify that on the 21st day of January  
one thousand nine hundred and sixty-seven at Indianapolis, County of Marion  
State of Indiana, Groom Ronald E. Lydick and Karen L. Richards of Hendricks County, State of Indiana  
and, Bride Karen L. Richards 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 December, 1967.

Signed Rev. R. E. Walls  
Official Designation Baptist Minister  
Filed and recorded in accordance with the laws of the State of Indiana this 3rd day of February, 1967.  
Signed John Sandell, 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. 395  
File 26 December 1966  
Book 29  
Date of Application

MALE  
Medical Examination Report Dated 23 December 1966  
Name of Physician Carl L. Heuleman MD

FEMALE  
Medical Examination Report Dated 23 December 1966  
Name of Physician Carl L. Heuleman 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 Alton K. Cryderman  
Date of Birth June 17 1926  
Place of Birth Twining Michigan  
Residence Address 115 S. Washington Danville, Ind.  
Previous Marital Status: Never Married  
Last Marriage Ended By: Death Divorce Annulment  
Color or Race White  
Usual Occupation Electronics Tech: Howard W. S.

FEMALE APPLICANT

Name Sharon F. Hogsdon  
Date of Birth December 29 1944  
Place of Birth Indianapolis Ind.  
Residence Address 152 E. 163 B Plainfield, Ind.  
Maiden Name if Different  
Previous Marital Status: Never Married  
Last Marriage Ended By: Death Divorce Annulment  
Color or Race White  
Usual Occupation Gasoline Cont. Roscoe Turner Ave.

- 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? No Yes

- 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: Jack Byrnell Hogsdon  
Residence of father: Plainfield, Ind.  
Occupation of father: Mgr. Blanki Chem Race of father: white  
Birthplace of father: Ind 26, Ind.

11. Full name of father: Alton Kenneth Cryderman Sr.  
Residence of father: Detroit, Mich.  
Occupation of father: Sta. Engr. Mich. Steel Race of father: white  
Birthplace of father: Ontario, Canada  
12. Full maiden name of mother: Ista Brown  
Residence of mother: Warren, Mich.  
Occupation of mother: H/W. Race of mother: white  
Birthplace of mother: Michigan

8. Full maiden name of mother: Charlotte Ryby Bender  
Residence of mother: Plainfield, Ind.  
Occupation of mother: Book Keeper Race of mother: white  
Birthplace of mother: Ind 26, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
Signed Alton K. Cryderman  
New Address 115 S. Wash. Danville, Ind.  
Subscribed and sworn to before me this 26th day of December 1966  
Clerk HENDRICKS Circuit Court

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
Signed Sharon F. Hogsdon  
New Address Same  
Subscribed and sworn to before me this 26th day of December 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:  
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:  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
Clerk \_\_\_\_\_

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ Hendricks Circuit Court of Indiana dated the 30th day of December 1966, authorizing the joining together as husband and wife of Alton K. Cryderman and Sharon F. Hogsdon.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, William O. Luttrell hereby certify that on the 31st day of December 1966 at \_\_\_\_\_ County of \_\_\_\_\_ State of Indiana, Groom Alton K. Cryderman of \_\_\_\_\_ County, State of \_\_\_\_\_ and, Bride Sharon F. Hogsdon 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 31st day of Dec. 1966. Signed Rev. William O. Luttrell  
Official Designation Minister  
Filed and recorded in accordance with the laws of the State of Indiana this 3 day of Jan. 1967.  
Signed John G. ... 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. 396  
File Book K 29  
Date of Application 26 December 1966

MALE  
Medical Examination Report Dated 21 December 1966  
Name of Physician Thomas Walker M.D.

FEMALE  
Medical Examination Report Dated 21 December 1966  
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 Barney W. Russell  
Date of Birth June 15 1940  
Place of Birth Marion, Ind.  
Residence Address R1 Bx 128 Bainbridge, Putnam, 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 IBM, Opr. Bryant Mfg.  
Date of birth verified by:  Birth Cert.  Judicial Decree  
 Other (Specify) Driver License

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

Name	Age	Address

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

11. Full name of father Howell A. Russell  
Residence of father (if deceased so state) Bainbridge, Ind.  
Occupation of father Retired, Farmer Race of father White  
Birthplace of father (State or foreign country) Putnam Co., Ind.  
12. Full maiden name of mother Jessie Irene Wilson  
Residence of mother (if deceased so state) Bainbridge, Ind.  
Occupation of mother School 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 Barney W. Russell  
New Address 435 Douglas Dr., B'burg, Ind.  
Subscribed and sworn to before me this 26th day of December, 1966  
Clerk John Lambold HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of this applicant hereby 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 Catherine M. Reckel  
Date of Birth August 6 1945  
Place of Birth Beech Grove, Ind.  
Residence Address 435 Douglas Dr. 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 IBM Key Punch: Bryant Mfg.  
Date of birth verified by:  Birth Cert.  Judicial Decree  
 Other (Specify) Driver 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 Charles Reckel  
Residence of father (if deceased so state) B'burg, Ind.  
Occupation of father Layout Eng. Metal Race of father White  
Birthplace of father (State or foreign country) Mooresville, Ind.

8. Full maiden name of mother Catherine Rose Kunkel  
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, } ss: I depose and state the information given  
County of HENDRICKS in this application is true and correct.

Signed Catherine M. Reckel  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 26th day of December, 1966  
Clerk John Lambold HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of this applicant hereby 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 30 day of Dec, 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. Charles Toll hereby certify that on the 7th day of January

one thousand nine hundred and sixty-seven at Brownsburg, County of Hendricks  
State of Indiana, Groom Barney W. Russell of Putnam County, State of Indiana  
and, Bride Catherine M. Reckel 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, 1967.

Signed Rev. Charles Toll  
Official Designation Minister  
Filed and recorded in accordance with the laws of the State of Indiana this 24th day of January, 1967.

Signed John Lambold, 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. 397  
File Book 29  
26 December 1966  
Date of Application

HENDRICKS County

**MALE**  
Medical Examination Report Dated 12 December 1966  
Name of Physician S. T. Stroyls Lt MC

**FEMALE**  
Medical Examination Report Dated 14 December 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, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

**MALE APPLICANT**

Name Paul Robert Falconbury  
Date of Birth November 30 1947  
Place of Birth Crawfordsville, Ind.  
Residence Address 113 Bx 192 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 Pfc. USMC  
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 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?  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 unknown  
Residence of father (if deceased so state)  
Occupation of father  
Race of father  
Birthplace of father (State or foreign country)  
12. Full maiden name of mother Eva Leona Falconbury Kratzer  
Residence of mother (if deceased so state) 345 Hulman Ave, Hammond  
Occupation of mother Factory Candy Race of mother white  
Birthplace of mother (State or foreign country) S. Salem, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of  
Signed Paul Robert Falconbury  
New Address 113 Bx 192 Danville, Ind.  
Subscribed and sworn to before me this 26th day of December, 1966  
Clerk John Gansdell HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**  
We, the parents, of 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 unknown Mother noted consent dated 12/26/66 attached  
State of Indiana, HENDRICKS } ss:  
County of  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this 26th day of December, 1966  
Clerk John Gansdell

**FEMALE APPLICANT**

Name Jacqueline Kay Higgins  
Date of Birth April 19 1948  
Place of Birth Clayton, Indiana  
Residence Address 832 Sunset Dr, 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 Site clerk  
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 Owen Wallace Higgins  
Residence of father (if deceased so state) Danville, Ind.  
Occupation of father Foreman Allison Race of father white  
Birthplace of father (State or foreign country) Columbus, Ind.
- 8. Full maiden name of mother Florence Evelyn Shob  
Residence of mother (if deceased so state) D.ville, Ind.  
Occupation of mother 4/w Race of mother white  
Birthplace of mother (State or foreign country) Columbus, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of  
Signed Jacqueline Kay Higgins  
New Address 832 Sunset Dr, Danville, Ind.  
Subscribed and sworn to before me this 26th day of December, 1966  
Clerk John Gansdell HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**  
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  
2nd wife of F.M.F. (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z) (aa) (ab) (ac) (ad) (ae) (af) (ag) (ah) (ai) (aj) (ak) (al) (am) (an) (ao) (ap) (aq) (ar) (as) (at) (au) (av) (aw) (ax) (ay) (az) (ba) (bb) (bc) (bd) (be) (bf) (bg) (bh) (bi) (bj) (bk) (bl) (bm) (bn) (bo) (bp) (bq) (br) (bs) (bt) (bu) (bv) (bw) (bx) (by) (bz) (ca) (cb) (cc) (cd) (ce) (cf) (cg) (ch) (ci) (cj) (ck) (cl) (cm) (cn) (co) (cp) (cq) (cr) (cs) (ct) (cu) (cv) (cw) (cx) (cy) (cz) (da) (db) (dc) (dd) (de) (df) (dg) (dh) (di) (dj) (dk) (dl) (dm) (dn) (do) (dp) (dq) (dr) (ds) (dt) (du) (dv) (dw) (dx) (dy) (dz) (ea) (eb) (ec) (ed) (ee) (ef) (eg) (eh) (ei) (ej) (ek) (el) (em) (en) (eo) (ep) (eq) (er) (es) (et) (eu) (ev) (ew) (ex) (ey) (ez) (fa) (fb) (fc) (fd) (fe) (ff) (fg) (fh) (fi) (fj) (fk) (fl) (fm) (fn) (fo) (fp) (fq) (fr) (fs) (ft) (fu) (fv) (fw) (fx) (fy) (fz) (ga) (gb) (gc) (gd) (ge) (gf) (gg) (gh) (gi) (gj) (gk) (gl) (gm) (gn) (go) (gp) (gq) (gr) (gs) (gt) (gu) (gv) (gw) (gx) (gy) (gz) (ha) (hb) (hc) (hd) (he) (hf) (hg) (hh) (hi) (hj) (hk) (hl) (hm) (hn) (ho) (hp) (hq) (hr) (hs) (ht) (hu) (hv) (hw) (hx) (hy) (hz) (ia) (ib) (ic) (id) (ie) (if) (ig) (ih) (ii) (ij) (ik) (il) (im) (in) (io) (ip) (iq) (ir) (is) (it) (iu) (iv) (iw) (ix) (iy) (iz) (ja) (jb) (jc) (jd) (je) (jf) (jg) (jh) (ji) (jj) (jk) (jl) (jm) (jn) (jo) (jp) (jq) (jr) (js) (jt) (ju) (jv) (jw) (jx) (jy) (jz) (ka) (kb) (kc) (kd) (ke) (kf) (kg) (kh) (ki) (kj) (kk) (kl) (km) (kn) (ko) (kp) (kq) (kr) (ks) (kt) (ku) (kv) (kw) (kx) (ky) (kz) (la) (lb) (lc) (ld) (le) (lf) (lg) (lh) (li) (lj) (lk) (ll) (lm) (ln) (lo) (lp) (lq) (lr) (ls) (lt) (lu) (lv) (lw) (lx) (ly) (lz) (ma) (mb) (mc) (md) (me) (mf) (mg) (mh) (mi) (mj) (mk) (ml) (mm) (mn) (mo) (mp) (mq) (mr) (ms) (mt) (mu) (mv) (mw) (mx) (my) (mz) (na) (nb) (nc) (nd) (ne) (nf) (ng) (nh) (ni) (nj) (nk) (nl) (nm) (nn) (no) (np) (nq) (nr) (ns) (nt) (nu) (nv) (nw) (nx) (ny) (nz) (oa) (ob) (oc) (od) (oe) (of) (og) (oh) (oi) (oj) (ok) (ol) (om) (on) (oo) (op) (oq) (or) (os) (ot) (ou) (ov) (ow) (ox) (oy) (oz) (pa) (pb) (pc) (pd) (pe) (pf) (pg) (ph) (pi) (pj) (pk) (pl) (pm) (pn) (po) (pp) (pq) (pr) (ps) (pt) (pu) (pv) (pw) (px) (py) (pz) (qa) (qb) (qc) (qd) (qe) (qf) (qg) (qh) (qi) (qj) (qk) (ql) (qm) (qn) (qo) (qp) (qq) (qr) (qs) (qt) (qu) (qv) (qw) (qx) (qy) (qz) (ra) (rb) (rc) (rd) (re) (rf) (rg) (rh) (ri) (rj) (rk) (rl) (rm) (rn) (ro) (rp) (rq) (rr) (rs) (rt) (ru) (rv) (rw) (rx) (ry) (rz) (sa) (sb) (sc) (sd) (se) (sf) (sg) (sh) (si) (sj) (sk) (sl) (sm) (sn) (so) (sp) (sq) (sr) (ss) (st) (su) (sv) (sw) (sx) (sy) (sz) (ta) (tb) (tc) (td) (te) (tf) (tg) (th) (ti) (tj) (tk) (tl) (tm) (tn) (to) (tp) (tq) (tr) (ts) (tt) (tu) (tv) (tw) (tx) (ty) (tz) (ua) (ub) (uc) (ud) (ue) (uf) (ug) (uh) (ui) (uj) (uk) (ul) (um) (un) (uo) (up) (uq) (ur) (us) (ut) (uu) (uv) (uw) (ux) (uy) (uz) (va) (vb) (vc) (vd) (ve) (vf) (vg) (vh) (vi) (vj) (vk) (vl) (vm) (vn) (vo) (vp) (vq) (vr) (vs) (vt) (vu) (vv) (vw) (vx) (vy) (vz) (wa) (wb) (wc) (wd) (we) (wf) (wg) (wh) (wi) (wj) (wk) (wl) (wm) (wn) (wo) (wp) (wq) (wr) (ws) (wt) (wu) (wv) (ww) (wx) (wy) (wz) (xa) (xb) (xc) (xd) (xe) (xf) (xg) (xh) (xi) (xj) (xk) (xl) (xm) (xn) (xo) (xp) (xq) (xr) (xs) (xt) (xu) (xv) (xw) (xx) (xy) (xz) (ya) (yb) (yc) (yd) (ye) (yf) (yg) (yh) (yi) (yj) (yk) (yl) (ym) (yn) (yo) (yp) (yq) (yr) (ys) (yt) (yu) (yv) (yw) (yx) (yy) (yz) (za) (zb) (zc) (zd) (ze) (zf) (zg) (zh) (zi) (zj) (zk) (zl) (zm) (zn) (zo) (zp) (zq) (zr) (zs) (zt) (zu) (zv) (zw) (zx) (zy) (zz)

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Hendricks County Superior Court by written order issued 29th December 1966 and filed in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**  
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 29th day of December, 1966 authorizing the joining together as husband and wife of Paul Robert Falconbury and Jacqueline Kay Higgins.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Marvin Dr. Cook hereby certify that on the 1st day of January, one thousand nine hundred and 67 at Danville, County of Hendricks, State of Indiana, Groom, Paul Robert Falconbury of Hendricks County, State of Indiana, and, Bride, Jacqueline Kay Higgins 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 January, 1967.  
Signed Marvin Dr. Cook  
Official Designation Minister  
4 day of Jan., 1967.  
Signed John Gansdell Jr Clerk  
Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_ day of \_\_\_\_\_, 1967.



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

No. 397  
File Book 29  
26 December 1966  
Date of Application

HENDRICKS County

MALE  
Medical Examination Report Dated 12 December 1966  
Name of Physician S. T. Stroyls Lt MC

FEMALE  
Medical Examination Report Dated 14 December 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 Paul Robert Falconbury  
Date of Birth November 30 1947  
Place of Birth Crawfordsville, Ind.  
Residence Address 113 Bx 192 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 Pfc. USMC  
Date of birth verified by:  Birth Cert.  Judicial Decree

FEMALE APPLICANT

Name Jacqueline Kay Higgins  
Date of Birth April 19 1948  
Place of Birth Clayton, Indiana  
Residence Address 832 Sunset Dr. 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 Site clerk  
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?  No  Yes  
(If yes, answer questions a, b, c)  
(a) List their full names, ages and addresses

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

12 NOVEMBER 1966

TO WHOM IT MAY CONCERN:

BEING THE PARENT OF PAUL R. FALCONBURY. I HEREBY DO CON-  
SENT TO THE FORTHCOMING MARRIAGE OF MY SON TO MISS JACQUELINE  
K. HIGGINS.

FILED

DEC 29 1966

John Lambold Jr.  
CLERK HENDRICKS  
CIRCUIT COURT  
SUPERIOR

Eva L. Kratzer  
MRS. EVA L. KRATZER

WITNESSED BY: John H. Selts -5441 Holman St Hammond Ind  
WITNESSED BY: Nick L. Namm  
Notary Public My commission expires 11-12-67



11. Full name of father  
Residence of father (if  
Occupation of father  
Birthplace of father (St  
12. Full maiden name of m  
Kratzer  
Residence of mother (if  
Occupation of mother  
Birthplace of mother (St  
State of Indiana,  
County of HENDRI  
Signed  
New Address  
Subscribed and sworn to before  
State of Indiana,  
County of HENDRICK  
Signed  
Signed  
Subscribed and sworn to before

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the  
Hendricks County Superior Court by written order issued 29th December 1966 and filed  
in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court  
of Indiana dated the 29th day of December, 1966 authorizing the joining together as husband and wife  
of Paul Robert Falconbury and Jacqueline Kay Higgins  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Marvin W. Cook hereby certify that on the 1st day of January,  
one thousand nine hundred and 67 at Danville County of Hendricks  
State of Indiana, Groom Paul Robert Falconbury of Hendricks County, State of Indiana  
and, Bride Jacqueline Kay Higgins 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 January, 1967. Signed Marvin W. Cook  
Official Designation Minister  
Filed and recorded in accordance with the laws of the State of Indiana this 4 day of Jan., 1967.  
Signed John Lambold 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. 398  
File Book 29  
31 December 1966  
Date of Application

MALE  
Medical Examination Report Dated (California) 29 Dec 66  
Name of Physician Elmer A. Nelson M.D.

FEMALE  
Medical Examination Report Dated 30 December 66  
Name of Physician Malcolm D. Long 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 Timothy W. Stewart  
Date of Birth April 25 1944  
Place of Birth Millinocket, Maine  
Residence Address 723 Grevilles Apt 6 Inglewood, Los Angeles, Calif

FEMALE APPLICANT  
Name Barbara L. Bell  
Date of Birth August 7 1947  
Place of Birth Et Wayne, Indiana  
Residence Address 549 S. Center, 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 Production Control: Douglas  
Date of birth verified by:  Birth Cert.  Judicial Decree

Previous 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: USAF. (LA.)  
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

- 1. Are you now or have you been adjudged, diagnosed or considered as:  
An 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 Alan Clyde Bell  
Residence of father (if deceased so state) Plainfield, Ind.  
Occupation of father Controller: FAA Race of father white  
Birthplace of father (State or foreign country) Paulding, Ohio
- 8. Full maiden name of mother Lillian Geraldine Myers  
Residence of mother (if deceased so state) Plainfield, Ind.  
Occupation of mother H/W Race of mother white  
Birthplace of mother (State or foreign country) Defiance, Ohio

11. Full name of father Roy Joseph Stewart  
Residence of father (if deceased so state) Concord, Calif.  
Occupation of father Machine Rep. Cr. Bellows Race of father white  
Birthplace of father (State or foreign country) Waterville, Me.

State of Indiana, } ss: I depose and state the information given  
County of HENDRICKS in this application is true and correct.  
Signed Barbara L. Bell  
New Address Same  
Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
John Campbell Clerk HENDRICKS Circuit Court

12. Full maiden name of mother Pauline Rachel Robbins  
Residence of mother (if deceased so state) Concord, Calif.  
Occupation of mother H/W Race of mother white  
Birthplace of mother (State or foreign country) Providence, R.I.

State of Indiana, } ss: I depose and state the information given  
County of HENDRICKS in this application is true and correct.  
Signed Timothy W. Stewart  
New Address 723 Grevilles Apt 6 Inglewood  
Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
John 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, } ss:  
County of HENDRICKS  
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, } ss:  
County of HENDRICKS  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

COMPLETE 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 \_\_\_\_\_ 30 December 1966 and filed in \_\_\_\_\_ checks office \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties. 3da wait Serology to groom

RETURN 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 \_\_\_\_\_, 19\_\_\_\_  
one thousand nine hundred and \_\_\_\_\_ at \_\_\_\_\_ County of \_\_\_\_\_  
State of Indiana, Groom Timothy W. Stewart and, Bride Barbara L. Bell  
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 \_\_\_\_\_  
Dated this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

Signed Harren A. Robbins  
Official Designation Minister  
Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
Signed John Campbell Jr  
\_\_\_\_\_ 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

No. 1  
File Book 29  
Date of Application 3 January 1967

HENDRICKS County

MALE  
Medical Examination Report Dated 3 January 1967  
Name of Physician R.M. Jacobs M.D.

FEMALE  
Medical Examination Report Dated 3 January 1967  
Name of Physician R.M. Jacobs 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 Lee Hudson Jr.  
Date of Birth June 22, 1948  
Place of Birth Bay Shore N.Y.  
Residence Address Stilesville Bx 58, 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 Highway Tech (D): St. of Ind.  
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? No  Yes   
(If yes, answer questions a, b, c)  
(a) List their full names, ages and addresses

Name	Age	Address

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

11. Full name of father Donald Lee Hudson  
Residence of father (if deceased so state) Stilesville, Ind.  
Occupation of father Tsp Agent: Ind. Race of father white  
Birthplace of father (State or foreign country) Mesa, Colo.

12. Full maiden name of mother Rosemary Fern Hudson  
Residence of mother (if deceased so state) Stilesville, Ind.  
Occupation of mother H/W. Race of mother white  
Birthplace of mother (State or foreign country) Brazil, Indiana

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

Signed Donald Lee Hudson Jr.  
New Address Stilesville, Ind.  
Subscribed and sworn before me this 3rd day of January, 1967.  
Clerk John Gambold HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of this applicant hereby give consent 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 Donald Lee Hudson Father  
Signed Rosemary Fern Hudson Mother  
Subscribed and sworn to before me this 3rd day of January, 1967.  
Clerk John Gambold

FEMALE APPLICANT

Name Lorraine Ann Faletic  
Date of Birth December 27, 1948  
Place of Birth Indianapolis, Ind.  
Residence Address 21 Bx 13 Stilesville Hend, 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

- 1. Are you now or have you been adjudged, diagnosed or considered as:  
An 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 Louis Anthony Faletic Sr.  
Residence of father (if deceased so state) Indianapolis, Ind.  
Occupation of father Cornmaker: Ind. Race of father white  
Birthplace of father (State or foreign country) Indpls, Ind.

8. Full maiden name of mother Helen Mae McElgud  
Residence of mother (if deceased so state) Stilesville, Ind.  
Occupation of mother Machinist: Link Belt Race of mother white  
Birthplace of mother (State or foreign country) Missouri

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

Signed Lorraine Ann Faletic  
New Address Same  
Subscribed and sworn before me this 3rd day of January, 1967.  
Clerk John Gambold HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of this applicant hereby give consent 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 7th day of January, 1967, authorizing the joining together as husband and wife of Donald Lee Hudson Jr. and Lorraine Ann Faletic.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit: 7th day of January,  
I, Homer M. Cammack, J.P. hereby certify that on the \_\_\_\_\_ day of \_\_\_\_\_, County of Hendricks, State of Indiana, one thousand nine hundred and 67 at Stilesville, County, State of Indiana,  
State of Indiana, Groom Donald Lee Hudson, Jr. of Hendricks County, State of Indiana,  
and, Bride Lorraine Ann Faletic 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 seventh day of January, 1967. Signed Homer M. Cammack  
Official Designation Justice of Peace  
Filed and recorded in accordance with the laws of the State of Indiana this fourteenth day of January, 1967.  
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. 2  
File Book 29  
7 January 1967  
Date of Application

HENDRICKS County

MALE  
Medical Examination Report Dated 16 December 1966  
Name of Physician L.A. Keys M.D. Lt Col.

FEMALE  
Medical Examination Report Dated 21 December 1966  
Name of Physician Eli C. Coats 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 Herman T. Pinkerton Jr.  
Date of Birth March 16 1946  
Place of Birth Mishawaka, Ind.  
Residence Address 31 Coal City, Owen, Ind.  
Previous Marital Status: Never Married  Number of Previous Marriages  
Last Marriage Ended By: Death  Divorce  Annulment   
Color or Race White  Negro  Other   
Usual Occupation A3C USAF  
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? No  Yes

(a) List their full names, ages and addresses  
Name Age Address  
Herman Theodore Pinkerton Jr.  
Residence of father (if deceased so state) Coal City, Ind.  
Occupation of father Molder: So. Bend Race of father White  
Birthplace of father (State or foreign country) Morison Ind, Ind.  
Maiden name of mother Christine Heath  
Residence of mother (if deceased so state) Coal City, Ind.  
Occupation of mother H/W Race of mother White  
Birthplace of mother (State or foreign country) Clay City, 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 Herman Theodore Pinkerton Jr.  
Residence of father (if deceased so state) Coal City, Ind.  
Occupation of father Molder: So. Bend Race of father White  
Birthplace of father (State or foreign country) Morison Ind, Ind.  
Maiden name of mother Christine Heath  
Residence of mother (if deceased so state) Coal City, Ind.  
Occupation of mother H/W Race of mother White  
Birthplace of mother (State or foreign country) Clay City, Ind.  
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
Signed Herman T. Pinkerton Jr.  
New Address 1102 Strong St, Alexandria Va  
Subscribed and sworn to before me this 7th day of January, 1967  
Clerk John Campbell HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of this applicant hereby give consent 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 Connie Leone Boston  
Date of Birth December 19 1945  
Place of Birth Indianapolis, Ind.  
Residence Address 153 BX 63 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   
Usual Occupation Clerk-Cashier  
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 John Lawrence Boston  
Residence of father (if deceased so state) 33 B'burg, Ind.  
Occupation of father Egn: hink belt Race of father white  
Birthplace of father (State or foreign country) Sane City, Ky.  
8. Full maiden name of mother Margaret Jenkins  
Residence of mother (if deceased so state) B'burg, Ind.  
Occupation of mother Adv: Guide Race of mother white  
Birthplace of mother (State or foreign country) Salsberry, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
Signed Connie Leone Boston  
New Address Same  
Subscribed and sworn to before me this 7th day of January, 1967  
Clerk John Campbell HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of this applicant hereby give consent 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 7 January 1967 and filed in \_\_\_\_\_ office \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties. 32 West

RETURN 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, 1967, authorizing the joining together as husband and wife Herman T. Pinkerton Jr. and Connie Leone Boston  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Edward G. Barnes hereby certify that on the 7th day of January, one thousand nine hundred and sixty-seven at West Park Christian Church, \_\_\_\_\_ County of Morison State of Indiana, Groom Herman T. Pinkerton, Jr. of Owen County, State of Indiana and, Bride Connie L. Boston of Hendricks County, State of Indiana County.  
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.  
Dated this 7th day of January, 1967.

Signed Edward G. Barnes  
Official Designation Pastor  
Filed and recorded in accordance with the laws of the State of Indiana this 9th day of January, 1967.  
Signed John Campbell 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 29  
7 January 1967  
Date of Application

MALE  
Medical Examination Report Dated 16 December 1966  
Name of Physician L. H. Keys M.D. Lt. Col. USAF

FEMALE  
Medical Examination Report Dated 21 December 1966  
Name of Physician Eli C. Coats 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 Herman T. Pinkerton Jr.  
Date of Birth March 16 1946  
Place of Birth Mishawaka, Ind.  
Residence Address 31 Coal City, Owen, 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 ABC USAF  
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 Herman Theodore Pinkerton  
Residence of father (if deceased so state) Coal City, Ind.  
Occupation of father Molder Race of father White  
Birthplace of father (State or foreign country) Marion, Ind.

**FEMALE APPLICANT**

Name Connie Leone Boston  
Date of Birth December 19 1945  
Place of Birth Indianapolis, Ind.  
Residence Address 13 BX 63 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 Clerk-Cashier  
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 Lawrence Boston  
Residence of father (if deceased so state) 33 B'burg, Ind.  
Occupation of father Egn. hink belt Race of father white  
Birthplace of father (State or foreign country) Sane City, Ky.
- Full maiden name of mother Marynet Jenkins  
Residence of mother (if deceased so state) B'burg, Ind.  
Occupation of mother Adv. Guide Race of mother white  
Birthplace of mother (State or foreign country) Salsberry, Ind.

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

I, Christena Pinkerton, hereby give my consent for my son Herman T. Pinkerton Jr. to marry Connie Leone Boston.

Christena Pinkerton  
subscribed and sworn to before me this 30 day of Nov 1966  
Harry Frye  
Notary Public  
My Commission Expires March 2, 1969

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 7 January 1967 and filed in \_\_\_\_\_ office \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties. 32 West

**RETURN 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 7th day of January, 1967, authorizing the joining together as husband and wife of Herman T. Pinkerton Jr. and Connie Leone Boston

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

I, Edward J. Barnes hereby certify that on the 7th day of January, one thousand nine hundred and sixty-seven at West Park Christian Church, \_\_\_\_\_ County of Marion State of Indiana, Groom Herman T. Pinkerton, Jr. of Owen County, State of Indiana and, Bride Connie L. Boston 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, 1967.

Signed Edward J. Barnes  
Official Designation Pastor  
Filed and recorded in accordance with the laws of the State of Indiana this 9th day of January, 1967.  
Signed John Campbell, 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 B90429  
Date of Application 7 January 1967

MALE  
Medical Examination Report Dated 16 December 1966  
Name of Physician L. H. Keys M.D. Lt. Col. USAF.

FEMALE  
Medical Examination Report Dated 21 December 1966  
Name of Physician Eli C. Coats 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 Herman T. Pinkerton Jr.  
Date of Birth March 16 1946  
Place of Birth Mishawaka, Ind.  
Residence Address 21 Coal City, Owen, 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 A3C USAF.  
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 Herman Theodore Pinkerton Sr.  
Residence of father (if deceased so state) Coal City, Ind.  
Occupation of father Molder Race of father White  
Birthplace of father (State or foreign country) Marion, Ind.

**FEMALE APPLICANT**

Name Connie Leone Boston  
Date of Birth December 19 1945  
Place of Birth Indianapolis, Ind.  
Residence Address 13 BX 63 Evansburg, 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-Cashier.  
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 Lawrence Boston  
Residence of father (if deceased so state) 33 B'burg, Ind.  
Occupation of father Egn. hink belt Race of father white  
Birthplace of father (State or foreign country) Sane City, Ky.
- Full maiden name of mother Margaret Jenkins  
Residence of mother (if deceased so state) B'burg, Ind.  
Occupation of mother Adv. Guide Race of mother white  
Birthplace of mother (State or foreign country) Salsberry, Ind.

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

I, Herman T. Pinkerton Sr., hereby give my consent for my son, Herman T. Pinkerton Jr. to marry Connie Leone Boston.

Herman T. Pinkerton Sr.  
Subscribed and sworn to before me this 30 day of Nov 1966  
Harry Frye  
Notary Public  
HARRY FRYE  
My Commission Expires March 2, 1969

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Clerk of the Court \_\_\_\_\_ County \_\_\_\_\_ Court by written order issued 7 January 1967 and filed in \_\_\_\_\_ office \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties. 32 West.

**RETURN 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 7th day of January, 1967, authorizing the joining together as husband and wife of Herman T. Pinkerton Jr. and Connie Leone Boston.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Edward G. Barnes hereby certify that on the 7th day of January, one thousand nine hundred and sixty-seven, at West Park Christian Church, Marion, County of Marion, State of Indiana, Groom Herman T. Pinkerton, Jr. of Owen County, State of Indiana and, Bride Connie L. Boston 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, 1967.  
Signed Edward G. Barnes  
Official Designation Pastor  
Filed and recorded in accordance with the laws of the State of Indiana this 9th day of January, 1967.  
Signed John Campbell, 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. 3  
File Book 29  
7 January 1967  
Date of Application

HENDRICKS County

MALE  
Medical Examination Report Dated 30 December 1966  
Name of Physician Thomas M. Walker MD.

FEMALE  
Medical Examination Report Dated 30 December 1966  
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 Allen Ray Mills  
Date of Birth June 13 1948  
Place of Birth Indianapolis, Indiana  
Residence Address 2112 W. 30th, 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 Addressograph: Blacks w/ hse.  
Date of birth verified by:  Birth Cert.  Judicial Decree

FEMALE APPLICANT

Name Connie J. Humphrey  
Date of Birth September 1 1947  
Place of Birth Minneapolis, Minn  
Residence Address 83 Bx 617 D Brownsburg, Har, 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: Aect Mgrs.  
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) No  Yes

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

(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

7. Full name of father: Joseph Paul Humphrey  
Residence of father (if deceased so state): B'burg, Ind.  
Occupation of father: owner: Golf ss Race of father: white  
Birthplace of father (State or foreign country): Smithville, Ind.  
8. Full maiden name of mother: Jean Margaret Wolfgram  
Residence of mother (if deceased so state): B'burg, Ind.  
Occupation of mother: Typst: Allison Race of mother: white  
Birthplace of mother (State or foreign country): Minneapolis, Minn

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_  
Signed: Allen Ray Mills  
New Address: 3940 W. 34th Apt 2, Indpls  
Subscribed and sworn to before me this 7th day of January, 1967  
Clerk: John J. Lamb 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: Connie J. Humphrey  
New Address: Sang  
Subscribed and sworn to before me this 7th day of January, 1967  
Clerk: John J. Lamb Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of 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: Ruby Jean Mills Mother  
Subscribed and sworn to before me this 7th day of January, 1967  
Clerk: John J. Lamb 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: \_\_\_\_\_ 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 11 day of January, 1967, authorizing the joining together as husband and wife of Allen Ray Mills and Connie J. Humphrey.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Rev. L. L. Knopfmeyer hereby certify that on the 14th day of January,  
at Brownsburg County of Hendricks,  
one thousand nine hundred and sixty-seven of Marion County, State of Indiana,  
State of Indiana, Groom Allen Ray Mills of Hendricks County, State of Indiana,  
and, Bride Connie J. Humphrey 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, 1967. Signed: L. L. Knopfmeyer  
Official Designation: Methodist Minister  
24th day of January, 1967.  
Signed: John J. Lamb, Jr. Clerk  
Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_\_  
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. 7  
File Book 29  
9 January 1967  
Date of Application

MALE  
Medical Examination Report Dated 7 January 1967  
Name of Physician James Black M.D.

FEMALE  
Medical Examination Report Dated 7 January 1967  
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 Sydney S. Abbott  
Date of Birth April 26 1908  
Place of Birth Aldershot, Hants, England  
Residence Address 9880 W. 10th Lot 37(3rd) Indpls, Ind.  
Usual Occupation Car Inspector: N.Y.C.  
Date of birth verified by:  Birth Cert.  Judicial Decree  
 Other (Specify) Dept Justice SD Ind. 12-463-439

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? No  Yes   
(a) List their full names, ages and addresses

(b) Are you supporting or contributing to their support? Yes  No   
(c) Are you complying with any court order or orders issued for their support? Yes  No   
11. Full name of father Sydney Warne Abbott  
Residence of father (if deceased so state) Deceased  
Occupation of father — Race of father white  
Birthplace of father (State or foreign country) Isle of Malta  
12. Full maiden name of mother Sidanie Marie Rebecca Adnett Sanders  
Residence of mother (if deceased so state) Whudsa, Ont. Canada  
Occupation of mother Retired Race of mother white  
Birthplace of mother (State or foreign country) Nottingham, England

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
Signed Sydney S. Abbott  
New Address 9880 W. 10th Lot 37 3rd St, Broad Ave N.C.  
Subscribed and sworn to before me this 9th day of January, 1967  
John 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

FEMALE APPLICANT  
Name Pauline Gladewell  
Date of Birth August 5 1924  
Place of Birth Monett, Ark.  
Residence Address 412 S. Tansel Rd, Clement, Marion, Mo.  
Maiden Name if Different Pauline Cullen  
Previous Marital Status: Never Married  Number of Previous Marriages 3  
Last Marriage Ended By: Death  Divorce  Annulment   
Color or Race White  Negro  Other  (specify) 58562 47 Greene  
Usual Occupation Waitress: Raceway Inn Cl  
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   
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 Ashley Cullen  
Residence of father (if deceased so state) Deceased  
Occupation of father — Race of father white  
Birthplace of father (State or foreign country) Kentucky

8. Full maiden name of mother Viola Hartg.  
Residence of mother (if deceased so state) Cambry, Ind.  
Occupation of mother Retired Race of mother white  
Birthplace of mother (State or foreign country) Arkansas  
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
Signed Pauline Gladewell  
New Address Sans  
Subscribed and sworn to before me this 9th day of January, 1967  
John 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 Hendricks Circuit Court of Indiana dated the 13th day of January, 1967, authorizing the joining together as husband and wife of Sydney S. Abbott and Pauline Gladewell  
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 14th day of January, one thousand nine hundred and sixty-seven at Friendswood, County of Marion, State of Indiana, Groom Sydney John Abbott of Hendricks County, State of Indiana and, Bride Pauline Gladewell 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 January, 1967.  
Signed Rev. Ralph P. Wade  
Official Designation Pastor - Friendswood Baptist Church  
Filed and recorded in accordance with the laws of the State of Indiana this 18th day of January, 1967.  
Signed John Campbell, 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. 5  
File Book 29  
10 January 1967  
Date of Application

MALE  
Medical Examination Report Dated 7 January 1967  
Name of Physician R.W. Kirtley, M.D.

FEMALE  
Medical Examination Report Dated 7 January 1967  
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 Ronald Brown  
Date of Birth May 18 1943  
Place of Birth Salem, Indiana  
Residence Address 1879 E. LeGrande, 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) Marion 29/66  
Usual Occupation Shipping Clerk, March Gold St.  
Date of birth verified by:  Birth Cert.  Judicial Decree  
 Other (Specify) Draft Card.

FEMALE APPLICANT

Name Bettie Price  
Date of Birth April 7 1942  
Place of Birth Somerset, Ky  
Residence Address RI Bx 243 Danville, Henr, 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 Housework  
Date of birth verified by:  Birth Cert.  Judicial Decree  
 Other (Specify) Insurance papers.

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

- 1. Are you now or have you been adjudged, diagnosed or considered as:  
An 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 Rothel B. Price  
Residence of father (if deceased so state) Daville, Ind.  
Occupation of father Farm. Race of father white  
Birthplace of father (State or foreign country) Somerset, Ky.
- 8. Full maiden name of mother Velma Rea Nichols  
Residence of mother (if deceased so state) Sae.  
Occupation of mother clerk: CFE P/H Race of mother white  
Birthplace of mother (State or foreign country) Somerset, Ky.

(a) List their full names, ages and addresses  
Ronald Keith Jr. 3 2161 Singleton, Indpls.  
Vicky Lynn 2

(b) Are you supporting or contributing to their support? 20 Yes  No   
(c) Are you complying with any court order or orders issued for their support? Yes  No

11. Full name of father unk.  
Residence of father (if deceased so state) \_\_\_\_\_  
Occupation of father \_\_\_\_\_ Race of father white  
Birthplace of father (State or foreign country) \_\_\_\_\_

12. Full maiden name of mother Bonnie Marie Brown  
Residence of mother (if deceased so state) Indpls, Ind.  
Occupation of mother H/W Race of mother white  
Birthplace of mother (State or foreign country) Salem, Ind.

State of Indiana, } ss: I depose and state the information given  
County of HENDRICKS in this application is true and correct.  
Signed Ronald Brown  
New Address RI, Bx 243 Danville, Ind.  
Subscribed and sworn to before me this 10th day of January, 1967  
Clerk HENDRICKS Circuit Court

State of Indiana, } ss: I depose and state the information given  
County of HENDRICKS in this application is true and correct.  
Signed Bettie Price  
New Address Sae.  
Subscribed and sworn to before me this 10th day of January, 1967  
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of this applicant hereby 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 \_\_\_\_\_

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of this applicant hereby 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 14th day of January, 1967, authorizing the joining together as husband and wife  
of Ronald Brown and Bettie Price  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Frank E. Wynn hereby certify that on the 14th day of January,  
at Danville, County of Hendricks,  
one thousand nine hundred and sixty-seven County, State of Indiana,  
State of Indiana, Groom Ronald Brown of Marion County, State of Indiana,  
and, Bride Bettie Price 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, 1967. Signed Frank E. Wynn  
Official Designation Justice of Peace  
16th day of January, 1967.  
Signed John Lambold 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. 6  
File Bk 29  
Jan 12 1967  
Date of Application

MALE  
Medical Examination Report Dated 1-10-67  
Name of Physician James Black, M.D.

FEMALE  
Medical Examination Report Dated 1-10-67  
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 James C. Comer  
Date of Birth 9 25 1932  
Place of Birth Tupelo, Ark.  
Residence Address 652 Alpha Ave. Brownsburg, Ind.  
Previous Marital Status: Never Married  Number of Previous Marriages 1  
Last Marriage Ended By: Death  Divorce  Annulment  Dec. 16, 1966  
Color or Race White  Negro  Other  (specify) \_\_\_\_\_  
Usual Occupation Truck Driver  
Date of birth verified by:  Birth Cert.  Judicial Decree  
 Other (Specify) Drivers 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

- (a) List their full names, ages and addresses  
Stanley Wm. 7 - Brownsburg  
Carol Ann 13 - Brownsburg  
Katherine Jean 9 - "  
Sharon Annette 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 James William Comer  
Residence of father (if deceased so state) Carlisle, Ark.  
Occupation of father Nursing Home Race of father W.  
Birthplace of father (State or foreign country) Tupelo, Ark.
- 12. Full maiden name of mother Charlotte Elinor Taylor  
Residence of mother (if deceased so state) Tupelo, Ark.  
Occupation of mother retired school teacher Race of mother W.  
Birthplace of mother (State or foreign country) Oklahoma

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_  
Signed James C. Comer  
New Address 652 Alpha Ave. Brownsburg  
Subscribed and sworn to before me this 12th day of January, 1967.  
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 Barbara Katherine Welch  
Date of Birth 9 19 1933  
Place of Birth (State or foreign country) Indpls, Ind.  
Residence Address 9037 5th Ave E. Indpls, Ind.  
Maiden Name if Different Kinne  
Previous Marital Status: Never Married  Number of Previous Marriages 1 Man 2 times  
Last Marriage Ended By: Death  Divorce  Annulment

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

- 7. Full name of father Marion Raphael Kinne  
Residence of father (if deceased so state) Prospect St. Indpls, Ind.  
Occupation of father Center Top Messers Bldg. City Co. Indpls Race of father W.  
Birthplace of father (State or foreign country) Indpls, Ind.
- 8. Full maiden name of mother Virna Darlene Margaret Boss  
Residence of mother (if deceased so state) 3159 S. Holt Rd. Indpls.  
Occupation of mother Housewife Race of mother W.  
Birthplace of mother (State or foreign country) Owensboro, Ky.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_  
Signed Barbara K. Welch  
New Address same  
Subscribed and sworn to before me this 12th day of January, 1967.  
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 \_\_\_\_\_ 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 16 day of January, 1967, authorizing the joining together as husband and wife of James C. Comer and Barbara Katherine Welch.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Frank E. Wynne, hereby certify that on the 21st day of January, one thousand nine hundred and sixty-seven at Danville, County of Hendricks State of Indiana, Groom James C. Comer of Hendricks County, State of Indiana and, Bride Barbara Katherine Welch 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, 1967.

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_ day of \_\_\_\_\_, 1967.  
Signed Frank E. Wynne Official Designation Justice of Peace  
25th day of January, 1967.  
Signed John Gambold, Jr. Clerk Hendricks Circuit Court

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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

No. 7  
File Book 29  
Jan. 13, 1967  
Date of Application

HENDRICKS County

MALE  
Medical Examination Report Dated \_\_\_\_\_  
Name of Physician Dr. James Black M.D.

FEMALE  
Medical Examination Report Dated \_\_\_\_\_  
Name of Physician Dr. 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 Steven Dale Truax  
Date of Birth January 13 1947  
Place of Birth Methodist Hospital Indpls Marion Co. Ind.  
Residence Address 306 William Dr. Brownsburg-Hend-Ind.

Previous Marital Status: Never Married  Divorce  Annulment   
Last Marriage Ended By: Death  Divorce  Annulment   
Color or Race White  Negro  Other  (specify) \_\_\_\_\_

Usual Occupation Construction - Harry Neal  
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? 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  
Donald William Truax  
Residence of father (if deceased so state) 306 William Dr. Brownsburg  
Occupation of father Construction - Harry Neal Race of father W  
Birthplace of father (State or foreign country) Spencer, 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 Donald William Truax  
Residence of father (if deceased so state) 306 William Dr. Brownsburg  
Occupation of father Construction - Harry Neal Race of father W  
Birthplace of father (State or foreign country) Spencer, Ind.  
12. Full maiden name of mother Katherine Isabel Peeling  
Residence of mother (if deceased so state) 306 William Dr. Brownsburg, Ind.  
Occupation of mother Nurse's Aid - Vet. Hosp. Race of mother W  
Birthplace of mother (State or foreign country) Marion Co. Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_  
Signed Steve Truax  
New Address Debonair Apt. Speedway, Ind.  
Subscribed and sworn to before me this 13 day of January, 1967  
John Sambold, 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 Don William Truax Father  
Signed Katherine I. Peeling Mother  
Subscribed and sworn to before me this 17th day of January, 1967  
John Sambold, Jr. Clerk

FEMALE APPLICANT

Name Rita Michele Meo  
Date of Birth October 27 1948  
Place of Birth St. Francis Hosp. Beech Grove, Indiana  
Residence Address 1936 Cunningham Indpls Hend Ind.

Previous Marital Status: Never Married  Divorce  Annulment   
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

- 1. Are you now or have you been adjudged, diagnosed or considered as:  
An 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 Rocco John Meo  
Residence of father (if deceased so state) 1936 Cunningham, Indpls, Ind.  
Occupation of father Sales Manager - Alcoa Race of father W  
Birthplace of father (State or foreign country) Marion, Ind.
- 8. Full maiden name of mother Mabel Lavonne Muse  
Residence of mother (if deceased so state) 1936 Cunningham, Indpls, Ind.  
Occupation of mother Housewife Race of mother W  
Birthplace of mother (State or foreign country) Marion Co. Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_  
Signed Rita Meo  
New Address Debonair Apt. Speedway, Ind.  
Subscribed and sworn to before me this 13 day of January, 1967  
John Sambold, 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 17th day of January, 1967, authorizing the joining together as husband and wife of Steven Dale Truax and Rita Michele Meo.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, H. C. Burnett, hereby certify that on the 17th day of January,  
one thousand nine hundred and sixty-seven at Carmel, County of Hamilton,  
State of Indiana, Groom Steven Dale Truax of Hendricks County, State of Indiana,  
and, Bride Rita Michele Meo 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 January, 1967.  
Signed H. C. Burnett  
Official Designation Justice of Peace  
19th day of January, 1967.  
Signed John Sambold, 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. 8  
File Book 29  
13 January 1967  
Date of Application

MALE  
Medical Examination Report Dated 11 January 1967  
Name of Physician A.N. Scudder, M.D.

FEMALE  
Medical Examination Report Dated 11 January 1967  
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 Willis Glenn Curtis  
Date of Birth December 18 1942  
Place of Birth Dothan, Alabama  
Residence Address Rt 2 Bx 36 Y Danville, Ind.  
Previous Marital Status: Never Married  Number of Previous Marriages 1  
Last Marriage Ended By: Death  Divorce  Annulment   
Color or Race White  
Usual Occupation Methods Engr. hinde  
Date of birth verified by:  Birth Cert.  Judicial Decree  
 Other (Specify) Drives Permit

1. Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No  Yes   
Of Unsound Mind? No  Yes   
2. Are you under guardianship as a person of unsound mind? No  Yes   
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No  Yes   
If answer to 3 is "yes" has the cause of such condition been removed? No  Yes   
4. Are you afflicted with a transmissible disease? No  Yes   
5. Are you related to the bride closer than second cousin? No  Yes   
6. Are you now under the influence of intoxicating liquor? No  Yes   
7. Are you now under the influence of a narcotic drug? No  Yes   
8. Are you able to support a family? Yes  No   
9. Are you likely to so continue? Yes  No   
10. Do you have minor children from one or more former marriages? (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 Henry Curtis  
Residence of father (if deceased so state) 3905 N. Wallace Indpls.  
Occupation of father Elect Engr. Par. h. h. Race of father white  
Birthplace of father (State or foreign country) Washington Co. Fla.  
12. Full maiden name of mother Marjorie Rosalie Belt  
Residence of mother (if deceased so state) Indpls., Ind.  
Occupation of mother Mgr.: Paul Home Race of mother white  
Birthplace of mother (State or foreign country) Greensburg, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
Signed Willis Glenn Curtis  
New Address Rt 2 Bx 36 Y Danville, Ind.  
Subscribed and sworn to before me this 13th day of January, 1967  
Clerk John Scudder HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of this applicant hereby give consent 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 Nancy Jo Mitchell  
Date of Birth October 12 1946  
Place of Birth Lebanon, Indiana  
Residence Address Rt 2 Bx 36 A 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  
Usual Occupation Juice And.  
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   
Of Unsound Mind? No  Yes   
2. Are you under guardianship as a person of unsound mind? No  Yes   
3. Are you afflicted with a transmissible disease? No  Yes   
4. Are you related to the groom closer than second cousin? No  Yes   
5. Are you now under the influence of intoxicating liquor? No  Yes   
6. Are you now under the influence of a narcotic drug? No  Yes   
7. Full name of father Earl Eugene Mitchell  
Residence of father (if deceased so state) Rt 2 Danville, Ind.  
Occupation of father Farm. Stockhouse Race of father white  
Birthplace of father (State or foreign country) N. Salem, Ind.

8. Full maiden name of mother Jennie Ophelia Disney  
Residence of mother (if deceased so state) Same  
Occupation of mother Cafe. N. Elam, Ind. 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.  
Signed Nancy Jo Mitchell  
New Address Same  
Subscribed and sworn to before me this 13th day of January, 1967  
Clerk John Scudder HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of this applicant hereby give consent 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 17th day of January, 1967, authorizing the joining together as husband and wife of Willis Glenn Curtis and Nancy Jo Mitchell  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Robert E. Fenton hereby certify that on the 20th day of January, one thousand nine hundred and sixty-seven at Bloomington, County of Marion, State of Indiana, Groom Willis Glenn Curtis of Hendricks County, State of Indiana and, Bride Nancy Jo Mitchell 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 17th day of January, 1967.

Signed Robert E. Fenton  
Official Designation Minister  
Filed and recorded in accordance with the laws of the State of Indiana this 23rd day of January, 1967.  
Signed John Lambolt, 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. 9  
File Book 29  
1st Jan 1967  
Date of Application

HENDRICKS County

MALE  
Medical Examination Report Dated 9 January 1967  
Name of Physician John P. Calhoun MD

FEMALE  
Medical Examination Report Dated 9 January 1967  
Name of Physician John P. Calhoun 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 Billy L. Castetter  
Date of Birth August 26 1945  
Place of Birth Plainfield, Ind.  
Residence Address 313 Southmore 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 Elect. Data Proc. - Winona Man  
Date of birth verified by:  Birth Cert.  Judicial Decree  
 Other (Specify) Drivers 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

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

11. Full name of father Roy Elmer Castetter  
Residence of father (if deceased so state) 318 1/2 Center, Plfld.  
Occupation of father Disabled Race of father white  
Birthplace of father (State or foreign country) Plainfield, Ind.  
12. Full maiden name of mother Flora Cordelia Archer  
Residence of mother (if deceased so state) Plfld, Ind.  
Occupation of mother H/W Race of mother white  
Birthplace of mother (State or foreign country) Peckeburg, Ind.

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

Signed Billy L. Castetter  
New Address 139 1/2 S. Center, Plfld, Ind.

Subscribed and sworn to before me this 14th day of January, 1967  
John Sambold Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of this applicant hereby give consent 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 Wanda Sue Woods  
Date of Birth December 26 1947  
Place of Birth Brush Creek, Tenn.  
Residence Address 1022 Springcrest Dr, Plainfield, Ind.  
Usual 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 William Donald Woods  
Residence of father (if deceased so state) Chestnut Mount, Tenn.  
Occupation of father Mechanic Race of father white  
Birthplace of father (State or foreign country) Lancaster, Tenn.
- 8. Full maiden name of mother Myrtle Maurine Bush  
Residence of mother (if deceased so state) Chestnut Mount, Tenn.  
Occupation of mother H/W Race of mother white  
Birthplace of mother (State or foreign country) Baxter, Tenn.

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

Signed Wanda Sue Woods  
New Address Savo

Subscribed and sworn to before me this 14th day of January, 1967  
John Sambold Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of this applicant hereby give consent 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 18 day of January, 1967, authorizing the joining together as husband and wife of Billy L. Castetter and Wanda Sue Woods

Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Warren A. Robbins hereby certify that on the 27th day of January,  
at Plainfield, County of Hendricks,  
one thousand nine hundred and sixty seven of Hendricks County, State of Indiana,  
State of Indiana, Groom Billy L. Castetter of Hendricks County, State of Indiana,  
and, Bride Wanda Sue Woods 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 January, 1967. Signed Warren A. Robbins

Official Designation Christian Minister  
1st day of February, 1967.

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
Signed John Sambold, Jr. Clerk Hendricks Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

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

HENDRICKS County

No. 10  
File Book 29  
19 January 1967  
Date of Application

MALE  
Medical Examination Report Dated 11 Jan 1967  
Name of Physician A.N. Scudder, MD

FEMALE  
Medical Examination Report Dated 11 Jan 1967  
Name of Physician A.N. Scudder 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 R Madonna  
Date of Birth July 23 1937  
Place of Birth Logansport, Indiana  
Residence Address 2010 N. Meridian Apt 111, Indpls, Ind.  
Previous Marital Status: Never Married  
Last Marriage Ended By: Death  Divorce  Annulment

FEMALE APPLICANT  
Name Sue Ann Scott  
Date of Birth March 2 1945  
Place of Birth Lebanon, Indiana  
Residence Address 813 Bibb Brownsburg, Ind.  
Maiden Name if Different  
Previous Marital Status: Never Married  
Last Marriage Ended By: Death  Divorce  Annulment

Usual Occupation Salesman: Kiefer-Stewart  
Date of birth verified by:  Birth Cert.  Judicial Decree  
 Other (Specify) Driver 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

Usual Occupation Clerk: Kiefer-Stewart  
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 Samuel Columbus Scott  
Residence of father (if deceased so state) Bibb, Ind.  
Occupation of father Farmer: Cattle, Gen. Farm. Race of father white  
Birthplace of father (State or foreign country) Hendricks Co., Ind.  
8. Full maiden name of mother Oleta Belcher  
Residence of mother (if deceased so state) Bibb, Ind.  
Occupation of mother Clerk: Amer. Stores. Race of mother white  
Birthplace of mother (State or foreign country) Boone Co., Ind.

11. Full name of father Anthony Gerald Madonna  
Residence of father (if deceased so state) Logansport, Ind.  
Occupation of father Farmer: Truck Race of father white  
Birthplace of father (State or foreign country) Logansport, Ind.  
12. Full maiden name of mother Irma Genevieve Wodger  
Residence of mother (if deceased so state) Logansport, Ind.  
Occupation of mother H/W. Race of mother white  
Birthplace of mother (State or foreign country) Deer Creek, Ind.

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 Scott  
New Address Same.  
Subscribed and sworn to before me this 14th day of January, 1967  
John Lambert Jr. Clerk HENDRICKS Circuit Court

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 Madonna  
New Address 2727 W. Wash Indpls, Ind.  
Subscribed and sworn to before me this 14th day of January, 1967  
John Lambert 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

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of this applicant hereby give consent 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 18th day of January, 1967, authorizing the joining together as husband and wife of James R. Madonna and Sue Ann Scott  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Rev. Paul Rade, hereby certify that on the 4th day of February, one thousand nine hundred and sixty-seven at Brownsburg, County of Hendricks, State of Indiana, Groom James R. Madonna of Marion County, State of Indiana and, Bride Sue Ann Scott of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.  
Dated this 4th day of February, 1967.

Filed and recorded in accordance with the laws of the State of Indiana this 6th day of February, 1967.  
Signed Father Paul M. Rade  
Official Designation Catholic Priest  
Signed John Lambert Jr. Clerk HENDRICKS Circuit Court

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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 11  
File Book 29  
16 January 1967  
Date of Application

MALE  
Medical Examination Report Dated 11 January 1967  
Name of Physician W.P. Winter M.D.

FEMALE  
Medical Examination Report Dated 11 January 1967  
Name of Physician W.P. Winter 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 Marion Robert Kehl  
Date of Birth February 12 1929  
Place of Birth Shelby Co., Tenn., Indiana.  
Residence Address 240 E. York, Martinsville, Morgan 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 Baggage Clerk, Greyhound.  
Date of birth verified by:  Birth Cert.  Judicial Decree  
 Other (Specify) Drivers 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
- 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

(a) List their full names, ages and addresses  
Name Age Address

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

11. Full name of father: unknown  
Residence of father (if deceased so state):  
Occupation of father: unk. Race of father: white  
Birthplace of father (State or foreign country): Shelby Co., Ind.

12. Full maiden name of mother: Stella Marie Gregory  
Residence of mother (if deceased so state): 2235 Central, Indpls, Ind.  
Occupation of mother: H/W Race of mother: white  
Birthplace of mother (State or foreign country): Shelby Co., Ind.

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

Signed Marion Robert Kehl  
New Address 240 E. York, Martinsville  
Subscribed and sworn to before me this 11th day of January, 1967.  
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of this applicant hereby give consent 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 Sharon Ann Jones  
Date of Birth September 2 1944  
Place of Birth Robertson Co., Tenn.  
Residence Address 230 S. Green St., B'burg, Henr., Ind.  
Maiden Name if Different (Ingram)

Previous 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: Wabash life.  
Date of birth verified by:  Birth Cert.  Judicial Decree  
 Other (Specify) Drivers license

- 1. Are you now or have you been adjudged, diagnosed or considered as an imbecile? No  Yes
- 2. Are you under guardianship as a person of unsound mind? No  Yes
- 3. Are you afflicted with a transmissible disease? No  Yes
- 4. Are you related to the groom closer than second cousin? No  Yes
- 5. Are you now under the influence of intoxicating liquor? No  Yes
- 6. Are you now under the influence of a narcotic drug? No  Yes
- 7. Full name of father: Samuel Edward Jones

Residence of father (if deceased so state): Pleasant View, Tenn.  
Occupation of father: Farmer Race of father: white  
Birthplace of father (State or foreign country): Robertson Co., Tenn.

8. Full maiden name of mother: Kathleen Marcella Samos  
Residence of mother (if deceased so state): Pleasant View, Tenn.  
Occupation of mother: H/W Race of mother: white  
Birthplace of mother (State or foreign country): Ohio.

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

Signed Sharon Ann Jones  
New Address: Same

Subscribed and sworn to before me this 16th day of January, 1967.  
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of this applicant hereby give consent 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 \_\_\_\_\_ County \_\_\_\_\_ Court \_\_\_\_\_, 19\_\_\_\_, authorizing the joining together as husband and wife of Indiana dated the \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

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 \_\_\_\_\_, one thousand nine hundred and \_\_\_\_\_, \_\_\_\_\_ 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 \_\_\_\_\_ Minister

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



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 12  
File Book 29  
Jan 17 - 1967  
Date of Application

MALE  
Medical Examination Report Dated 11 January 1967  
Name of Physician A.N. Scudder M.D.

FEMALE  
Medical Examination Report Dated 9 January 1967  
Name of Physician S.C. Kerlan 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 L. Mitchell  
Date of Birth January 17 1948  
Place of Birth Indianapolis, Ind.  
Residence Address R3 Bx 616 Brownsburg, Ind.  
Previous Marital Status: Never Married  Number of Previous Marriages  
Last Marriage Ended By: Death  Divorce  Annulment

FEMALE APPLICANT  
Name Mary Anne Ferguson  
Date of Birth April 29 1947  
Place of Birth Indianapolis, Ind.  
Residence Address 444 Western Dr., D'Ville, 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 Blowing tanks, Link Bolt.  
Date of birth verified by:  Birth Cert.  Judicial Decree  
 Other (Specify) Divorced lic.

Color or Race White  Negro  Other  (specify)  
Usual Occupation Secretary  
Date of birth verified by:  Birth Cert.  Judicial Decree  
 Other (Specify) Divorced 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

- 1. Are you now or have you been adjudged, diagnosed or considered as:  
An 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: Harmon Walter Ferguson  
Residence of father (if deceased so state): Danville, Ind.  
Occupation of father: Supr. Alkon Race of father: white  
Birthplace of father (State or foreign country): Brownsburg, 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

8. Full maiden name of mother: Mary Frances Marshall  
Residence of mother (if deceased so state): Danville, Ind.  
Occupation of mother: H/W Race of mother: white  
Birthplace of mother (State or foreign country): Danville, Ind.

11. Full name of father: Glenn Devereau Mitchell  
Residence of father (if deceased so state): unk.  
Occupation of father: unk. Race of father: white  
Birthplace of father (State or foreign country): Columbus, Indiana.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of HENDRICKS }  
Signed: Mary Anne Ferguson  
New Address: Same.

12. Full maiden name of mother: Maudie Mildred Neeter  
Residence of mother (if deceased so state): Bibury, Ind.  
Occupation of mother: H/W 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 HENDRICKS }  
Signed: Michael L. Mitchell  
New Address: 312 1/2 Ave A, P.O. Box 111, Ind.  
Subscribed and sworn to before me this 17th day of January, 1967.  
John J. Jambell, Clerk HENDRICKS Circuit Court

Subscribed and sworn to before me this 17th day of January, 1967.  
John J. Jambell, Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of 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 PARENTS, PARENT OR GUARDIAN  
We, the parents, of 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: Maudie Mildred Neeter Father  
Signed: Glenn Devereau Mitchell Mother  
Subscribed and sworn to before me this 17th day of January, 1967.  
John J. Jambell, Clerk

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 21st day of January, 1967, authorizing the joining together as husband and wife of Michael L. Mitchell and Mary Anne Ferguson.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, George A. Harris, hereby certify that on the 21st day of January, one thousand nine hundred and sixty-seven, at Danville, County of Hendricks, State of Indiana, Groom Michael L. Mitchell and, Bride Mary Anne Ferguson 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 January, 1967.

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 January, 1967.  
Signed: John J. Jambell, 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. 13  
File Book 29  
18 January 1967  
Date of Application

MALE  
Medical Examination Report Dated 19 January 1967  
Name of Physician Elmer L. Koch MD.

FEMALE  
Medical Examination Report Dated 16 January 1967  
Name of Physician James L. Higgins 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 Thomas A. Freije  
Date of Birth March 29 1947  
Place of Birth Indianapolis, Ind.  
Residence Address RI Bx364 Clayton, 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 Student: ISU.  
Date of birth verified by:  Birth Cert.  Judicial Decree

Other (Specify) Drivers 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

(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 Andrew George Freije  
Residence of father (if deceased so state) Clayton, Ind.  
Occupation of father Store owner Race of father white  
Birthplace of father (State or foreign country) Shoals, Ind.

12. Full maiden name of mother Helen Marie Asbel  
Residence of mother (if deceased so state) Clayton, Ind.  
Occupation of mother H/W Race of mother white  
Birthplace of mother (State or foreign country) Mitchell, Ind.

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

Signed Thomas A. Freije  
New Address RI Clayton, Ind.

Subscribed and sworn to before me this 18th day of January, 1967  
John 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  
date Mothers notarized consent 18 January 1967 attached

State of Indiana, } ss:  
County of HENDRICKS }  
Signed Andrew Geo Freije Father  
Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this 18th day of January, 1967  
John Campbell Clerk

FEMALE APPLICANT

Name Jennifer L. Fulmer  
Date of Birth October 2 1948  
Place of Birth Terre Haute, Ind.  
Residence Address 156 Bx 438 Terre Haute, Vigo, 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: ISU.  
Date of birth verified by:  Birth Cert.  Judicial Decree

Other (Specify) Drivers 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 Max Richard Fulmer  
Residence of father (if deceased so state) Terre Haute, Ind.  
Occupation of father Postal clerk Race of father white  
Birthplace of father (State or foreign country) Bryan, Ohio

8. Full maiden name of mother Helen Maxine Doty  
Residence of mother (if deceased so state) Terre Haute, Ind.  
Occupation of mother H/W Race of mother white  
Birthplace of mother (State or foreign country) Terre Haute, Ind.

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

Signed Jennifer L. Fulmer  
New Address San

Subscribed and sworn to before me this 18th day of January, 1967  
John 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, } 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 January, 1967, authorizing the joining together as husband and wife of Thomas A. Freije and Jennifer L. Fulmer  
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 \_\_\_\_\_, \_\_\_\_\_ 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 \_\_\_\_\_ Clerk  
Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_ Signed \_\_\_\_\_ 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. 13  
File Book 29  
18 January 1967  
Date of Application

MALE  
Medical Examination Report Dated 19 January 1967  
Name of Physician Elmer L. Koch MD.

FEMALE  
Medical Examination Report Dated 16 January 1967  
Name of Physician James L. Higgins 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 Thomas A. Freije  
Date of Birth March 29 1947  
Place of Birth Indianapolis, Ind.  
Residence Address R1 Bx 364 Clayton, 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 Student: ISU.  
Date of birth verified by:  Birth Cert.  Judicial Decree  
 Other (Specify) Drivers Lic.  
1. Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No  Yes   
Of Unsound Mind? No  Yes   
2. Are you under guardianship as a person of unsound mind? No  Yes   
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No  Yes   
If answer to 3 is "yes" has the cause of such condition been removed? No  Yes   
4. Are you afflicted with a transmissible disease? No  Yes   
5. Are you related to the bride closer than second cousin? No  Yes   
6. Are you now under the influence of intoxicating liquor? No  Yes   
7. Are you now under the influence of a narcotic drug? No  Yes   
8. Are you able to support a family? Yes  No   
9. Are you likely to so continue? Yes  No   
10. Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)  
(a) List the \_\_\_\_\_

FEMALE APPLICANT

Name Jennifer L. Fulmer  
Date of Birth October 2 1948  
Place of Birth Terre Haute, Ind.  
Residence Address 156 Bx 438 Terre Haute, Vigo, 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: ISU.  
Date of birth verified by:  Birth Cert.  Judicial Decree  
 Other (Specify) Drivers 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: Max Richard Fulmer,  
Terre Haute, Ind.

11. I, Marie Freije give my consent for my son Tom Freije to marry Jennifer Fulmer  
Marie Freije  
Marie Freije, Mother  
Subscribed and sworn to before me this 18 day of January, 1967  
Mary P. Ellis Notary Public  
My commission expires August 24, 1968  
John Campbell 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 January, 1967, authorizing the joining together as husband and wife of Thomas A. Freije and Jennifer L. Fulmer  
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 \_\_\_\_\_ and, Bride \_\_\_\_\_ were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_ County.  
Dated this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_\_. Signed \_\_\_\_\_  
Official Designation \_\_\_\_\_, 19\_\_\_\_\_.  
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. 14  
File Book 29  
Date of Application 18 January 1967

MALE  
Medical Examination Report Dated 13 January 1967  
Name of Physician John P. Calhoun M.D.

FEMALE  
Medical Examination Report Dated 13 January 1967  
Name of Physician John P. Calhoun 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 William Roberts  
Date of Birth November 30 1947  
Place of Birth Matoon, Ill.  
Residence Address 707 Gibbs Court, 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 Student: IU.  
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   
If unable to so continue? Yes  No

For children from one or more former marriages?  
Name Age Address  
Supporting or contributing to their support? Yes  No   
Complying with any court order or orders issued for support? Yes  No   
Father: Verlie Donald Roberts Jr  
Father (if deceased so state) Pifld, Ind.  
Father: Carl Insp. NYC Race of father white  
Father (State or foreign country) Coal Statepa, Ill  
Name of mother: Elizabeth Ann Gorman  
Mother (if deceased so state) Pifld, Ind  
Mother: Reg. Army Corp, N.C. Race of mother white  
Mother (State or foreign country) Matoon, Ill.

HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
Signed Gary William Roberts  
New Address 218 Eastern Ave., Pifld, Ind.  
Sworn to before me this 18th day of January, 1967.  
Clerk John Samdell 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.  
Mother, notarized consent  
17 Jan. 1967 attached.  
HENDRICKS } ss:  
Signed Verlie D. Roberts Father  
Signed \_\_\_\_\_ Mother  
Sworn to before me this 18th day of January, 1967.  
Clerk John Samdell

FEMALE APPLICANT  
Name Wanda Lee Jobst  
Date of Birth July 5 1947  
Place of Birth Paris, Ill.  
Residence Address 430 Gibbs St., 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 Operator: Ind. Bell.  
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: Maxwell Woodward Jobst  
Residence of father (if deceased so state) Pifld, Ind.  
Occupation of father: Pilot: Ind Gen. Race of father white  
Birthplace of father (State or foreign country) Cincinnati, Ohio.  
8. Full maiden name of mother: Julia Ann Foley  
Residence of mother (if deceased so state) Pifld, Ind.  
Occupation of mother H/W Race of mother white  
Birthplace of mother (State or foreign country) Paris, Ill.

State of Indiana, } ss: I depose and state the information given in this application is true and correct.  
County of HENDRICKS  
Signed Wanda Lee Jobst  
New Address Same  
Subscribed and sworn to before me this 18th day of January, 1967.  
Clerk John Samdell HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of this applicant hereby 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 and dated the 23 day of January, 1967, authorizing the joining together as husband and wife Gary William Roberts and Wanda Lee Jobst.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Donald F. McMahan hereby certify that on the 28th day of January, one thousand nine hundred and sixty-seven at Plainfield, County of Hendricks, State of Indiana, Groom Gary William Roberts of Hendricks County, State of Indiana and, Bride Wanda Lee Jobst 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, 1967.

Signed Donald F. McMahan  
Official Designation Methodist Clergy  
Filed and recorded in accordance with the laws of the State of Indiana this 31st day of January, 1967.  
Signed John Samdell, 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. 14  
File Book 29  
18 January 1967  
Date of Application

HENDRICKS County

MALE  
Medical Examination Report Dated 13 January 1967  
Name of Physician John P. Calhoun M.D.

FEMALE  
Medical Examination Report Dated 13 January 1967  
Name of Physician John P. Calhoun 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 William Roberts  
Date of Birth November 30 1947  
Place of Birth (State or foreign country) Mattoon, Ill.  
Residence Address 707 Gibbs Court, Plainfield, 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 Student: IU.  
Date of birth verified by:  Birth Cert.  Judicial Decree

**FEMALE APPLICANT**

Name Wanda Lee Jobst  
Date of Birth July 5 1947  
Place of Birth (State or foreign country) Paris, Ill.  
Residence Address 430 Gibbs St., Plainfield, Hend, 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 Operator: Ind. Bell.  
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 \_\_\_\_\_? No  Yes

- 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

STATE OF INDIANA )  
COUNTY OF HENDRICKS ) SS.

I, ANN ROBERTS, the mother of Gary William Roberts, give my consent for him to marry Wanda Lee Jobst.

Dated: 1-17-67

Ann Roberts

SUBSCRIBED and sworn to before me this 17th day of January, 1967.

Thurgood Marshall  
Notary Public

My commission expires: Dec 21, 1968

**FILED**  
JAN 18 1967  
John Lambold Jr.  
CLERK HENDRICKS CIRCUIT COURT SUPERIOR

**MARRIAGE CERTIFICATE**

of Indiana dated the 17th day of January, 1967, authorizing the joining together as husband and wife  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Donald F. McMahan hereby certify that on the 28th day of January,  
one thousand nine hundred and sixty-seven at Plainfield, County of Hendricks,  
State of Indiana, Groom Gary William Roberts of Hendricks County, State of Indiana  
and, Bride Wanda Lee Jobst 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, 1967.

Signed Donald F. McMahan  
Official Designation Methodist Clergy  
Filed and recorded in accordance with the laws of the State of Indiana this 31st day of January, 1967.  
Signed John Lambold 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. 15  
File Book 29  
Date of Application Jan 21-1967

HENDRICKS County

MALE  
Medical Examination Report Dated January 5-1967  
Name of Physician Wm B Lybrook MD

FEMALE  
Medical Examination Report Dated Jan 4-1967  
Name of Physician Wm B Lybrook 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 Richard Michael Budd  
Date of Birth March 17 1941  
Place of Birth (State or foreign country) Wabash Ind.  
Residence Address 3933 Breen Dr Indpls Ind.  
Previous Marital Status: Never Married  Number of Previous Marriages.

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

Usual Occupation Sales Engineer  
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 Oscar H. Budd  
Residence of father (if deceased so state) Kokomo Ind.  
Occupation of father Baker Race of father W  
Birthplace of father (State or foreign country) Indiana

12. Full maiden name of mother Sarah Jane Beaddy  
Residence of mother (if deceased so state) Kokomo, 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 HENDRICKS  
Signed: Richard Michael Budd  
New Address 3933 Breen Dr

Subscribed and sworn to before me this 21 day of Jan, 1967  
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 Nina Beth Vaughn  
Date of Birth Oct 21 1943  
Place of Birth (State or foreign country) Quincy Ind.  
Residence Address Stilesville Ind.  
Maiden Name if Different Stilesville 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 Assistant Buyer

Date of birth verified by:  Birth Cert.  Judicial Decree  
 Other (Specify) Drivers License

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

7. Full name of father James W Vaughn  
Residence of father (if deceased so state) Stilesville  
Occupation of father Antiqueeer Race of father W  
Birthplace of father (State or foreign country) Indiana

8. Full maiden name of mother Bloune Elizabeth Spoon  
Residence of mother (if deceased so state) Stilesville  
Occupation of mother Housewife Race of mother W  
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of HENDRICKS  
Signed: Nina B. Vaughn  
New Address 3933 Breen Drive

Subscribed and sworn to before me this 21 day of Jan, 1967  
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 \_\_\_\_\_ 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 26th day of January, 1967, authorizing the joining together as husband and wife of Richard Michael Budd and Nina Beth Vaughn.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, A. Howard Lindquist hereby certify that on the 27th day of January, one thousand nine hundred and sixty seven at Stilesville County of Hendricks State of Indiana, Groom Richard Michael Budd of Howard County, State of Indiana and, Bride Nina Beth Vaughn 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, 1967. Signed A. Howard Lindquist  
Official Designation Justice Presbyterian Church, Indpls.  
Filed and recorded in accordance with the laws of the State of Indiana this 31 day of January, 1967.  
Signed John Hambold, Jr Clerk Hendricks Circuit Court



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

No. 16  
File 29  
Jan 21-1967  
Date of Application

HENDRICKS County

MALE  
Medical Examination Report Dated 1-17-67  
Name of Physician L E Jolly MD

FEMALE  
Medical Examination Report Dated 1-16-67  
Name of Physician L E Jolly 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 LeRoy Ray  
Date of Birth Dec 31 1946  
Place of Birth Glasgow, Ky.  
Residence Address Park City, Ky.  
Previous Marital Status: Never Married

FEMALE APPLICANT  
Name Ellen Joan Wiseman  
Date of Birth Nov 20 1947  
Place of Birth Indianapolis, Ind.  
Residence Address R.R. #2-Box 184-Brownsburg, Ind.  
Maiden Name if Different

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

Usual Occupation Typist-Meridian Mutual Ins. Co.  
Date of birth verified by: Birth Cert. Judicial Decree  
Other (Specify) Drivers 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 John Francis Wiseman  
Residence of father (if deceased so state) Same  
Occupation of father Ins. Co., Indpls Life Race of father W  
Birthplace of father (State or foreign country) Chicago, Ill  
8. Full maiden name of mother Rowena Mable Nash  
Residence of mother (if deceased so state) Same  
Occupation of mother housewife Race of mother W  
Birthplace of mother (State or foreign country)

(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 Luther Ray  
Residence of father (if deceased so state) Same  
Occupation of father Farmer Race of father W.  
Birthplace of father (State or foreign country) Edmondson Co., Ky.  
12. Full maiden name of mother Ruby Moore  
Residence of mother (if deceased so state) Same  
Occupation of mother Cook Race of mother W.  
Birthplace of mother (State or foreign country) Hopkinsville, Ky.

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.  
County of Hendricks }  
Signed Ellen Wiseman  
New Address R.R. #2-Box 184-Brownsburg  
Subscribed and sworn to before me this 21 day of Jan, 1967  
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 Hendricks }  
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 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 1967, authorizing the joining together as husband and wife of James LeRoy Ray and Ellen J. Wiseman  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Rev. Charles Noll, hereby certify that on the 5th day of February one thousand nine hundred and sixty-seven at Brownsburg, County of Hendricks State of Indiana, Groom James LeRoy Ray of Hendricks County, State of Kentucky and, Bride Ellen Joan Wiseman 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, 1967.  
Signed Rev. Charles Noll  
Official Designation Catholic Priest  
9th day of February, 1967.  
Signed John Lambold, 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

No. 17  
File Book 29  
Date of Application 23 January 1967

HENDRICKS County

MALE  
Medical Examination Report Dated 19 January 1967  
Name of Physician Fred M. Blix MD.

FEMALE  
Medical Examination Report Dated 19 January 1967  
Name of Physician Fred M. Blix 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 Frank Reeves  
Date of Birth September 1 1940  
Place of Birth Ladoga, Indiana.  
Residence Address R2 Ladoga, Montgomery, Ind.  
Previous Marital Status:  Never Married  
Last Marriage Ended By:  Death  Divorce  Annulment  
Color or Race  White  Negro  Other  
Usual Occupation Carpenter: Westline  
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?  No  Yes  
(If yes, answer questions a, b, c)

(a) List their full names, ages and addresses  
Name Age Address  
Sonny Reeves  
Danielle III  
Residence of father (if deceased so state) Trucker  
Occupation of father Trucker Race of father White  
Birthplace of father (State or foreign country) Danielle III

(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 Sonny Reeves  
Residence of father (if deceased so state) Danielle III  
Occupation of father Trucker Race of father White  
Birthplace of father (State or foreign country) Danielle III

12. Full maiden name of mother Lucille Miller Taylor  
Residence of mother (if deceased so state) Ladoga, Ind.  
Occupation of mother Seamstress: Fabm shop Race of mother White  
Birthplace of mother (State or foreign country) Ladoga, Ind.  
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of HENDRICKS  
Signed Frank Reeves  
New Address Ladoga, Ind.  
Subscribed and sworn to before me this 23rd day of January, 1967  
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of this applicant hereby give consent 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 Myrtle Brewer  
Date of Birth February 23 1917  
Place of Birth Dryden, Virginia.  
Residence Address Box 498 North Salem, Hend, Ind.  
Maiden Name if Different \_\_\_\_\_  
Previous Marital Status:  Never Married  
Last Marriage Ended By:  Death  Divorce  Annulment  
Color or Race  White  Negro  Other  
Usual Occupation Unemployed  
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 Charles William Brewer  
Residence of father (if deceased so state) Salem, Ind.  
Occupation of father Farmer Race of father White  
Birthplace of father (State or foreign country) Dryden, Va.  
8. Full maiden name of mother Buna Vista Lee Hanson  
Residence of mother (if deceased so state) N. Salem, Ind.  
Occupation of mother H/W. Race of mother White  
Birthplace of mother (State or foreign country) Dryden, Va.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of HENDRICKS  
Signed Myrtle Rae Brewer  
New Address Same  
Subscribed and sworn to before me this 23rd day of January, 1967  
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  
Comes now Buna Vista Falconbury, mother of Myrtle Rae Brewer and states as herein written the date of her son's daughter Myrtle Rae Brewer's birth date:  
State of Indiana, HENDRICKS } ss:  
County of HENDRICKS  
Signed Feb 23 1947 Father  
Signed Buna Vista Falconbury Mother  
Subscribed and sworn to before me this 24th day of January, 1967  
Clerk HENDRICKS Circuit Court

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 28th day of January, 1967, authorizing the joining together as husband and wife of Frank Reeves and Myrtle Rae Brewer  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, A. W. Hall, hereby certify that on the 28th day of January, one thousand nine hundred and sixty-seven at North Salem, County of Hendricks, State of Indiana, Groom Frank Reeves of Montgomery County, State of Indiana, and, Bride Myrtle Rae Brewer of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.  
Dated this: 28th day of January, 1967.  
Signed A. W. Hall  
Official Designation Minister of the Gospel  
31st day of January, 1967.  
Signed John Lambell, Jr. Clerk  
Hendricks Circuit Court

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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 18  
File Book 29  
23 January 1967  
Date of Application

MALE  
Medical Examination Report Dated 18 January 1967  
Name of Physician D. B. Haggard MD

FEMALE  
Medical Examination Report Dated 18 January 1967  
Name of Physician D. 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 William F. Goins  
Date of Birth May 1924  
Place of Birth Indianapolis, Ind.  
Residence Address 421 Hickory Lane Plainfield, Ind.  
Previous Marital Status: Never Married  
Last Marriage Ended By: Death  
Color or Race: White  
Usual Occupation: Foreman, Automotive Arm.

FEMALE APPLICANT  
Name Pauline Powell  
Date of Birth July 1923  
Place of Birth Fairfield, Ill.  
Residence Address 132 Covert, Indianapolis, Ind.  
Maiden Name if Different: Pauline Dewese  
Previous Marital Status: Never Married  
Last Marriage Ended By: 56-2000-6 Ky, 6-14-56 Ky  
Color or Race: White  
Usual Occupation: Coil Winder, Automotive Arm.

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

- 1. Are you now or have you been adjudged, diagnosed or considered as:  
An 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: David Newton Dewese  
Residence of father (if deceased so state): Deceased  
Occupation of father: Race of father: White  
Birthplace of father (State or foreign country): Fairfield, Ill.

(a) List their full names, ages and addresses  
Name Age Address  
Sackey Ann (Aunt) 8 9850 W. 10th 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: William Luther Goins  
Residence of father (if deceased so state): Indpls, Ind.  
Occupation of father: Retired. Race of father: white  
Birthplace of father (State or foreign country): Winton, Ind.  
12. Full maiden name of mother: Clara Melinda Dake  
Residence of mother (if deceased so state): Indpls, Ind.  
Occupation of mother: Assembly: Alcoa. Race of mother: white  
Birthplace of mother (State or foreign country):

8. Full maiden name of mother: Lucille Marshall  
Residence of mother (if deceased so state): Nortonville, Ky.  
Occupation of mother: H/W Race of mother: white  
Birthplace of mother (State or foreign country): Sturgis, Ky.  
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of HENDRICKS }  
Signed Pauline Powell  
New Address: Sang.  
Subscribed and sworn to before me this 23rd day of January, 1967.  
John Stambold Clerk HENDRICKS Circuit Court

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of HENDRICKS }  
Signed William E. Goins  
New Address: 421 Hickory Lane Plainfield, Ind.  
Subscribed and sworn to before me this 23rd day of January, 1967.  
John Stambold Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of this applicant hereby give consent 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

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of this applicant hereby give consent 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 27th day of January, 1967, authorizing the joining together as husband and wife of William E. Goins and Pauline Powell.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Donald Endsley, hereby certify that on the 27th day of January, one thousand nine hundred and sixty-seven at Plainfield, County of Hendricks, State of Indiana, Groom William E. Goins of Hendricks County, State of Indiana and, Bride Pauline Powell 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 January, 1967.  
Signed: Donald Endsley  
Official Designation: Baptist Minister  
Signed: John Stambold, Jr. Clerk HENDRICKS Circuit Court  
Filed and recorded in accordance with the laws of the State of Indiana this 22 day of March, 1967.

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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. 19  
File Bk. 29  
Date of Application Jan 23, 1967

MALE  
Medical Examination Report Dated Dec. 28 - 1966  
Name of Physician Fred O. Warbinton

FEMALE  
Medical Examination Report Dated Dec. 28 1966  
Name of Physician Fred O. Warbinton

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

MALE APPLICANT

Name Robert O. Mottl  
Date of Birth Aug. 21 1936  
Place of Birth Chicago, Ill.  
Residence Address (Hpt 24) 109 E. Quincy, Pittsburg, Kansas, Crawford  
Previous Marital Status: Never Married  Divorce  Annulment   
Last Marriage Ended By: Death  Divorce  Annulment   
Color or Race White  Negro  Other   
Usual Occupation School Teacher - Kansas St. Col.  
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? 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 Otto J. Mottl  
Residence of father (if deceased so state) 3321 S. Austin Blvd. Cicero, Ill.  
Occupation of father Tool Dgr Race of father W.  
Birthplace of father (State or foreign country) Chicago

12. Full maiden name of mother Mary Prochaska  
Residence of mother (if deceased so state) Same  
Occupation of mother Housewife Race of mother W.  
Birthplace of mother (State or foreign country) Chicago, Ill.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of HENDRICKS  
Signed Robert O. Mottl  
New Address Same  
Subscribed and sworn to before me this 23rd day of January, 1967  
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 Mary M. Arnold  
Date of Birth Aug. 9 1943  
Place of Birth Indpls, Ind.  
Residence Address 236 Moon Ave. Plainfield, Hend, Ind.  
Maiden Name if Different Same  
Previous Marital Status: Never Married  Divorce  Annulment   
Last Marriage Ended By: Death  Divorce  Annulment   
Color or Race White  Negro  Other   
Usual Occupation School Teacher  
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 Francis Donald Arnold  
Residence of father (if deceased so state) Same  
Occupation of father Salesman Race of father W.  
Birthplace of father (State or foreign country) Yankee Town, Ind.

8. Full maiden name of mother Kathryn Louise Klingner  
Residence of mother (if deceased so state) Same  
Occupation of mother Housewife Race of mother W.  
Birthplace of mother (State or foreign country) Indiana (Indpls.)

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of HENDRICKS  
Signed Mary M. Arnold  
New Address (Hpt. 24) 109 E. Quincy, Pittsburg, Kansas  
Subscribed and sworn to before me this 23rd day of January, 1967  
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 \_\_\_\_\_ 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 27 day of January, 1967, authorizing the joining together as husband and wife of Robert O. Mottl and Mary M. Arnold  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Donald F. Mc Mahan hereby certify that on the 28th day of January,  
one thousand nine hundred and sixty-seven at Plainfield, County of Hendricks  
State of Indiana, Groom Robert Otto Mottl of Crawford, County, State of Kansas  
and, Bride Mary Margaret Arnold 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, 1967. Signed Donald F. Mc Mahan  
Official Designation Methodist Clergy  
31st day of January, 1967  
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

No. 20  
File Book 29  
23 January 1967  
Date of Application

HENDRICKS County

**MALE**  
Medical Examination Report Dated 23 January 1967  
Name of Physician James Black M.D.

**FEMALE**  
Medical Examination Report Dated 23 January 1967  
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 Steven P. Chesney  
Date of Birth June 1947  
Place of Birth Indianapolis, Indiana  
Residence Address 440 Trevor St., Brownsburg, New, Ind.  
Previous Marital Status: Never Married  Number of Previous Marriages \_\_\_\_\_  
Last Marriage Ended By: Death  Divorce  Annulment

**FEMALE APPLICANT**  
Name Patricia Ann Nunn  
Date of Birth November 1949  
Place of Birth Indianapolis, Ind.  
Residence Address Oakhurst Tr., Brownsburg, New, 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 Lead Dispatcher, Switzer.  
Date of birth verified by:  Birth Cert.  Judicial Decree  
 Other (Specify) Drift Card.

Color or Race White  Negro  Other  (specify) \_\_\_\_\_  
Usual Occupation Waitress, Weir Oak Arms  
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

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

(a) List their full names, ages and addresses  
Name Age Address  
John Lester Chesney  
3' by, Ind.  
Setup, Switzer white  
Altoona, Pa.

7. Full name of father William Thomas Nunn  
Residence of father (if deceased so state) 1121 S. Richland, Ind.  
Occupation of father Trucker Race of father white  
Birthplace of father (State or foreign country) Mumfordsville, Kentucky

(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 Lester Chesney  
Residence of father (if deceased so state) 3' by, Ind.  
Occupation of father Setup, Switzer Race of father white  
Birthplace of father (State or foreign country) Altoona, Pa.

8. Full maiden name of mother Sandra Lee Wadsworth  
Residence of mother (if deceased so state) Indpls, Ind.  
Occupation of mother H/W 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 Steven P. Chesney  
New Address Oakhurst Tr., lot 40, 3' by, Ind.  
Subscribed and sworn to before me this 20th day of January, 1967  
John Samblak 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 Patricia Ann Nunn  
New Address Same  
Subscribed and sworn to before me this 20th day of January, 1967  
John Samblak Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**  
We, the parents, of 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 not authorized consent (verified) dated 24 Jan 67 at Ind.  
State of Indiana, HENDRICKS } ss:  
County of \_\_\_\_\_  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this 25th day of January, 1967  
John Samblak 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.  
Parents not authorized consent (verified) dated 24 Jan 67 at Ind.  
State of Indiana, \_\_\_\_\_ } ss:  
County of HENDRICKS  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this 25th day of January, 1967  
John Samblak 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 January, 1967, authorizing the joining together as husband and wife of Steven P. Chesney and Patricia Ann Nunn.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Lester B. Yearick hereby certify that on the third day of February, one thousand nine hundred and sixty-seven at Brownsburg, County of Hendricks State of Indiana, Groom Steven P. Chesney of Hendricks County, State of Indiana and, Bride Patricia Ann Nunn 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 fourth day of February, 1967.

Signed Lester B. Yearick  
Official Designation Minister  
Filed and recorded in accordance with the laws of the State of Indiana this 8th day of February, 1967.  
Signed John Samblak, 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. 20  
File Book 29  
Date of Application 25 January 1967

HENDRICKS County

MALE  
Medical Examination Report Dated 23 January 1967  
Name of Physician James Black M.D.

FEMALE  
Medical Examination Report Dated 23 January 1967  
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 Steven P. Chesney  
Date of Birth June 1947  
Place of Birth Indianapolis, Indiana  
Residence Address 440 Trevor St., Brownsburg, New, Ind.  
Previous Marital Status: Never Married  Number of Previous Marriages \_\_\_\_\_  
Last Marriage Ended By: Death  Divorce  Annulment   
Color or Race White  
Usual Occupation Lead Dispatcher, Switzer  
Date of birth verified by:  Birth Cert.  Judicial Decree  
 Other (Specify) Drift 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"  
4. Are you afflicted with \_\_\_\_\_  
5. Are you related to the \_\_\_\_\_  
6. Are you now under the \_\_\_\_\_  
7. Are you now under the \_\_\_\_\_  
8. Are you able to support \_\_\_\_\_  
9. Are you likely to so \_\_\_\_\_  
10. Do you have minor child(ren)?  
(If yes, answer question (a) List their full name and date of birth.)  
Name \_\_\_\_\_

**FEMALE APPLICANT**

Name Patricia Ann Nunn  
Date of Birth November 1949  
Place of Birth Indianapolis, Ind.  
Residence Address Oakhurst Tr., Brownsburg, New, 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  
Usual Occupation Waitress, Weir Cook 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"  
4. Are you afflicted with \_\_\_\_\_  
5. Are you related to the \_\_\_\_\_  
6. Are you now under the \_\_\_\_\_  
7. Are you now under the \_\_\_\_\_  
8. Are you able to support \_\_\_\_\_  
9. Are you likely to so \_\_\_\_\_  
10. Do you have minor child(ren)?  
(If yes, answer question (a) List their full name and date of birth.)  
Name \_\_\_\_\_

I, Scydia L. Nunn, hereby give my consent for  
my daughter Patricia Nunn to  
marry Steven P. Chesney.

**FILED**

Subscribed and sworn to before me this 24th day of Jan, 1967

John Lambold Jr.  
CLERK HENDRICKS SUPERIOR COURT

William J. Bueger  
Notary Public

U12-5197

11. Full name of father John L. Chesney  
Residence of father (if different from above) \_\_\_\_\_  
Occupation of father \_\_\_\_\_  
Birthplace of father (State or foreign country) \_\_\_\_\_  
12. Full maiden name of mother \_\_\_\_\_  
Residence of mother (if different from above) \_\_\_\_\_  
Occupation of mother Receptionist, Sec. Serv.  
Race of mother White  
Birthplace of mother (State or foreign country) Kokomo, Ind.  
State of Indiana, \_\_\_\_\_  
County of HENDRICKS

Signed Patricia Ann Nunn  
New Address Same  
Subscribed and sworn to before me this 25th day of January, 1967  
John Lambold Jr. Clerk HENDRICKS Circuit Court

I, John L. Chesney, hereby give my consent for  
my son Steven P. Chesney to  
marry Patricia Nunn.

**FILED**

Subscribed and sworn to before me this 24th day of Jan, 1967

John Lambold Jr.  
CLERK HENDRICKS SUPERIOR COURT

William J. Bueger  
Notary Public

New Address \_\_\_\_\_  
Subscribed and sworn to \_\_\_\_\_  
CONSENT OF PARENTS  
We, the parents, of this \_\_\_\_\_  
signs, state facts which \_\_\_\_\_  
State of Indiana, \_\_\_\_\_  
County of HENDRICKS  
Signed \_\_\_\_\_  
Signed \_\_\_\_\_  
Subscribed and sworn to \_\_\_\_\_  
COMPLETE IF \_\_\_\_\_

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 January, 1967, authorizing the joining together as husband and wife of Steven P. Chesney and Patricia Ann Nunn.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Lester B. Yearick, hereby certify that on the third day of February, one thousand nine hundred and sixty-seven at Brownsburg, County of Hendricks, State of Indiana, Groom Steven P. Chesney of Hendricks County, State of Indiana and, Bride Patricia Ann Nunn 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 fourth day of February, 1967.

Signed Lester B. Yearick

Official Designation Minister  
8th day of February, 1967

Signed John Lambold Jr. Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_ day of \_\_\_\_\_, 1967



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 29  
Date of Application Jan 27-1967

MALE  
Medical Examination Report Dated Jan 23-1967  
Name of Physician Rene Martin Jacobs M.D.

FEMALE  
Medical Examination Report Dated Jan. 23-1967  
Name of Physician Rene Martin Jacobs 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 L. Keyst  
Date of Birth Dec 30 1941  
Place of Birth Clinton Vermillion Ind.  
Residence Address Amo Hend. Ind.  
Previous Marital Status: Never Married  Divorce  Annulment

Color or Race White  
Usual Occupation Group Leader RR Mallory  
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 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?  No  Yes

- (a) List their full names, ages and addresses:  
Timothy Don 6 Brazil Ind.  
Anthony Charles 5 Brazil Ind.  
Russell L. Searle 3 Brazil 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 Charles W. Keyst  
Residence of father (if deceased so state) Brazil  
Occupation of father RR Mallory Race of father W  
Birthplace of father (State or foreign country) Indiana  
12. Full maiden name of mother Betty Lancaster  
Residence of mother (if deceased so state) Brazil  
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 Larry L. Keyst  
New Address \_\_\_\_\_

Subscribed and sworn to before me this 27 day of Jan, 1967  
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 Julie A. Burch  
Date of Birth Jan 20 1946  
Place of Birth Greensville Putnam Ind.  
Residence Address Amo Hend. Ind.  
Maiden Name if Different Amo Hend. Ind.  
Previous Marital Status: Never Married  Number of Previous Marriages \_\_\_\_\_

Last Marriage Ended By: Death  Divorce  Annulment

Color or Race White  
Usual Occupation QC RR Mallory  
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 Hubert A. Burch  
Residence of father (if deceased so state) Amo  
Occupation of father Ocean Contractor Race of father W  
Birthplace of father (State or foreign country) Indiana  
8. Full maiden name of mother Delores C. Snyder  
Residence of mother (if deceased so state) Amo  
Occupation of mother School Cafeteria 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 Julie A. Burch  
New Address \_\_\_\_\_

Subscribed and sworn to before me this 27 day of Jan, 1967  
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 Hend County Circuit Court by written order issued 24 Judge \_\_\_\_\_ and filed in Clerk 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 Hend Circuit Court of Indiana dated the 27 day of January, 1967, authorizing the joining together as husband and wife of Larry L. Keyst and Julie A. Burch.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Frank S. Surber hereby certify that on the 28 day of January, 1967, at Amo, County of Hendricks, one thousand nine hundred and 67 of Hendricks County, State of Indiana, Groom Larry L. Keyst and, Bride Julie A. Burch 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 Jan, 1967.  
Signed Frank S. Surber  
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 17 day of March, 1967.  
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. 22  
File Book 29  
28 January 1967  
Date of Application

MALE  
Medical Examination Report Dated 17 January 1967  
Name of Physician M.O. Scamahan M.D.

FEMALE  
Medical Examination Report Dated 17 January 1967  
Name of Physician M.O. Scamahan 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 Keith Hampton  
Date of Birth July 20 1948  
Place of Birth Blackey, Ky.  
Residence Address R 18 Bx 164 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).....

FEMALE APPLICANT  
Name Donna S. Richardson  
Date of Birth February 17 1948  
Place of Birth Bedford, Ind.  
Residence Address R 18 Bx 358, 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 Butcher: Hampton Mkt. Clearmont  
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

Usual Occupation Cashier: Topps  
Date of birth verified by:  Birth Cert.  Judicial Decree  
 Other (Specify) Driver 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 Robert Richardson  
Residence of father (if deceased so state) N.S.  
Occupation of father Banker Race of father white  
Birthplace of father (State or foreign country) Orleans, 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 Gobbel Hampton  
Residence of father (if deceased so state) Clermont, Ind.  
Occupation of father Store owner Race of father white  
Birthplace of father (State or foreign country) Blackey, Ky.  
12. Full maiden name of mother Edna Jean Hampton  
Residence of mother (if deceased so state) Clermont, Ind.  
Occupation of mother Clerk: Store Race of mother white  
Birthplace of mother (State or foreign country) Letcher, Ky.

8. Full maiden name of mother Magene Ruffin Huckleberry  
Residence of mother (if deceased so state) R 18 Indpls, Ind.  
Occupation of mother Office: Pennys Race of mother white  
Birthplace of mother (State or foreign country) Orleans, Ind.  
State of Indiana, } ss: I depose and state the information given in this application is true and correct.  
County of HENDRICKS  
Signed Donna S. Richardson  
New Address Sams  
Subscribed and sworn to before me this 28th day of January, 1967  
John Lambell 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 Keith Hampton  
New Address Oakhurst Twp, Lots 1 Siboy  
Subscribed and sworn to before me this 28th day of January, 1967  
John Lambell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of this applicant hereby 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.....

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of this applicant hereby 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 Geoffrey Hampton Father  
Signed Edna Jean Hampton Mother  
Subscribed and sworn to before me this 28th day of January, 1967  
John Lambell 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, } 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 Wend Circuit Court of Indiana dated the 1 day of Feb. 1967, 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. Knopfmeier hereby certify that on the 3rd day of February  
one thousand nine hundred and sixty-seven at Brownsburg, County of Hendricks  
State of Indiana, Groom Keith Hampton of Marion County, State of Indiana  
and, Bride Donna S. Richardson 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 February, 1967.

Filed and recorded in accordance with the laws of the State of Indiana this 7th day of February, 1967.  
Signed Rev. L. L. Knopfmeier Official Designation Methodist Minister  
Signed John Lambell, Jr. Clerk Hendricks Circuit Court

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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

No. 23  
File Book 29  
28 January 1967  
Date of Application

HENDRICKS County

MALE  
Medical Examination Report Dated 23 January 1967  
Name of Physician Wm. B. Kriel MD.

FEMALE  
Medical Examination Report Dated 23 January 1967  
Name of Physician Wm. B. Kriel MD.

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

MALE APPLICANT  
Name Charles Edward Jackson  
Date of Birth June 19 1947  
Place of Birth Russellville Ala.  
Residence Address 6667 W. Wash, Indpls, Marion, Ind.  
Previous Marital Status: Never Married  Number of Previous Marriages  
Last Marriage Ended By: Death  Divorce  Annulment   
Color or Race White  Negro  Other  (specify)  
Usual Occupation Salesman, Guarante Auto  
Date of birth verified by:  Birth Cert.  Judicial Decree

FEMALE APPLICANT  
Name Anita Louise Dillehay  
Date of Birth March 30 1946  
Place of Birth Indianapolis, Ind.  
Residence Address R2 Bx84 Indpls 41, 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

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

- 1. Are you now or have you been adjudged, diagnosed or considered as:  
An 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 Mc Kinzie Dillehay  
Residence of father (if deceased so state): Indpls, Ind.  
Occupation of father: Sheet Metal Sink & Edw. Race of father: white  
Birthplace of father (State or foreign country): Washville, Tenn.

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

- 8. Full maiden name of mother: Mary Margaret Grady  
Residence of mother (if deceased so state): Indpls, Ind.  
Occupation of mother: Dispatch, General Hosp. Race of mother: white  
Birthplace of mother (State or foreign country): Indpls, Ind.

11. Full name of father: Arthur Edward Jackson  
Residence of father (if deceased so state): Indpls, Ind.  
Occupation of father: Student: Voe. College Race of father: white  
Birthplace of father (State or foreign country): Russellville, Ind.  
12. Full maiden name of mother: Dorothy Louise Gregg  
Residence of mother (if deceased so state): Indpls, Ind.  
Occupation of mother: Mgr. Bryan Bros. Race of mother: white  
Birthplace of mother (State or foreign country): Tupelo, Miss.

State of Indiana, } ss: I depose and state the information given in this application is true and correct.  
County of HENDRICKS  
Signed Anita Louise Dillehay  
New Address Same  
Subscribed and sworn to before me this 28th day of January, 1967  
John Gambold 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 Charles Edward Jackson  
New Address R2 Bx84 Indpls, Ind.  
Subscribed and sworn to before me this 28th day of January, 1967  
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.  
see attached notarized consent of father  
State of Indiana, } ss:  
County of HENDRICKS  
Signed Arthur Edward Jackson Father  
Signed Dorothy Louise Gregg Mother  
Subscribed and sworn to before me this 28th day of January, 1967  
John Gambold 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, } ss:  
County of HENDRICKS  
Signed  
Signed  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ 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 Ind. Circuit Court of Indiana dated the 3 day of Feb., 1967, authorizing the joining together as husband and wife of Charles Edward Jackson and Anita Louise Dillehay.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Thomas Paine, Jr. hereby certify that on the 27th day of February, 1967, at Indianapolis, County of Marion, State of Indiana, one thousand nine hundred and sixty seven of Marion County, State of Indiana, and, Bride Anita Louise Dillehay 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, 1967. Signed Thomas Paine, Jr.  
Official Designation Minister  
7th day of February, 1967.  
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. 23  
File Book 29  
28 January 1967  
Date of Application

HENDRICKS County

MALE  
Medical Examination Report Dated 23 January 1967  
Name of Physician Wm. B. Kriel MD.

FEMALE  
Medical Examination Report Dated 23 January 1967  
Name of Physician Wm. B. Kriel MD.

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

**MALE APPLICANT**

Name Charles Edward Jackson  
Date of Birth June 19 1947  
Place of Birth Russellville Ala.  
Residence Address 6667 W. Wash. Indpls, Marion, Ind.  
Previous Marital Status: Never Married  Number of Previous Marriages \_\_\_\_\_  
Last Marriage Ended By: Death  Divorce  Annulment   
Color or Race White  Negro  Other  (specify) \_\_\_\_\_  
Usual Occupation Salesman, Guarante Auto  
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
Arthur Edward Jackson		Indpls, 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: Arthur Edward Jackson  
Residence of father (if deceased so state): Indpls, Ind.  
Occupation of father: Student: Uoe. College Race of father: white

**FEMALE APPLICANT**

Name Anita Louise Dillehay  
Date of Birth March 30 1946  
Place of Birth Indianapolis, Ind.  
Residence Address R2 Bx84 Indpls 41, 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) \_\_\_\_\_

- 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: Ernest Mc Kinzie Dillehay  
Residence of father (if deceased so state): Indpls, Ind.  
Occupation of father: Sheet Metal Sink & Ed. Race of father: white  
Birthplace of father (State or foreign country): Washville, Tenn.
- Full maiden name of mother: Mary Margaret Grady  
Residence of mother (if deceased so state): Indpls, Ind.  
Occupation of mother: Dispatch General Hosp. Race of mother: white  
Birthplace of mother (State or foreign country): Indpls, Ind.

I, ARTHUR E JACKSON, hereby give my consent for  
my SON, CHARLES E JACKSON  
marry ANITA LOUISE DILLEHAY.

STATE OF INDIANA } ss  
COUNTY OF MARION } \* Arthur E. Jackson

Subscribed and sworn to before me this 1st day of FEB 1967

M B Smith  
Notary Public

MY COMMISSION  
EXPIRES SEPT. 15th 1968

Signed Arthur E. Jackson Mother  
Subscribed and sworn to before me this 28th day of January, 1967  
John Gambold Clerk

FILED  
FEB - 3 1967  
John Gambold  
CLERK HENDRICKS  
CIRCUIT COURT  
SUPERIOR

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 3 day of Feb., 1967, authorizing the joining together as husband and wife of Charles Edward Jackson and Anita Louise Dillehay

Be it further remembered, the following marriage certificate was filed in my office, to-wit: \_\_\_\_\_ hereby certify that on the 4th day of February, I, Thomas Paine, Jr. at Indianapolis, County of Marion, one thousand nine hundred and sixty seven at Indianapolis County, State of Indiana State of Indiana, Groom Charles Edward Jackson of Marion County, State of Indiana and, Bride Anita Louise Dillehay 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, 1967. Signed Thomas Paine, Jr.  
Official Designation Minister  
7th day of February, 1967.  
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. 24  
File Book 29  
Date of Application 28 January 1967

MALE  
Medical Examination Report Dated 23 January 1967  
Name of Physician Lloyd Terry MD

FEMALE  
Medical Examination Report Dated 23 January 1967  
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, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT  
Name Gerald D. Oberle  
Date of Birth 6 January 1937  
Place of Birth Indianapolis, Ind.  
Residence Address R3 Bx 878A, Indpls, Marion, Ind.  
Previous Marital Status: Never Married  Divorce  Annulment   
Last Marriage Ended By: 66 Annul  
Color or Race White  
Usual Occupation Prod. Hawk. Chevrolet.  
Date of birth verified by:  Birth Cert.  Judicial Decree

FEMALE APPLICANT  
Name Sharon A. Reed  
Date of Birth 6 March 1945  
Place of Birth Crawfordsville, Ind.  
Residence Address R1 Danville, New York, Ind.  
Maiden Name if Different Sharon A. Burrows  
Previous Marital Status: Never Married  Divorce  Annulment   
Last Marriage Ended By: 66 Annul  
Color or Race White  
Usual Occupation Receptionist; Howard W. Sams.  
Date of birth verified by:  Birth Cert.  Judicial Decree  
 Other (Specify) Drivers 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  
Gerald Timothy 6 3514 Norcraft, Indpls.  
Kevin Dewayne A " " " "

(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 Herman Oberle Sr  
Residence of father (if deceased so state) Indpls, Ind.  
Occupation of father Riley Ind Chem. Corp. Race of father white  
Birthplace of father (State or foreign country) Indpls, Ind.

12. Full maiden name of mother Margaret Marie Hunt  
Residence of mother (if deceased so state) Indpls, Ind.  
Occupation of mother H/W. Race of mother white  
Birthplace of mother (State or foreign country) Cincinnati, Ohio,

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of HENDRICKS  
Signed Gerald D. Oberle  
New Address 5161 W. Betha, Indpls, Ind.  
Subscribed and sworn to before me this 28th day of January, 1967  
Clerk John Gumbel HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of this applicant hereby give consent 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 \_\_\_\_\_

- 1. Are you now or have you been adjudged, diagnosed or considered as:  
An 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 Ray Otto Burrows  
Residence of father (if deceased so state) 248 N. Sycamore, Indpls.  
Occupation of father Supv. Chem. Race of father white  
Birthplace of father (State or foreign country) Chicago, Ill.

8. Full maiden name of mother Mary Elizabeth Paynts.  
Residence of mother (if deceased so state) Indpls.  
Occupation of mother H/W. 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 HENDRICKS  
Signed Sharon A. Reed  
New Address Same  
Subscribed and sworn to before me this 28th day of January, 1967  
Clerk John Gumbel HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of this applicant hereby give consent 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 14th day of February, 1967, authorizing the joining together as husband and wife of Gerald D. Oberle and Sharon A. Reed  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, George A. Harris hereby certify that on the 3rd day of March one thousand nine hundred and 67 at Denville, County of Hendricks, State of Indiana, Groom Gerald D. Oberle of Marion County, State of Indiana and, Bride Sharon A. 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 3rd day of March, 1967.

Signed Rev. George A. Harris  
Official Designation Minister  
Filed and recorded in accordance with the laws of the State of Indiana this 7 day of March, 1967.  
Signed John Gumbel 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. 25  
File Book 29  
Date of Application 30 January 1967

HENDRICKS County

MALE  
Medical Examination Report Dated 23 January 1967  
Name of Physician Walter M. Mann MD

FEMALE  
Medical Examination Report Dated 23 January 1967  
Name of Physician Walter M. Mann 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 Joseph G. Wilson  
Date of Birth February 23 1942  
Place of Birth Plainfield, Indiana  
Residence Address 303 T. Vine St. Plainfield, Ind.  
Previous Marital Status: Never Married  Divorced  Annulment  Number of Previous Marriages 1  
Last Marriage Ended By: Death  Divorce  Annulment  Dec 66 Miss.  
Color or Race White  Negro  Other  (specify) \_\_\_\_\_  
Usual Occupation Shipping clerk: Hoffman Spl.  
Date of birth verified by:  Birth  Judicial Decree

FEMALE APPLICANT

Name Carole Ann Pittman  
Date of Birth July 20 1947  
Place of Birth Indianapolis, Ind.  
Residence Address 206 Harlan St. Plainfield, Ind.  
Maiden Name if Different \_\_\_\_\_  
Previous Marital Status: Never Married  Divorced  Annulment  Number of Previous Marriages \_\_\_\_\_  
Last Marriage Ended By: Death  Divorce  Annulment   
Color or Race White  Negro  Other  (specify) \_\_\_\_\_  
Usual Occupation File clerk  
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? No  Yes

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

(a) List their full names, ages and addresses  
Name Age Address  
Judith Ann 2 6990 W. Wash, Ind.

7. Full name of father Russell Arthur Pittman  
Residence of father (if deceased so state) PIF, Ind.  
Occupation of father Exp. Power & Light Race of father white  
Birthplace of father (State or foreign country) Terre Haute, Ind.  
8. Full maiden name of mother Ernestine Elizabeth Young  
Residence of mother (if deceased so state) PIF, Ind.  
Occupation of mother Sales: Blacks 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 Joseph G. Wilson  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 30th day of January, 1967.  
Clerk John Campbell 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 Carole Ann Pittman  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 30th day of January, 1967.  
Clerk John Campbell HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of 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 PARENTS, PARENT OR GUARDIAN  
We, the parents, of this applicant hereby give consent 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, \_\_\_\_\_ } 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 \_\_\_\_\_  
of Indiana dated the 3rd day of February, 1967, authorizing the joining together as husband and wife  
of Joseph G. Wilson and Carole Ann Pittman  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Frank E. Gynn hereby certify that on the 3rd day of February  
at Danville County of Hendricks  
one thousand nine hundred and 67 of Hendricks County, State of Indiana  
State of Indiana, Groom Joseph G. Wilson of Hendricks County, State of Indiana  
and, Bride Carole Ann Pittman 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 3rd day of February, 1967.  
Signed Frank E. Gynn  
Official Designation Justice of Peace  
7 day of March, 1967.  
Signed John Campbell Clerk  
Hendricks Circuit Court

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



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

No. 26  
File Book 26  
Date of Application 1 February 1967

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

HENDRICKS County

MALE  
Medical Examination Report Dated 1 February 1967  
Name of Physician R.W. Kirtley M.D.

FEMALE  
Medical Examination Report Dated 1 February 1967  
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 Thomas Leon Ireland  
Date of Birth December 10 1942  
Place of Birth Decatur, Indiana  
Residence Address 1921 N. Fremont, Chicago, Cook, Ill  
Previous Marital Status:  Never Married  Number of Previous Marriages

Last Marriage Ended By:  Death  Divorce  Annulment   
Color or Race  White  Negro  Other (specify) Also: You CA from Ill.  
Usual Occupation Student: George Williams college  
Date of birth verified by:  Birth Cert.  Judicial Decree  Other (Specify) Univ. ID. (U)

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

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

11. Full name of father Leonard Paul Ireland  
Residence of father (if deceased so state) Flora, Ind.  
Occupation of father Supt: Pub. Sch. Race of father white  
Birthplace of father (State or foreign country) Muncie, Ind.

12. Full maiden name of mother House Elizabeth Neusbaum  
Residence of mother (if deceased so state) Flora, Ind.  
Occupation of mother Teacher: Bassville Race of mother white  
Birthplace of mother (State or foreign country) Lynn Grove, Ind.

State of Indiana, HENDRICKS } as: I depose and state the information given in this application is true and correct.  
Signed Thomas Leon Ireland  
New Address 1921 N. Fremont Chicago Ill  
Subscribed and sworn to before me this 18 day of February, 1967  
Clerk John Gambold HENDRICKS Circuit Court

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

FEMALE APPLICANT

Name Elizabeth Ann Franklin  
Date of Birth April 24 1943  
Place of Birth Indianapolis, Indiana  
Residence Address 220 Crawford St, Clayton, Ind, 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) Univ. 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 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 Hermon Ray Franklin  
Residence of father (if deceased so state) Clayton, Ind  
Occupation of father School Teacher Race of father white  
Birthplace of father (State or foreign country) Clayton, Ind.

8. Full maiden name of mother Thalea Marie Johnson  
Residence of mother (if deceased so state) Clayton, Ind.  
Occupation of mother School Teacher: Worthake Race of mother white  
Birthplace of mother (State or foreign country) Hazelwood, Ind.

State of Indiana, HENDRICKS } as: I depose and state the information given in this application is true and correct.  
Signed Elizabeth Ann Franklin  
New Address Same  
Subscribed and sworn to before me this 18 day of February, 1967  
Clerk John Gambold HENDRICKS Circuit Court

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 15 day of February, 1967, authorizing the joining together as husband and wife of Thomas Leon Ireland and Elizabeth Ann Franklin.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, W. Bradford Bayless hereby certify that on the 18th day of February, one thousand nine hundred and sixty-seven at Bloomington County of Monroe State of Indiana, Groom Thomas Leon Ireland of Carroll County, State of Indiana and, Bride Elizabeth Ann Franklin of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.  
Dated this 18 day of February, 1967.

Signed W. Bradford Bayless Minister  
Official Designation \_\_\_\_\_  
Filed and recorded in accordance with the laws of the State of Indiana this 20th day of February, 1967.  
Signed John Gambold, Jr. Clerk  
Hendricks Circuit Court

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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 27  
File Book 29  
Date of Application 4 February 1967

MALE  
Medical Examination Report Dated 27 January 1967  
Name of Physician R.T. Barnes Lt MC. USAF

FEMALE  
Medical Examination Report Dated 28 January 1967  
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 Gordon Wilhite  
Date of Birth June 5 1947  
Place of Birth Indianapolis, Ind.  
Residence Address Shady Rest Mobiles Lot 16 155 Crawfordsville Ind.  
Previous Marital Status:  Never Married  Divorce  Annulment  
Last Marriage Ended By:  Death  Divorce  Annulment  
Color or Race  White  Negro  Other (specify) \_\_\_\_\_  
Usual Occupation Pfc. USMC.  
Date of birth verified by:  Birth Cert.  Judicial Decree  
 Other (Specify) Marine I.D.

FEMALE APPLICANT  
Name Brenda Ruth Smith  
Date of Birth March 21 1948  
Place of Birth Lebanon, Indiana  
Residence Address 219 Lincoln Ave, Brownsburg, 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 clerk-typist: Gram Drake Motel.  
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

- 1. Are you now or have you been adjudged, diagnosed or considered as:  
An 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: Kenneth Carroll Smith  
Residence of father (if deceased so state): Brownsburg, Ind.  
Occupation of father: Trucker Race of father: white  
Birthplace of father (State or foreign country): Ind.
- 8. Full maiden name of mother: Frances Pauline Beasley  
Residence of mother (if deceased so state): B'burg, Ind.  
Occupation of mother: cl-typist: G.M. Race of mother: white  
Birthplace of mother (State or foreign country): Brooklyn, Ind.

(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: Gordon Frederick Wilhite  
Residence of father (if deceased so state): Indpls, Ind.  
Occupation of father: Retired Race of father: white  
Birthplace of father (State or foreign country): Crawfordsville, Ind.  
12. Full maiden name of mother: Quana Elizabeth Campbell  
Residence of mother (if deceased so state): Crawfordsville, Ind.  
Occupation of mother: cl-typist: Journal Person 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 Brenda Ruth Smith  
New Address 219 Lincoln B'burg, Ind.  
Subscribed and sworn to before me this 4th day of February, 1967  
John Samuels Clerk HENDRICKS Circuit Court

Signed David Gordon Wilhite  
New Address Sup 6. Stock Cont. Rt. 2nd Ser. Bn 2nd Div. E.M.F.  
Subscribed and sworn to before me this 4th day of February, 1967  
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.  
Parents divorced: Mother has custody. Notarized consent dated 3 Feb 1967 attached.  
State of Indiana, } ss:  
County of HENDRICKS }  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this 4th day of February, 1967  
John Samuels 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, } ss:  
County of HENDRICKS }  
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 4 February 1967 and filed in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties. 3rd 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 4th day of February, 1967, authorizing the joining together as husband and wife of David Gordon Wilhite and Brenda Ruth Smith  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Lester B. Yearick hereby certify that on the 5th day of February,  
one thousand nine hundred and sixty-seven at Brownsburg, County of Hendricks  
State of Indiana, Groom David Gordon Wilhite of Montgomery County, State of Indiana  
and, Bride Brenda Ruth Smith of Hendricks County, State of Indiana  
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.  
Dated this 6th day of February, 1967. Signed Lester B. Yearick  
Official Designation Minister  
8th day of February, 1967.  
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\_\_\_\_



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

No. 27  
File Book 29  
Date of Application 4 February 1967

HENDRICKS County

MALE  
Medical Examination Report Dated 27 January 1967  
Name of Physician R.T. Barnes Lt MC. USAF

FEMALE  
Medical Examination Report Dated 28 January 1967  
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, representa-

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

**MALE APPLICANT**

Name David Gordon Wilhite  
Date of Birth June 5 1947  
Place of Birth Indianapolis, Ind.  
Residence Address Shady Rest Mobiles Lot 16 155 Crawfordsville 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 Pfc. USMC.  
Date of birth verified by:  Birth Cert.  Judicial Decree  
 Other (Specify) Marine 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

**FEMALE APPLICANT**

Name Brenda Ruth Smith  
Date of Birth March 21 1948  
Place of Birth Lebanon, Indiana  
Residence Address 219 Lincoln Ave, 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 clerk-typist: Gram Drake Motel.  
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

*P. Omarga Wilhite, mother of David Gordon Wilhite, gives my consent to the marriage of my son.  
Omarga Wilhite*

Sworn to and Subscribed to before me  
this 3rd day of February, 1967  
Maetta F. Finley  
Notary Public

My Commission expires Dec. 16, 1970

Parents divorced: Mother has custody. Notarized consent dated 3 Feb 1967 attached.  
State of Indiana, HENDRICKS County } ss:  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this 4th day of February, 1967.  
John Sambold Jr. Clerk

State of Indiana, } ss:  
County of HENDRICKS }  
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 4 February 1967 and filed in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties. 3rd 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 4th day of February, 1967, authorizing the joining together as husband and wife of David Gordon Wilhite and Brenda Ruth Smith.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Lester B. Yearick hereby certify that on the 5th day of February, one thousand nine hundred and sixty-seven at Brownsburg, County of Hendricks, State of Indiana, Groom David Gordon Wilhite of Montgomery County, State of Indiana and, Bride Brenda Ruth Smith of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.  
Dated this 6th day of February, 1967. Signed Lester B. Yearick  
Official Designation Minister  
8th day of February, 1967.  
Signed John Sambold 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. 28  
File Book 29  
4 February 1967  
Date of Application

MALE  
Medical Examination Report Dated 31 January 1967  
Name of Physician Dr. B. Haggard M.D.

FEMALE  
Medical Examination Report Dated 31 January 1967  
Name of Physician Dr. 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 Donald Ray Setty  
Date of Birth June 26 1948  
Place of Birth Terre Haute, Ind.  
Residence Address 31 Bx 36 Clayton, Hend. Ind.  
Previous Marital Status: Never Married  
Last Marriage Ended By: Death  Divorce  Annulment   
Color or Race White  Negro  Other   
Usual Occupation Metal Polisher, Van Duper  
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   
Of Unsound Mind? No  Yes   
2. Are you under guardianship as a person of unsound mind? No  Yes   
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No  Yes   
If answer to 3 is "yes" has the cause of such condition been removed? No  Yes   
4. Are you afflicted with a transmissible disease? No  Yes   
5. Are you related to the bride closer than second cousin? No  Yes   
6. Are you now under the influence of intoxicating liquor? No  Yes   
7. Are you now under the influence of a narcotic drug? No  Yes   
8. Are you able to support a family? Yes  No   
9. Are you likely to so continue? Yes  No   
10. Do you have minor children from one or more former marriages? No  Yes   
(If yes, answer questions a, b, c)  
(a) List their full names, ages and addresses  
Name Age Address  
(b) Are you supporting or contributing to their support? Yes  No   
(c) Are you complying with any court order or orders issued for their support? Yes  No   
11. Full name of father Donald Andrew Setty  
Residence of father (if deceased so state) Clayton, Ind.  
Occupation of father Sales: A. T. H. W. Race of father white  
Birthplace of father (State or foreign country) Terre Haute, Ind.  
12. Full maiden name of mother Wilma Lou Jones  
Residence of mother (if deceased so state) Clayton, Ind.  
Occupation of mother H/W 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 Donald Ray Setty  
New Address 4670 W. Wash., Indpls, Ind.  
Subscribed and sworn to before me this 4th day of February, 1967.  
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 Donald A. Setty Father  
Signed Wilma Lou Jones Mother  
Subscribed and sworn to before me this 4th day of February, 1967.  
John Gambold, Jr. Clerk

FEMALE APPLICANT  
Name Olivia Louise Hayes  
Date of Birth December 20 1946  
Place of Birth Louisville, Ky.  
Residence Address 7036 Greensprings Ed., Indpls, Marion Ind.  
Maiden Name if Different  
Previous Marital Status: Never Married  
Last Marriage Ended By: Death  Divorce  Annulment   
Color or Race White  Negro  Other   
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 Walter Blythe Hayes  
Residence of father (if deceased so state) Indpls, Ind.  
Occupation of father Truck Driver: Ellis Race of father white  
Birthplace of father (State or foreign country) Lebanon, Ind.  
8. Full maiden name of mother Olivia Frances Randolph  
Residence of mother (if deceased so state) Indpls, Ind.  
Occupation of mother Assembler: R.C.A. Race of mother white  
Birthplace of mother (State or foreign country) Jefferson, Ky.  
State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.  
County of Hendricks }  
Signed Olivia Louise Hayes  
New Address Same  
Subscribed and sworn to before me this 4th day of February, 1967.  
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 9 day of Feb., 1967, authorizing the joining together as husband and wife Donald Ray Setty and Olivia Louise Hayes  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Paul Taylor hereby certify that on the 11th day of February, one thousand nine hundred and sixty-seven at Clayton, County of Hendricks, State of Indiana, Groom Donald Ray Setty of Hendricks County, State of Indiana and, Bride Olivia Louise Hayes 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 11th day of February, 1967.  
Signed Paul Taylor  
Official Designation Minister, Methodist Church  
Filed and recorded in accordance with the laws of the State of Indiana this 14th day of February, 1967.  
Signed John Gambold, Jr. Clerk  
Hendricks Circuit Court

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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

No. 29  
File Book 29  
Date of Application 6 February 1967

HENDRICKS County

MALE  
Medical Examination Report Dated 2 February 1967  
Name of Physician Carl A. Freed MD

FEMALE  
Medical Examination Report Dated 2 February 1967  
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 Larry R. Pool  
Date of Birth May 5, 1948  
Place of Birth Indianapolis, Ind.  
Residence Address 609 Hillcrest Dr., Plainfield, Ind.  
Previous Marital Status:  Never Married  
Last Marriage Ended By:  Death  Divorce  Annulment  
Color or Race:  White  
Usual Occupation Gas station attendant; Student  
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 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?  No  Yes

(a) List their full names, ages and addresses  
Name Age Address  
Joseph Charles Pool  
Plamfield, Ind.  
Plasterer; Smith Race of father white  
Indpls., Ind.  
Betty Lou Wroten  
Pifld, Ind.  
H/W Race of mother white  
Indpls., Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
Signed Larry R. Pool  
New Address 609 Hillcrest St., Pifld, Ind.  
Subscribed and sworn to before me this 6th day of February, 1967.  
Clerk John Gambold HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of 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 dated 5 Feby 1967 attached.  
State of Indiana, HENDRICKS } ss:  
Signed Betty Lou Pool Father  
Signed Betty Lou Pool Mother  
Subscribed and sworn to before me this 6th day of February, 1967.  
Clerk John Gambold

FEMALE APPLICANT

Name Paula C. Barz  
Date of Birth August 18, 1949  
Place of Birth Indianapolis, Ind.  
Residence Address 15105. Highschool Rd., Indpls, Marion, Ind.  
Maiden Name if Different  
Previous Marital Status:  Never Married  
Last Marriage Ended By:  Death  Divorce  Annulment  
Color or Race:  White  
Usual Occupation Student  
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 Paul Raymond Barz  
Residence of father (if deceased so state) Indpls, Ind.  
Occupation of father Foreman; Alkison Race of father white  
Birthplace of father (State or foreign country) Indpls, Ind.
- 8. Full maiden name of mother Miss Alberta Teeter  
Residence of mother (if deceased so state) Indpls, Ind.  
Occupation of mother Pharmacist; Teeter Race of mother white  
Birthplace of mother (State or foreign country) Pennville, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
Signed Paula C. Barz  
New Address Same.  
Subscribed and sworn to before me this 6th day of February, 1967.  
Clerk John Gambold HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of 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 dated 9 Feby 1967 attached.  
State of Indiana, HENDRICKS } ss:  
Signed Lais A Barz Father  
Signed Lais A Barz Mother  
Subscribed and sworn to before me this 6th day of February, 1967.  
Clerk John Gambold

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 10th day of February, 1967, authorizing the joining together as husband and wife of Larry R. Pool and Paula C. Barz.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, R. W. Marrs hereby certify that on the 11th day of February, one thousand nine hundred and sixty-seven at Indianapolis County of Marion State of Indiana, Groom Larry R. Pool of Hendricks County, State of Indiana and, Bride Paula C. Barz 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 11th day of February, 1967. Signed R. W. Marrs  
Official Designation Methodist Minister  
15th day of February, 1967.  
Signed John Gambold, Jr. Clerk  
Hendricks Circuit Court

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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

No. 29  
File Book 29  
Date of Application 6 February 1967

HENDRICKS County

MALE  
Medical Examination Report Dated 2 February 1967  
Name of Physician Carl A. Freed MD

FEMALE  
Medical Examination Report Dated 2 February 1967  
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 Larry R. Pool  
Date of Birth May 5, 1948  
Place of Birth Indianapolis, Ind.  
Residence Address 609 Hillcrest Dr., 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 Gas station attendant; Student  
Date of birth verified by:  Birth Cert.  Judicial Decree  
 Other (Specify)

FEMALE APPLICANT

Name Paula C. Barz  
Date of Birth August 18, 1949  
Place of Birth Indianapolis, Ind.  
Residence Address 15105. Highschool Rd., Indpls, Marion, 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 Student  
Date of birth verified by:  Birth Cert.  Judicial Decree  
 Other (Specify)

I, Joseph C. Pool, hereby give my consent for  
my son, Larry Pool  
marry Paula Barz.

FILED  
FEB - 6 1967

John J. Hambold Jr.  
CLERK HENDRICKS  
CIRCUIT COURT  
SUPERIOR COURT

Joseph C. Pool

Subscribed and sworn to before me this 5 day of February 1967

Harold Reynolds  
Hendricks Co. Notary Public

My comm. expires Aug 9, 1970

Signed Paula C. Barz

I, Paul R. Barz, hereby give my consent for  
my Daughter, Paula Colleen Barz  
marry Larry R. Pool.

FILED  
FEB - 6 1967

John J. Hambold Jr.  
CLERK HENDRICKS  
CIRCUIT COURT  
SUPERIOR COURT

Paul R. Barz

Subscribed and sworn to before me this 4th day of February 1967

Charles F. Camden  
Notary Public

Exp. 1-28-68

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 10th day of February, 1967, authorizing the joining together as husband and wife  
Larry R. Pool and Paula C. Barz

Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, R. W. Marrs hereby certify that on the 11th day of February,  
at Indianapolis, County of Marion,  
one thousand nine hundred and sixty-seven of Hendricks County, State of Indiana,  
State of Indiana, Groom Larry R. Pool of Marion County, State of Indiana,  
and, Bride Paula C. Barz of Marion County, State of Indiana

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

Dated this 11th day of February, 1967.

Signed R. W. Marrs

Official Designation Methodist Minister

Filed and recorded in accordance with the laws of the State of Indiana this 15th day of February, 1967.  
Signed John J. 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. 30  
File Book 29  
Date of Application 7 February 1967

MALE  
Medical Examination Report Dated 6 Feb 1967  
Name of Physician D.D. B. Haggard MD

FEMALE  
Medical Examination Report Dated 6 Feb 1967  
Name of Physician D.D. 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 William C. Jones  
Date of Birth June 16 1947  
Place of Birth Sune Jasper, Ind.  
Residence Address RI Bx 514 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 Machinist: NYC.  
Date of birth verified by:  Birth Cert.  Judicial Decree

FEMALE APPLICANT  
Name Linda J. Knoll  
Date of Birth December 11 1948  
Place of Birth Indianapolis, Ind.  
Residence Address 211 Hobbs St., 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

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

- 1. Are you now or have you been adjudged, diagnosed or considered as:  
An 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 Richard Dean Knoll  
Residence of father (if deceased so state) Pi 1d, Ind.  
Occupation of father Printer: self (Stark) Race of father white  
Birthplace of father (State or foreign country) RICHMOND Indiana.

(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 Robert Jones  
Residence of father (if deceased so state) Pi 1d, Ind.  
Occupation of father Electrician: chv. Race of father white  
Birthplace of father (State or foreign country) Jasper, Ind.  
12. Full maiden name of mother Betty Ann Worms  
Residence of mother (if deceased so state) Pi 1d, Ind.  
Occupation of mother H/W Race of mother white  
Birthplace of mother (State or foreign country) Hoogebate, Ind.

8. Full maiden name of mother Gloria June Starken  
Residence of mother (if deceased so state) Pi 1d, Ind.  
Occupation of mother Teacher: Pi 1d Race of mother white  
Birthplace of mother (State or foreign country) MT. VERNON, Indiana.  
State of Indiana, } ss: I depose and state the information given  
County of HENDRICKS } in this application is true and correct.  
Signed Linda J. Knoll  
New Address Same.  
Subscribed and sworn to before me this 7th day of February, 1967.  
John Samblit Clerk HENDRICKS Circuit Court

State of Indiana, } ss: I depose and state the information given  
County of HENDRICKS } in this application is true and correct.  
Signed William C. Jones  
New Address 132 1/2 Eastern Ave., Pi 1d, Ind.  
Subscribed and sworn to before me this 7th day of February, 1967.  
John Samblit Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of this applicant hereby 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 \_\_\_\_\_

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of this applicant hereby 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 James B. Jones Father  
Signed Betty A. Jones Mother  
Subscribed and sworn to before me this 7th day of February, 1967.  
John Samblit Clerk

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 Hendricks County Circuit Court by written order issued Feb. 7, 1967 and filed in Clerk's 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 9 day of Feb., 1967, authorizing the joining together as husband and wife William C. Jones and Linda J. Knoll.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Rev. Herman S. Lutz hereby certify that on the 10 day of February, one thousand nine hundred and sixty seven at Plainfield, County of Hendricks, State of Indiana, Groom William C. Jones of Hendricks County, State of Indiana and, Bride Linda J. 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 10 day of February, 1967.

Signed Rev. Herman S. Lutz  
Official Designation Catholic Priest  
Filed and recorded in accordance with the laws of the State of Indiana this 14th day of February, 1967.  
Signed John Samblit, 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. 31  
File Book 29  
Date of Application 10 February 1967

HENDRICKS County

MALE  
Medical Examination Report Dated 10 Feb 1967  
Name of Physician James Black M.D.

FEMALE  
Medical Examination Report Dated 10 Feb 1967  
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 Charles A. Whitlow  
Date of Birth June 23 1910  
Place of Birth White Co., Indiana  
Residence Address R3 Bx 288, Brownsburg, Hend, Ind.  
Previous Marital Status: Never Married  Divorce  Annulment   
Last Marriage Ended By: Death  Dec 66 Marion  Marion   
Color or Race White  Negro  Other   
Usual Occupation Barber: 1300 W. Mich.

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

(a) List their full names, ages and addresses  
Name Age Address  
Albert James Whitlow  
Residence of father (if deceased so state) Deceased  
Occupation of father \_\_\_\_\_ Race of father white  
Birthplace of father (State or foreign country) Glasgo, Ky  
Full maiden name of mother Pernie Bee Arteburn  
Residence of mother (if deceased so state) Indpls, Ind.  
Occupation of mother Retired Race of mother white  
Birthplace of mother (State or foreign country) Glasgo, Ky

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_  
Signed Charles A. Whitlow  
New Address 22 Roselawn, Siburg  
Subscribed and sworn to before me this 10th day of February, 1967  
John Samford Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of this applicant hereby give consent 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 Constance M. Everett  
Date of Birth July 12 1923  
Place of Birth Bush Co., Jackson Twp.  
Residence Address R3 22 Roselawn, Siburg, Hend, Ind.  
Maiden Name if Different Constance M. Mathews  
Previous Marital Status: Never Married  Divorce  Annulment   
Last Marriage Ended By: Death  Henr 61   
Color or Race White  Negro  Other   
Usual Occupation Sery: Std Materials

1. Are you now or have you been adjudged, diagnosed or considered as:  
An 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 Stanley Earl Mathews  
Residence of father (if deceased so state) Columbus, Ohio  
Occupation of father Owner Baking Business Race of father white  
Birthplace of father (State or foreign country) Madison, Indiana  
8. Full maiden name of mother Cloris Dell Beasley  
Residence of mother (if deceased so state) Indianapolis, Ind.  
Occupation of mother it/w Race of mother white  
Birthplace of mother (State or foreign country) Greenwood, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_  
Signed Constance M. Everett  
New Address Same  
Subscribed and sworn to before me this 10th day of February, 1967  
John Samford Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of this applicant hereby give consent 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 14th day of February, 1967, authorizing the joining together as husband and wife of Charles A. Whitlow and Constance M. Everett.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Larry J. Kadinger hereby certify that on the 14 day of February,  
at Crawfordsville, County of Montgomery,  
one thousand nine hundred and sixty-seven of Hendricks County, State of Indiana,  
State of Indiana, Groom Charles A. Whitlow of Hendricks County, State of Indiana,  
and, Bride Constance M. Everett of Hendricks County, State of Indiana,  
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.  
Dated this 14 day of February, 1967.  
Signed Larry J. Kadinger  
Official Designation Justice of Peace  
Subscribed and sworn to before me this 16 day of February, 1967.  
Signed John Samford, Jr. Clerk  
Hendricks Circuit Court

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

No. 32  
File \_\_\_\_\_  
Date of Application Feb 11-1967

HENDRICKS County

**MALE**  
Medical Examination Report Dated Feb 1-1967  
Name of Physician David B Haggard MD

**FEMALE**  
Medical Examination Report Dated Feb 1-1967  
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 Ora Nelson Mitchell  
Date of Birth Feb 20 1925  
Place of Birth Lebanon Ind  
Residence Address 9880 W 10th St Indianapolis Ind  
Previous Marital Status: Never Married  Number of Previous Marriages twice  
Last Marriage Ended By: Death  Divorce  Annulment   
Color or Race White Negro  Other  (specify) \_\_\_\_\_  
Usual Occupation Truck Driver  
Date of birth verified by:  Birth Cert.  Judicial Decree  
 Other (Specify) Drivers License

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

Name	Age	Address
<u>Kathy Jean</u>	<u>16</u>	<u>Lebanon</u>
<u>Sponsee</u>	<u>8</u>	<u>Leb Indpls</u>
<u>Steven</u>	<u>10</u>	<u>Indpls</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 Walter Mitchell  
Residence of father (if deceased so state) Deceased  
Occupation of father \_\_\_\_\_ Race of father W  
Birthplace of father (State or foreign country) Indiana

12. Full maiden name of mother Bessie Page  
Residence of mother (if deceased so state) Lebanon  
Occupation of mother none 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 Oran Nelson Mitchell  
New Address \_\_\_\_\_

Subscribed and sworn to before me this 11 day of Feb, 1967  
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 Patricia Ann Soins  
Date of Birth Oct 11 1940  
Place of Birth Moreauville Ind  
Residence Address 9880 W 10th St Indianapolis Ind  
Maiden Name (if different) Patricia Ann Percifield  
Previous Marital Status: Never Married  Number of Previous Marriages twice  
Last Marriage Ended By: Death  Divorce  Annulment   
Color or Race White Negro  Other  (specify) \_\_\_\_\_  
Usual Occupation Waitress  
Date of birth verified by:  Birth Cert.  Judicial Decree  
 Other (Specify) Drivers License

- 1. Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No  Yes   
Of Unsound Mind? No  Yes
- 2. Are you under guardianship as a person of unsound mind? No  Yes
- 3. Are you afflicted with a transmissible disease? No  Yes
- 4. Are you related to the groom closer than second cousin? No  Yes
- 5. Are you now under the influence of intoxicating liquor? No  Yes
- 6. Are you now under the influence of a narcotic drug? No  Yes
- 7. Full name of father Eaton Percifield  
Residence of father (if deceased so state) Nashville, Ind.  
Occupation of father mechanic Race of father W  
Birthplace of father (State or foreign country) Indiana
- 8. Full maiden name of mother Jessie Shipley  
Residence of mother (if deceased so state) Nashville, Ind.  
Occupation of mother Waitress Race of mother W  
Birthplace of mother (State or foreign country) Indiana

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

Subscribed and sworn to before me this 11 day of Feb, 1967  
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, \_\_\_\_\_ } 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 16 day of February, 1967, authorizing the joining together as husband and wife of Ora Nelson Mitchell and Patricia Ann Soins.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, William L Fisher hereby certify that on the 18th day of February, one thousand nine hundred and sixty-seven at Marion, County of Indiana State of Indiana, Groom Ora Nelson Mitchell of Hendricks County, State of Indiana and, Bride Patricia Ann Soins 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, 1967.

Signed William L Fisher  
Official Designation Justice of Peace  
Filed and recorded in accordance with the laws of the State of Indiana this 21 day of February, 1967.  
Signed John Gambold, Jr Clerk  
Hendricks Circuit Court

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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

No. 33  
File Book 29  
11 February 1967  
Date of Application

HENDRICKS County

MALE  
Medical Examination Report Dated 6 February 1967  
Name of Physician F. P. Washington M.D.

FEMALE  
Medical Examination Report Dated 6 February 1967  
Name of Physician F. P. Washington 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 Frank Everett Watson III  
Date of Birth January 30 1936  
Place of Birth Washington DC.  
Residence Address 519 Duffy St., Plainfield, 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 Mach. Repair: IBM.  
Date of birth verified by:  Birth Cert.  Judicial Decree  
 Other (Specify) Army Disc.

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

(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 Horace Ernest Watson  
Residence of father (if deceased so state) Deceased.  
Occupation of father..... Race of father white  
Birthplace of father (State or foreign country) Tipton Co., Ind.

12. Full maiden name of mother Sarah Harriett G. Herra  
Residence of mother (if deceased so state) Clayton, Ind.  
Occupation of mother Teacher Race of mother white  
Birthplace of mother (State or foreign country) Law Castle, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of.....  
Signed Frank Everett Watson III  
New Address 519 Duffy St., Plainfield, Ind.

Subscribed and sworn to before me this 11th day of February, 1967.  
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.....  
Signed..... Father  
Signed..... Mother  
Subscribed and sworn to before me this..... day of....., 19.....  
Clerk.....

FEMALE APPLICANT

Name Grenda Glea Hobson  
Date of Birth July 21 1943  
Place of Birth Mooreville, Ind.  
Residence Address RI Bx 300 Mooreville, Hend., 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 Music Teacher: Cascade

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.....

Residence of father (if deceased so state) Mooreville II, Ind.  
Occupation of father Farmer Race of father white  
Birthplace of father (State or foreign country) Maryetta, Ind.

8. Full maiden name of mother Grace E. Ferguson  
Residence of mother (if deceased so state) Mooreville, Ind.  
Occupation of mother H/W. Race of mother white  
Birthplace of mother (State or foreign country) Maryetta, Ind.

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

New Address Same  
Subscribed and sworn to before me this 11th day of February, 1967.  
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.....  
Signed..... Father  
Signed..... Mother  
Subscribed and sworn to before me this..... day of....., 19.....  
Clerk.....

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court  
of Indiana dated the 15 day of February, 1967, authorizing the joining together as husband and wife  
Frank Everett Watson III and Grenda Glea Hobson

Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Leif Edward Erickson hereby certify that on the 17 day of March,  
at Clayton, County of Hendricks,  
one thousand nine hundred and 67 at Hendricks County, State of Indiana  
State of Indiana, Groom Frank Everett Watson III of Hendricks County, State of Indiana  
and, Bride Grenda Glea Hobson 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 17 day of March, 1967.  
Signed Leif Edward Erickson

Official Designation Pastor, Presbyterian Church  
20 day of March, 1967.  
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.....  
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. 34  
File Bk. 29  
Feb 11-1967  
Date of Application

MALE  
Medical Examination Report Dated 2-6-67  
Name of Physician Lloyd Terry M.D.

FEMALE  
Medical Examination Report Dated 2-6-67  
Name of Physician Lloyd Terry M.D.

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

MALE APPLICANT  
Name First 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

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

Last Marriage Ended By: Death  Divorce  Annulment

Previous Marital Status: Never Married  Number of Previous Marriages

Color or Race White  Negro  Other  (specify)

Color or Race White  Negro  Other  (specify)

Usual Occupation Time Keeper Link Belt

Usual Occupation D/B M Key Patch operator

Date of birth verified by:  Birth Cert.  Judicial Decree

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

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

(a) List their full names, ages and addresses

7. Full name of father Doyle E Strahl

Name Age Address

Residence of father (if deceased so state) Danville

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

Occupation of father Self employed Race of father W

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

Birthplace of father (State or foreign country) Tennessee

11. Full name of father George Booker Anderson

8. Full maiden name of mother Dorothy Caldwell

Residence of father (if deceased so state) Danville

Residence of mother (if deceased so state) Danville

Occupation of father Self employed Race of father W

Occupation of mother Production worker Race of mother W

Birthplace of father (State or foreign country) Tennessee

Birthplace of mother (State or foreign country) Indiana

12. Full maiden name of mother Lucille Mildred Alexander

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

Residence of mother (if deceased so state) Danville

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

Occupation of mother Self employed Race of mother W

Signed Loretta Kaye Strahl

Birthplace of mother (State or foreign country) Indiana

New Address

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

Subscribed and sworn to before me this 11 day of Feb 1967

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

John Lambold, Jr Clerk HENDRICKS Circuit Court

Signed Walter Franklin Anderson

CONSENT OF PARENTS, PARENT OR GUARDIAN

New Address

Subscribed and sworn to before me this 11 day of Feb 1967

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

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

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

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

Signed George B. Anderson Father

Signed Lucille M. Anderson Mother

Subscribed and sworn to before me this 11 day of Feb 1967

Subscribed and sworn to before me this day of 19

John Lambold, Jr 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 17th day of February 1967, authorizing the joining together as husband and wife

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

I, Shirley Mark Brown hereby certify that on the 18th day of February

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

State of Indiana, Groom Walter Franklin Anderson of Danville County, State of Indiana

and, Bride Loretta Kaye Strahl of Bartholomew County, State of Indiana

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 1967.

Signed Shirley Mark Brown

Official Designation Minister in Society of Friends

20th day of February 1967.

Signed John Lambold, Jr Clerk HENDRICKS Circuit Court

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

20th day of February 1967.

Signed John Lambold, Jr Clerk HENDRICKS Circuit Court

20th day of February 1967.

Signed John Lambold, Jr Clerk HENDRICKS Circuit Court

20th day of February 1967.

Signed John Lambold, Jr Clerk HENDRICKS Circuit Court

20th day of February 1967.

Signed John Lambold, Jr Clerk HENDRICKS Circuit Court

20th day of February 1967.

Signed John Lambold, Jr Clerk HENDRICKS Circuit Court

20th day of February 1967.

Signed John Lambold, 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. 32  
File Bk. 29  
Date of Application Feb. 18, 1967

MALE  
Medical Examination Report Dated 9 February 1967  
Name of Physician D. B. Haggan M.D.

FEMALE  
Medical Examination Report Dated 9 February 1967  
Name of Physician D. B. Haggan 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 W. Farley  
Date of Birth March 5, 1942  
Place of Birth Dover, Florida  
Residence Address 1622 Broadway, Indianapolis, Marion, Ind.  
Previous Marital Status: Never Married  Number of Previous Marriages \_\_\_\_\_

Last Marriage Ended By: Death  Divorce  Annulment   
Color or Race: White  Negro  Other  (specify) \_\_\_\_\_

Usual Occupation Assembler, Tenn-Air  
Date of birth verified by:  Birth Cert.  Judicial Decree  
 Other (Specify) Drift 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
- 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

(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 Jimmy D. Farley  
Residence of father (if deceased so state) Deceased  
Occupation of father \_\_\_\_\_ Race of father white  
Birthplace of father (State or foreign country) Allen Co. Ky.

12. Full maiden name of mother Essie May Swindle  
Residence of mother (if deceased so state) Deceased  
Occupation of mother \_\_\_\_\_ 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 Larry W. Farley  
New Address 321 Gray Ave. Indpls.  
Subscribed and sworn to before me this 18th day of February, 1967  
Clerk John Samald HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent 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 Roberta Jean Brock  
Date of Birth September 12, 1946  
Place of Birth Stileville, Ind.  
Residence Address R2 Clayton (Hazelwood) Hazelwood, Ind.  
Maiden Name if Different \_\_\_\_\_

Last Marriage Ended By: Death  Divorce  Annulment   
Color or Race: White  Negro  Other  (specify) \_\_\_\_\_

Usual Occupation Cap. Senter, Eli Lilly  
Date of birth verified by:  Birth Cert.  Judicial Decree  
 Other (Specify) \_\_\_\_\_

- 1. Are you now or have you been adjudged, diagnosed or considered as an imbecile? No  Yes
- 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 Bryant Brock  
Residence of father (if deceased so state) Hazelwood, Ind.  
Occupation of father Farmer Race of father white  
Birthplace of father (State or foreign country) LONDON (LAUREL) Kentucky, Co.

8. Full maiden name of mother Nera Goss  
Residence of mother (if deceased so state) Hazelwood, Ind.  
Occupation of mother Mill C. Sh. Cafe Race of mother white  
Birthplace of mother (State or foreign country) Eminence, Ind.

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

Signed Roberta Jean Brock  
New Address Same  
Subscribed and sworn to before me this 18th day of February, 1967  
Clerk John Samald HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent 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 23 day of February, 1967, authorizing the joining together as husband and wife of Larry Jr. Farley and Roberta Jean Brock

Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Everett V. Smock hereby certify that on the 5th day of March

at Hazelwood County of Hendricks  
Marion County, State of Indiana

one thousand nine hundred and 67 of Hendricks County, State of Indiana  
State of Indiana, Groom Larry Jr. Farley and, Bride Roberta Jean Brock

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 March, 1967. Signed Everett V. Smock  
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 7 day of March, 1967.  
Signed John Samald 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. 36  
File Book 29  
Date of Application 18 February 1967

MALE  
Medical Examination Report Dated 15 February 1967  
Name of Physician D. J. B. Haggard M.D.

FEMALE  
Medical Examination Report Dated 15 February 1967  
Name of Physician D. J. 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 Albert N. Porter  
Date of Birth April 17 1945  
Place of Birth Plainfield, Ind.  
Residence Address 4815 Island View St., Oxnard, Ventura, Calif.  
Previous Marital Status: Never Married  Number of Previous Marriages \_\_\_\_\_

FEMALE APPLICANT  
Name Hazel Ivey  
Date of Birth July 2 1950  
Place of Birth London, Kentucky  
Residence Address R2 Dx 107 (Plainfield) Hen, 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 Construction: Bacon Corp.

Last Marriage Ended By: Death  Divorce  Annulment   
Color or Race White  Negro  Other  (specify) \_\_\_\_\_  
Usual Occupation Clean House

- Date of birth verified by:  Birth Cert.  Judicial Decree  
 Other (Specify) Calif. Dr. 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? No  Yes   
(If yes, answer questions a, b, c)  
(a) List their full names, ages and addresses

- 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: Tim Ramsey Ivey  
Residence of father (if deceased so state) R2 Indpls, Ind.  
Occupation of father Boiler Repairman Race of father white  
Birthplace of father (State or foreign country) Porterberth, Ky. (C. Ky.)

(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 Gilbert Porter  
Residence of father (if deceased so state) Indpls, Ind.  
Occupation of father Farmer Race of father white  
Birthplace of father (State or foreign country) Mullen, Neb.

8. Full maiden name of mother: Hottie Pearl Hammer  
Residence of mother (if deceased so state) R2 Indpls, Ind.  
Occupation of mother H/W. Race of mother white  
Birthplace of mother (State or foreign country) Porterberth Ky.

State of Indiana, } ss: I depose and state the information given  
County of HENDRICKS in this application is true and correct.  
Signed Albert N. Porter  
New Address 4815 Island View St., Oxnard, Calif.  
Subscribed and sworn to before me this 18th day of February, 1967  
Clerk HENDRICKS Circuit Court

State of Indiana, } ss: I depose and state the information given  
County of HENDRICKS in this application is true and correct.  
Signed Hazel Ivey  
New Address Saw  
Subscribed and sworn to before me this 18th day of February, 1967  
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of this applicant hereby 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 \_\_\_\_\_

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of this applicant hereby 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 Tim Ramsey Ivey Father  
Signed Hottie Pearl Hammer Mother  
Subscribed and sworn to before me this 18th day of February, 1967  
Clerk John Gambell

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 February, 1967, authorizing the joining together as husband and wife of Albert N. Porter and Hazel Ivey.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Darrell W. Cox hereby certify that on the 22nd day of February, one thousand nine hundred and sixty seven at near Plainfield County of Hendricks, State of Indiana, Groom Albert N. Porter of Ventura County, State of California and, Bride Hazel Ivey 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 February, 1967.

Filed and recorded in accordance with the laws of the State of Indiana this 24th day of February, 1967.  
Signed Darrell W. Cox Official Designation pastor, Maple Grove Baptist Church  
Signed John Gambell, Jr. Clerk Hendricks Circuit Court

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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 37  
File Book 29  
Date of Application 20 February 1967

MALE  
Medical Examination Report Dated 13 February 1967  
Name of Physician Irving Cohen, MD

FEMALE  
Medical Examination Report Dated 13 February 1967  
Name of Physician Irving Cohen, 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 Gordon N. Cope  
Date of Birth January 19, 1948  
Place of Birth Indianapolis, Ind.  
Residence Address RI Bx 248 Mooresville, New, Ind.  
Previous Marital Status: Never Married  Number of Previous Marriages  
Last Marriage Ended By: Death  Divorce  Annulment   
Color or Race White  
Usual Occupation Buss Bench Allison  
Date of birth verified by:  Birth Cert.  Judicial Decree

FEMALE APPLICANT  
Name Brenda K. McCoy  
Date of Birth December 21, 1947  
Place of Birth Dawling Green Ky  
Residence Address PO Bx 24 Clayton, New, 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  
Usual Occupation Cook: Emmert Myers  
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? No  Yes

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

(a) List their full names, ages and addresses  
Name Age Address  
Ralph Carl Cope  
Mooresville, RR, Ind.  
Foreman Auto Trucking  
Indpls, Ind.  
Elizabeth Mae Stevens  
Mooresville, RR, Ind.  
H/W  
Indpls, Ind.

7. Full name of father: Robert Cherry McCoy  
Residence of father (if deceased so state) Clayton, Ind.  
Occupation of father Salesman Carson Race of father white  
Birthplace of father (State or foreign country) Ky.  
8. Full maiden name of mother: Ethel Pauline Hudson  
Residence of mother (if deceased so state) Clayton, Ind.  
Occupation of mother H/W Race of mother white  
Birthplace of mother (State or foreign country) Ky.

State of Indiana, } ss: I depose and state the information given  
County of HENDRICKS } in this application is true and correct.  
Signed Gordon N. Cope  
New Address 320 Buchanan St, P.O. 14, Ind.  
Subscribed and sworn to before me this 20th day of February, 1967.  
John Gambell Clerk HENDRICKS Circuit Court

Signed Brenda K. McCoy  
New Address Sano  
Subscribed and sworn to before me this 20th day of February, 1967.  
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, } ss:  
County of HENDRICKS }  
Signed Ralph C Cope Father  
Signed Elizabeth Mae Stevens Mother  
Subscribed and sworn to before me this 20th day of February, 1967.  
John Gambell 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, } 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 \_\_\_\_\_  
of Indiana dated the 24th day of February, 1967, authorizing the joining together as husband and wife  
Gordon N. Cope and Brenda K. McCoy  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Leif Edward Erickson hereby certify that on the 25 day of February,  
one thousand nine hundred and sixty seven at Clayton, County of Hendricks,  
State of Indiana, Groom Gordon Neal Cope of Hendricks County, State of Indiana,  
and, Bride Brenda Kay McCoy of Hendricks County, State of Indiana,  
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_  
County. \_\_\_\_\_  
Dated this 25th day of February, 1967. Signed Leif Edward Erickson  
Official Designation Pastor, Presbyterian Church  
28 day of February, 1967.  
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

No. 38  
File Book 29  
24 February 1967  
Date of Application

HENDRICKS County

MALE  
Medical Examination Report Dated 18 February 1967  
Name of Physician S. Robt. Coughenour MD

FEMALE  
Medical Examination Report Dated 18 February 1967  
Name of Physician S. Robt. Coughenour 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 S. McMillan  
Date of Birth September 22 1949  
Place of Birth Indianapolis, Ind.  
Residence Address 4708 Susan Ln, 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 Stock worker. Service Bureau Corp  
Date of birth verified by:  Birth Cert.  Judicial Decree

FEMALE APPLICANT  
Name Denise Downing  
Date of Birth November 6 1950  
Place of Birth Great Lakes Ill.  
Residence Address R2 Bx141 Indpls, Hend, 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

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

- 1. Are you now or have you been adjudged, diagnosed or considered as:  
An 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 Jackson Downing  
Residence of father (if deceased so state) Indpls, Ind.  
Occupation of father Eng. RCA. Race of father white  
Birthplace of father (State or foreign country) Indpls, 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 Frederick Eugene McMillan  
Residence of father (if deceased so state) 4708 Susan Ln Indpls.  
Occupation of father Truck Dr. Hoan Corp. Race of father white  
Birthplace of father (State or foreign country) Sparksville Ind.  
12. Full maiden name of mother Ruth Blansitt  
Residence of mother (if deceased so state) Indpls, Ind.  
Occupation of mother Sch. teacher, Decatur. Race of mother white  
Birthplace of mother (State or foreign country) Norman, Ind.

8. Full maiden name of mother Dolores Mary Smith  
Residence of mother (if deceased so state) Indpls R2, Ind.  
Occupation of mother Tax & Assmt. RCA Race of mother white  
Birthplace of mother (State or foreign country) Chicago, Ill.  
State of Indiana, } ss: I depose and state the information given  
County of HENDRICKS } in this application is true and correct.  
Signed Denise Downing  
New Address  
Subscribed and sworn to before me this 24th day of February, 1967  
John Gambrell Clerk HENDRICKS Circuit Court

State of Indiana, } ss: I depose and state the information given  
County of HENDRICKS } in this application is true and correct.  
Signed Gary S. McMillan  
New Address W.H.  
Subscribed and sworn to before me this 24 day of February, 1967  
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 Divorced - Mother has custody.  
State of Indiana, } ss:  
County of HENDRICKS }  
Signed \_\_\_\_\_ Father  
Signed Dolores M Downing Mother  
Subscribed and sworn to before me this 24th day of February, 1967  
John Gambrell 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, } ss:  
County of HENDRICKS }  
Signed Frederick Eugene McMillan Father  
Signed Ruth McMillan Mother  
Subscribed and sworn to before me this 24th day of February, 1967  
John Gambrell Clerk

State of Indiana, } ss:  
County of HENDRICKS }  
Signed \_\_\_\_\_ Father  
Signed Dolores M Downing Mother  
Subscribed and sworn to before me this 24th day of February, 1967  
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 \_\_\_\_\_ Clerk's office \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties. 3rd of Grooming Wm.

RETURN 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 \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_, authorizing the joining together as husband and wife \_\_\_\_\_ and \_\_\_\_\_  
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 \_\_\_\_\_, State of Indiana, Groom, \_\_\_\_\_ and, Bride, \_\_\_\_\_ were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_ County. Dated this \_\_\_\_\_ day of \_\_\_\_\_, 1967.

Signed Rev. Ronald Ricketts  
Official Designation Pastor  
Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_ day of \_\_\_\_\_, 1967  
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. 39  
File Book 29  
Feb. 25, 1967  
Date of Application

MALE  
Medical Examination Report Dated Feb. 24, 1967  
Name of Physician John P. Calhoun M.D.

FEMALE  
Medical Examination Report Dated Feb. 24, 1967  
Name of Physician John P. Calhoun 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 Howard Gibbs  
Date of Birth JUNE 24 1909  
Place of Birth (State or foreign country) PLAINFIELD (HEND. Co.) IND.  
Residence Address R.R.1, Box 88, DANVILLE, IND.  
Previous Marital Status: Never Married  Divorce  Annulment  Number of Previous Marriages 1  
Last Marriage Ended By: Death  Divorce  Annulment  1965 HEND. Co.  
Color or Race White  Negro  Other  (specify) \_\_\_\_\_  
Usual Occupation ALLIANS - Co. COMMISSIONER  
Date of birth verified by:  Birth Cert.  Judicial Decree  
 Other (Specify) DRIVERS LICENSE

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

Name	Age	Address

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

11. Full name of father FRANK GIBBS  
Residence of father (if deceased so state) DANVILLE, IND.  
Occupation of father FARMER Race of father White  
Birthplace of father (State or foreign country) CARTERSBURG, IND.  
12. Full maiden name of mother ESTHER WALTON  
Residence of mother (if deceased so state) PLAINFIELD, IND.  
Occupation of mother HOUSEWIFE Race of mother White  
Birthplace of mother (State or foreign country) PLAINFIELD, IND.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of HENDRICKS  
Signed Howard Gibbs  
New Address R.1, Box 156, Danville  
Subscribed and sworn to before me this 25 day of Feb, 1967  
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 Jennelle Skaggs  
Date of Birth DEC. 23 1917  
Place of Birth (State or foreign country) P (MORGAN) KY  
Residence Address R.1 Box 156, HEND. Co. IND.  
Maiden Name if Different JENNELLE HAVENS  
Previous Marital Status: Never Married  Divorce  Annulment  Number of Previous Marriages 1  
Last Marriage Ended By: Death  Divorce  Annulment  1963 HEND. Co.  
Color or Race White  Negro  Other  (specify) \_\_\_\_\_  
Usual Occupation R.C.A.  
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 CLARENCE W. HAVENS  
Residence of father (if deceased so state) DECD.  
Occupation of father \_\_\_\_\_ Race of father White  
Birthplace of father (State or foreign country) MORGAN Co. Ky.

8. Full maiden name of mother GOLDEN PACK  
Residence of mother (if deceased so state) CHAYTON, IND.  
Occupation of mother HOUSEWIFE Race of mother White  
Birthplace of mother (State or foreign country) MORGAN Co. Ky.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of HENDRICKS  
Signed Jennelle Skaggs  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 25 day of Feb, 1967  
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 1 day of March, 1967, authorizing the joining together as husband and wife of Howard Gibbs and Jennelle Skaggs.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Jeal O. Younce hereby certify that on the 4th day of March, 1967, at Evon, County of Hendricks, one thousand nine hundred and 67 of Hendricks County, State of Indiana State of Indiana, Groom Howard Gibbs of Hendricks County, State of Indiana and, Bride Jennelle 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, 1967.  
Signed Jeal O. Younce  
Official Designation Minister, 1967.  
Filed and recorded in accordance with the laws of the State of Indiana this 18th day of March, 1967.  
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. 40  
File Book 29  
28 Feb 1967  
Date of Application

MALE  
Medical Examination Report Dated 22 Feb 1967  
Name of Physician E.A. Coats M.D.

FEMALE  
Medical Examination Report Dated 22 Feb 1967  
Name of Physician E.A. Coats 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 Samuel C. Reynolds  
Date of Birth Jan 23 1930  
Place of Birth Bedford, Ind.  
Residence Address Lyons, Greene, 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 Civil Service: Travel Ag.  
Date of birth verified by:  Birth Cert.  Judicial Decree  
 Other (Specify) Ind. Cons. Brn. - -

- 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
Clarence Alvin Reynolds		Res. Lyons, Ind.
Conductor: Reno, Ind.		white
Birthplace of father (State or foreign country)		Illiopele, Ill.
Full maiden name of mother		Marie Sarah Brown
Residence of mother (if deceased so state)		Lyons, Ind.
Occupation of mother		Foreman: Wagon Mfg.
Birthplace of mother (State or foreign country)		Bedford, 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 Clarence Alvin Reynolds  
Residence of father (if deceased so state) Res. Lyons, Ind.  
Occupation of father Conductor: Reno, Ind. Race of father white  
Birthplace of father (State or foreign country) Illiopele, Ill.

12. Full maiden name of mother Marie Sarah Brown  
Residence of mother (if deceased so state) Lyons, Ind.  
Occupation of mother Foreman: Wagon Mfg. Race of mother white  
Birthplace of mother (State or foreign country) Bedford, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
Signed Samuel C. Reynolds  
New Address Lyons, Ind.  
Subscribed and sworn to before me this 28th day of Feb, 1967  
Clerk John S. Wright HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**  
We, the parents, of this applicant hereby give consent 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 Joan Walls  
Date of Birth April 10 1938  
Place of Birth Tompkinsville, Ky.  
Residence Address 140 Basstick, Danville, Ind.  
Maiden Name if Different Joan Crawford  
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: Coats-Phar.  
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 Marshall Herman Crawford  
Residence of father (if deceased so state) deceased  
Occupation of father \_\_\_\_\_ Race of father white  
Birthplace of father (State or foreign country) Tompkinsville, Ky.
- Full maiden name of mother Hattie Dekian Shant  
Residence of mother (if deceased so state) Clayton, Ind.  
Occupation of mother H/W. Race of mother white  
Birthplace of mother (State or foreign country) Tompkinsville, Ky.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
Signed Joan Walls  
New Address Same  
Subscribed and sworn to before me this 28th day of Feb, 1967  
Clerk John S. Wright HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**  
We, the parents, of this applicant hereby give consent 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 4th day of March, 1967, authorizing the joining together as husband and wife of Samuel C. Reynolds and Joan Walls.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, John S. Wright hereby certify that on the 4 day of March, one thousand nine hundred and 67 at Benton, County of Greene, State of Indiana, Groom Samuel C. Reynolds of Greene County, State of Indiana and, Bride Joan 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 4 day of March, 1967.  
Signed John S. Wright  
Official Designation Brand President  
Filed and recorded in accordance with the laws of the State of Indiana this 7 day of March, 1967.  
Signed John S. Wright Clerk  
Hendricks Circuit Court

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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

No. 41  
File Feb 28-1967  
Date of Application

HENDRICKS County

MALE  
Medical Examination Report Dated Feb 28-1967  
Name of Physician Irving Cohen

FEMALE  
Medical Examination Report Dated Feb 28-1967  
Name of Physician Irving Cohen

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

MALE APPLICANT

Name Marque Archibald  
Date of Birth Feb 4 1949  
Place of Birth Kingman Arizona  
Residence Address 6535 W 15th 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 Student  
Date of birth verified by:  Birth Cert.  Judicial Decree  
 Other (Specify) Drivers License

- 1. Are you now or have you been adjudged, diagnosed or considered as an imbecile?  No  Yes
- 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?  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: Frank Jackson  
Residence of father (if deceased so state) Deceased  
Occupation of father: \_\_\_\_\_ Race of father: W  
Birthplace of father (State or foreign country) Illinois

12. Full maiden name of mother: Betty Jane Archibald  
Residence of mother (if deceased so state) Indianapolis  
Occupation of mother: air traffic controller Race of mother: W  
Birthplace of mother (State or foreign country) Illinois

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

Subscribed and sworn to before me this 28 day of Feb, 1967.  
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.  
Father Deceased.

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

Signed Betty Archibald Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this 28 day of Feb, 1967.  
John Gambold, Jr Clerk

FEMALE APPLICANT

Name Cheryl Ann Fuller  
Date of Birth Dec 16 1948  
Place of Birth Indianapolis Ind.  
Residence Address 541 So Center Plainfield Hend. 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 File clerk  
Date of birth verified by:  Birth Cert.  Judicial Decree  
 Other (Specify) \_\_\_\_\_

- 1. Are you now or have you been adjudged, diagnosed or considered as an imbecile?  No  Yes
- 2. Are you under guardianship as a person of unsound mind?  No  Yes
- 3. Are you afflicted with a transmissible disease?  No  Yes
- 4. Are you related to the groom closer than second cousin?  No  Yes
- 5. Are you now under the influence of intoxicating liquor?  No  Yes
- 6. Are you now under the influence of a narcotic drug?  No  Yes
- 7. Full name of father: Herschel Ellis Fuller  
Residence of father (if deceased so state) Plainfield  
Occupation of father: Professional artist Race of father: W  
Birthplace of father (State or foreign country) Indiana
- 8. Full maiden name of mother: Alice Jean Kemp  
Residence of mother (if deceased so state) Plainfield  
Occupation of mother: File clerk 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 Cheryl Ann Fuller

New Address: \_\_\_\_\_  
Subscribed and sworn to before me this 28 day of Feb, 1967.  
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 \_\_\_\_\_ and filed \_\_\_\_\_ 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 4 day of March, 1967, authorizing the joining together as husband and wife of Marque Archibald and Cheryl Ann Fuller.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, John H. MacKinnon hereby certify that on the 11 day of March,  
one thousand nine hundred and 67 at Indianapolis County of Marion,  
State of Indiana, Groom Marque Archibald of Marion County, State of Indiana  
and, Bride Cheryl Ann Fuller 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 11 day of March, 1967.  
Signed John H. MacKinnon  
Official Designation Clergyman  
March, 1967

Filed and recorded in accordance with the laws of the State of Indiana this 11 day of March, 1967.  
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. 12  
File Book 29  
1 March 1967  
Date of Application

MALE  
Medical Examination Report Dated 28 Feb 1967  
Name of Physician George A. Rowe M.D.

FEMALE  
Medical Examination Report Dated 28 Feb 1967  
Name of Physician George A. Rowe 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 R. Cooperider  
Date of Birth December 14 1939  
Place of Birth Brazil, Indiana  
Residence Address Rt 3 Box 3 FF, Fillmore, Putnam, 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) 67 Putnam

FEMALE APPLICANT  
Name Geneva Hessler  
Date of Birth June 13 1945  
Place of Birth Indianapolis, Ind.  
Residence Address 223 W. Gate, Plainfield, 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) Nov 65 (Evans)

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

(a) List their full names, ages and addresses  
Name Age Address  
Rodney Wayne 3 Rt. Fillmore  
Rita Gale 7 .. ..

(b) Are you supporting or contributing to their support? Yes  No   
(c) Are you complying with any court order or orders issued for their support? Yes  No   
11. Full name of father Kenneth Edward Cooperider  
Residence of father (if deceased so state) Branville, Ind.  
Occupation of father Const worker Race of father white  
Birthplace of father (State or foreign country) Clay Co, Ind.  
12. Full maiden name of mother Sylvia Irene Summerlot  
Residence of mother (if deceased so state) Branville, Ind.  
Occupation of mother H/W Race of mother white  
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.  
Signed Ronald R. Cooperider  
New Address Rt 3 Box 3 FF, Fillmore, Ind.  
Subscribed and sworn to before me this 14 day of March, 1967  
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:  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
Clerk \_\_\_\_\_

Usual Occupation Secy.  
Date of birth verified by:  Birth Cert.  Judicial Decree  
 Other (Specify) \_\_\_\_\_  
1. Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No  Yes   
Of Unsound Mind? No  Yes   
2. Are you under guardianship as a person of unsound mind? No  Yes   
3. Are you afflicted with a transmissible disease? No  Yes   
4. Are you related to the groom closer than second cousin? No  Yes   
5. Are you now under the influence of intoxicating liquor? No  Yes   
6. Are you now under the influence of a narcotic drug? No  Yes

7. Full name of father James Bryant Hessler  
Residence of father (if deceased so state) Plainfield, Ind.  
Occupation of father Ins. Sels: Commonwealth Race of father white  
Birthplace of father (State or foreign country) Hendricks Co, Ind.  
8. Full maiden name of mother Mary Eleanor Gledeter  
Residence of mother (if deceased so state) Plainfield, Ind.  
Occupation of mother Secy: Merchants Bank 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 Geneva Hessler  
New Address Same  
Subscribed and sworn to before me this 14 day of March, 1967  
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:  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
Clerk \_\_\_\_\_

COMPLETE 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 March 1967 and filed in Clerks office authorizes and directs the issuance of a marriage license to the above named parties. 3rd 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 14 day of March, 1967, authorizing the joining together as husband and wife of Ronald R. Cooperider and Geneva Hessler  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Warren A. Robbins hereby certify that on the 3rd day of March one thousand nine hundred and 67 at Plainfield, County of Hendricks State of Indiana, Groom Ronald R. Cooperider of Putnam County, State of Indiana and, Bride Geneva Hessler 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 March, 1967.

Signed Warren A. Robbins  
Official Designation Minister  
Filed and recorded in accordance with the laws of the State of Indiana this 7 day of March, 1967  
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. 43  
File Book 29  
2 March 1967  
Date of Application

HENDRICKS County

MALE  
Medical Examination Report Dated 1 March 1967  
Name of Physician Elmer L. Koch M.D.

FEMALE  
Medical Examination Report Dated 1 March 1967  
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 Frank Kirkendall  
Date of Birth December 26 1918  
Place of Birth Indianapolis, Ind.  
Residence Address RI Bx 81A Danville, Hendricks, Ind.  
Previous Marital Status: Never Married  Number of Previous Marriages 2  
Last Marriage Ended By: 63 Hwy  Divorce  Annulment   
Color or Race White  Negro  Other  (specify)  
Usual Occupation Auto Mech. Bods Auto.  
Date of birth verified by:  Birth Cert.  Judicial Decree  
 Other (Specify) Driver 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
Frank Sr.	12	Knight town Sts Hwy
Michael	11	
Lalonne	10	
Scott	6	

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

11. Full name of father Charles Elson Kirkendall  
Residence of father (if deceased so state) Deceased  
Occupation of father Deceased Race of father white  
Birthplace of father (State or foreign country) Portland, Indiana

12. Full maiden name of mother Ida Mae Simons  
Residence of mother (if deceased so state) Danville, Ind.  
Occupation of mother H/W Race of mother white  
Birthplace of mother (State or foreign country) Huntington, Ind.

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

Signed Frank Kirkendall  
New Address RI Bx 81A Danville, Ind.  
Subscribed and sworn to before me this 2nd day of March, 1967  
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 HENDRICKS

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

FEMALE APPLICANT

Name Hazel M. Blair  
Date of Birth July 2 1940  
Place of Birth Indianapolis, Ind.  
Residence Address 153 Bx 13 Brownsville, New, Ind.  
Maiden Name if Different Hazel M. Price  
Previous Marital Status: Never Married  Number of Previous Marriages 2  
Last Marriage Ended By: 57d. 66 Hwy  Death  Divorce  Annulment   
Color or Race White  Negro  Other  (specify)  
Usual Occupation Waitress.  
Date of birth verified by:  Birth Cert.  Judicial Decree  
 Other (Specify) Driver 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 Carl Vernon Price  
Residence of father (if deceased so state) Deceased  
Occupation of father \_\_\_\_\_ Race of father white  
Birthplace of father (State or foreign country) Ind.

8. Full maiden name of mother Lellie Josephine Pollard  
Residence of mother (if deceased so state) Deceased  
Occupation of mother \_\_\_\_\_ Race of mother white  
Birthplace of mother (State or foreign country) Crab Orchard, Ky.

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

Signed Hazel M. Blair  
New Address Sam

Subscribed and sworn to before me this 2nd day of March, 1967  
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 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 \_\_\_\_\_ 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 6th day of March, 1967, authorizing the joining together as husband and wife of Frank K. Kirkendall and Hazel M. Blair.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Frank Wynn hereby certify that on the 6th day of March at Danville County of Hendricks, one thousand nine hundred and 67 State of Indiana, Groom Frank Kirkendall County, State of Indiana and, Bride Hazel M. Blair 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 March, 1967  
Signed Frank Wynn  
Official Designation Justice of Peace

Subscribed and sworn to before me this 13th day of March, 1967  
Signed John Samball 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. 44  
File Book 29  
2 March 1967  
Date of Application

MALE  
Medical Examination Report Dated 27 February 1967  
Name of Physician Elmer L. Koch M.D.

FEMALE  
Medical Examination Report Dated 27 February 1967  
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 Michael Allen Hornaday  
Date of Birth June 25 1946  
Place of Birth Indianapolis, Indiana  
Residence Address Forrest Ave Brazil, Clay, Indiana  
Previous Marital Status: Never Married  Number of Previous Marriages

FEMALE APPLICANT  
Name Zundra Maurrice Daniels  
Date of Birth April 17 1947  
Place of Birth Indianapolis, Ind.  
Residence Address R2 Bx 233 Danville, Henw, Ind.  
Maiden Name if Different

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

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

Usual Occupation Accounting clerk. Ind Ins.  
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

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

(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

7. Full name of father John Harry Daniels  
Residence of father (if deceased so state) Deceased  
Occupation of father — Race of father white  
Birthplace of father (State or foreign country) Mantice, Ky.

11. Full name of father William Wilkenson Hornaday  
Residence of father (if deceased so state) Brazil, Ind.  
Occupation of father Pr Agent: I.C. Dept. Race of father white  
Birthplace of father (State or foreign country) Indpls, Ind.

8. Full maiden name of mother Alma Christine Anderson  
Residence of mother (if deceased so state) Danville, Ind.  
Occupation of mother H/W. Race of mother white  
Birthplace of mother (State or foreign country) Thompsonville, Ky.

12. Full maiden name of mother Mildred Irene Finchum  
Residence of mother (if deceased so state) Brazil, Ind.  
Occupation of mother H/W. 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 Zundra Maurrice Daniels  
New Address 2nd walk.  
Subscribed and sworn to before me this 2nd day of March, 1967.  
Clerk John Samuel J. HENDRICKS Circuit Court

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

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of this applicant hereby give consent 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 Mildred Irene Hornaday Father  
Signed Mildred Irene Hornaday Mother  
Subscribed and sworn to before me this 2 day of March, 1967.  
Clerk John Samuel J.

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 Judge County Circuit Court by written order issued 2 March 1967 and filed in clerk's office authorizes and directs the issuance of a marriage license to the above named parties. 2da 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 2nd day of March, 1967, authorizing the joining together as husband and wife Michael Allen Hornaday and Zundra Maurrice Daniels.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Warren A. Robbins hereby certify that on the 4th day of March, one thousand nine hundred and 67 at Plainfield, County of Hendricks State of Indiana, Groom Michael Allen Hornaday and, Bride Zundra Maurrice Daniels 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, 1967.  
Signed Warren A. Robbins  
Official Designation Minister  
Filed and recorded in accordance with the laws of the State of Indiana this 7 day of March, 1967.  
Signed John Samuel J. 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. 44  
File Book 29  
2 March 1967  
Date of Application

MALE  
Medical Examination Report Dated 27 February 1967  
Name of Physician Elmer L. Koch MD

FEMALE  
Medical Examination Report Dated 27 February 1967  
Name of Physician Elmer L. Koch 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 First Allen Middle Hornaday Last  
Date of Birth June Month 25 Day 1946 Year  
Place of Birth (State or foreign country) Indianapolis, Indiana  
Residence Address Forrest Ave Street or R. R. Brazil City Clay County Indiana State  
Previous Marital Status: Never Married  Divorce  Annulment  Number of Previous Marriages \_\_\_\_\_  
Last Marriage Ended By: Death  Divorce  Annulment   
Color or Race White  Negro  Other  (specify) \_\_\_\_\_  
Usual Occupation Student: I.U.  
Date of birth verified by:  Birth Cert.  Judicial Decree  
 Other (Specify) Drivers 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? No  Yes   
(If yes, answer questions a, b, c)  
(a) List their full names, ages and addresses

Name	Age	Address
<u>William W. Kenson Hornaday</u>		<u>Brazil, Ind.</u>
<u>Pat Agent: I. Cape</u>		<u>white</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: William W. Kenson Hornaday  
Residence of father (if deceased so state): Brazil, Ind.  
Occupation of father: Pat Agent: I. Cape Race of father: white

**FEMALE APPLICANT**

Name Zundra First Maurice Middle Daniels Last  
Date of Birth April Month 1947 Day 1947 Year  
Place of Birth (State or foreign country) Indianapolis, Ind.  
Residence Address R2 Bx 233 Danville, Henw, Ind. Street or R. R. Danville City Henw County Ind. State  
Maiden Name if Different \_\_\_\_\_  
Previous Marital Status: Never Married  Divorce  Annulment  Number of Previous Marriages \_\_\_\_\_  
Last Marriage Ended By: Death  Divorce  Annulment   
Color or Race White  Negro  Other  (specify) \_\_\_\_\_  
Usual Occupation Accounting clerk. Ind Ins.  
Date of birth verified by:  Birth Cert.  Judicial Decree  
 Other (Specify) Drivers 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: John Harry Daniels  
Residence of father (if deceased so state): Deceased  
Occupation of father: \_\_\_\_\_ Race of father: white  
Birthplace of father (State or foreign country): Mantoxella, Ky.
- Full maiden name of mother: Alma Christine Anderson  
Residence of mother (if deceased so state): Danville, Ind.  
Occupation of mother: H/W. Race of mother: white  
Birthplace of mother (State or foreign country): Thompsonville, Ky.

State of Indiana, \_\_\_\_\_ I depose and state the information given is true and correct.

I, William Hornaday, hereby give my consent for my son, Michael Hornaday to marry Zundra Daniels.

Wm Hornaday

Subscribed and sworn to before me this 2nd day of March 1967

Rosemary Lawhorn  
Notary Public

My commission Expires:  
Aug. 8, 1970

Signed [Signature] Mother  
Subscribed and sworn to before me this 2 day of March 1967  
John Sambroed, Jr 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 Hendricks County Circuit Court by written order issued 2 March 1967 and filed in clerk's office authorizes and directs the issuance of a marriage license to the above named parties. 3da Wans.

**RETURN 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 March 1967, authorizing the joining together as husband and wife Michael Allen Hornaday and Zundra Maurice Daniels.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Warren A. Robbins hereby certify that on the 4th day of March one thousand nine hundred and 67 at Plainfield County of Hendricks State of Indiana, Groom Michael Allen Hornaday and, Bride Zundra Maurice Daniels 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, 1967.

Signed Warren A. Robbins  
Official Designation Minister  
7 day of March, 1967  
Signed John Sambroed 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. 45  
File Book 29  
2 March 67  
Date of Application

MALE  
Medical Examination Report Dated 1 March 1967  
Name of Physician John F. Bixell MD.

FEMALE  
Medical Examination Report Dated 1 March 1967  
Name of Physician Russell Sage 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 Donald E. Mitchell  
Date of Birth January 1 1937  
Place of Birth Liberty Twp. New Co. Ind.  
Residence Address R18 Bx121 Indpls, Hendricks, Ind.  
Previous Marital Status: Never Married  Number of Previous Marriages 2  
Last Marriage Ended By: Death  Divorce  Annulment   
Color or Race White  
Usual Occupation Farmer  
Date of birth verified by:  Birth Cert.  Judicial Decree  
 Other (Specify) Drivers License

- 1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No  Yes
- 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? No  Yes

(a) List their full names, ages and addresses  
Name Deana Age 12 Address R3 Clonedale, 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 Lyman Thomas Mitchell  
Residence of father (if deceased so state) Bellville, Ind.  
Occupation of father Farmer Race of father White  
Birthplace of father (State or foreign country) Oklahoma  
12. Full maiden name of mother Mabel Kenworthy  
Residence of mother (if deceased so state) Bellville, Ind.  
Occupation of mother H/W 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 Donald E. Mitchell  
New Address R18 Bx121 Indpls, Ind.

Subscribed and sworn to before me this 11 day of March, 1967  
Clerk John Gamble 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 \_\_\_\_\_

FEMALE APPLICANT

Name Sheila I. White  
Date of Birth February 23 1932  
Place of Birth Indianapolis, Ind.  
Residence Address 3601 N. Allison Ave Indpls, Marion, Ind.  
Maiden Name if Different Sheila Imel  
Previous Marital Status: Never Married  Number of Previous Marriages 1  
Last Marriage Ended By: Death  Divorce  Annulment   
Color or Race White  
Usual Occupation House wch.  
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 Harold Eugene Imel  
Residence of father (if deceased so state) Lake Wata, Florida  
Occupation of father Typeset Race of father White  
Birthplace of father (State or foreign country) Madison, Ind.
- 8. Full maiden name of mother Dorothy Amelia Stevens  
Residence of mother (if deceased so state) Indpls, Ind.  
Occupation of mother Assemble: WE Race of mother White  
Birthplace of mother (State or foreign country) Cumberland, Ind.

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

Signed Sheila I. White  
New Address Same

Subscribed and sworn to before me this 11 day of March, 1967  
Clerk John Gamble 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 7 day of March, 1967, authorizing the joining together as husband and wife of Donald E. Mitchell and Sheila I. White

Be it further remembered, the following marriage certificate was filed in my office, to-wit: I, James W. Bauer hereby certify that on the 11 day of March, 1967, at Indianapolis County of Marion, State of Indiana, Groom Donald E. Mitchell of Hendricks County, State of Indiana and, Bride Sheila I. White of Marion County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 11 day of March, 1967. Signed James W. Bauer  
Official Designation Justice of Peace

Signed John Gamble Jr. Clerk  
Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 13 day of March, 1967.



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. 46  
File Book 29  
4 March 1967  
Date of Application

MALE  
Medical Examination Report Dated 1 March 1967  
Name of Physician Sas. Black MD.

FEMALE  
Medical Examination Report Dated 1 March 1967  
Name of Physician A.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 Omar C. Bear Jr.  
Date of Birth August 29 1943  
Place of Birth Indianapolis, Ind.  
Residence Address 620 S. Jefferson, Sibuy, New, 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, Ransburg,  
Date of birth verified by:  Birth Cert.  Judicial Decree  
 Other (Specify) Drivers 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

- (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 Omar Christian Bear, Sr.  
Residence of father (if deceased so state) 100 Sibuy, Ind.  
Occupation of father laborer: Link Belt Race of father white  
Birthplace of father (State or foreign country) Indpls, Ind.  
12. Full maiden name of mother May Louise Walter  
Residence of mother (if deceased so state) Sibuy, Ind.  
Occupation of mother laborer: Link Belt 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.  
Signed Omar C. Bear Jr.  
New Address Lebanon, Ind.  
Subscribed and sworn to before me this 4th day of March, 1967  
Clerk John Samford HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of this applicant hereby give consent 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 Carolyn L. Hammond  
Date of Birth October 31 1941  
Place of Birth (State or foreign country) Martinsville, Ill.  
Residence Address Jamesstown, 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 Factory worker, National Steel  
Date of birth verified by:  Birth Cert.  Judicial Decree  
 Other (Specify) Drivers 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 Lloyd Alanson Hammond  
Residence of father (if deceased so state) Jamesstown, Ind.  
Occupation of father laborer: Girsel Cont. Race of father white  
Birthplace of father (State or foreign country) Martinsville, Ill.
- 8. Full maiden name of mother Mary Naomi Conroy  
Residence of mother (if deceased so state) Jamesstown, Ind.  
Occupation of mother H/W Race of mother white  
Birthplace of mother (State or foreign country) Martinsville, Ill.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
Signed Carolyn L. Hammond  
New Address Same  
Subscribed and sworn to before me this 4th day of March, 1967  
Clerk John Samford HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of this applicant hereby give consent 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 10th day of March, 1967, authorizing the joining together as husband and wife Omar C. Bear Jr. and Carolyn L. Hammond  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Rev. J. J. Knopfmeyer hereby certify that on the 24th day of March, one thousand nine hundred and 67 at Brownsburg, County of Hendricks State of Indiana, Groom Omar C. Bear Jr. of Hendricks County, State of Indiana and, Bride Carolyn L. Hammond of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.  
Dated this 24th day of March, 1967.

Filed and recorded in accordance with the laws of the State of Indiana this 9th day of April, 1967.  
Signed John Samford 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. 77  
File Book 29  
6 March 1967  
Date of Application

MALE  
Medical Examination Report Dated 24 February 1967  
Name of Physician R.W. Kirtley MD

FEMALE  
Medical Examination Report Dated 24 February 1967  
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 Richard L. Trump  
Date of Birth August 16 1931  
Place of Birth Amo, Indiana  
Residence Address R2 Coatesville, Hend. 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 Press Opr. IBM  
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) 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 Ralph Trump  
Residence of father (if deceased so state) Spencer, Indiana  
Occupation of father Sanitor school Race of father white  
Birthplace of father (State or foreign country) Fern Ind, Indiana

12. Full maiden name of mother Fern Jean  
Residence of mother (if deceased so state) H/W Indpls, Ind.  
Occupation of mother H/W 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 HENDRICKS }  
Signed Richard L. Trump  
New Address R2 Coatesville, Ind.  
Subscribed and sworn to before me this 6th day of March, 1967  
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 HENDRICKS }  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
Clerk \_\_\_\_\_

FEMALE APPLICANT

Name Carol R. Gorham  
Date of Birth May 14 1935  
Place of Birth Indianapolis, Ind.  
Residence Address 151 Ex 299 Clayton, Hend. Ind.  
Maiden Name if Different Carol Rhea  
Previous Marital Status: Never Married  Number of Previous Marriages 1  
Last Marriage Ended By: Death  Divorce  Annulment   
Color or Race White  Negro  Other  (specify) \_\_\_\_\_  
Usual Occupation Bookkeeper - Daville date  
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 Howard Leland Rhea  
Residence of father (if deceased so state) deceased  
Occupation of father \_\_\_\_\_ Race of father white  
Birthplace of father (State or foreign country) Maryan Co, Ind.

8. Full maiden name of mother Boxie Emily Wermouth  
Residence of mother (if deceased so state) 1121 Clayton Ind.  
Occupation of mother H/W 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.  
County of HENDRICKS }  
Signed Carol R. Gorham  
New Address Same  
Subscribed and sworn to before me this 6th day of March, 1967  
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 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 6th day of March, 1967 authorizing the joining together as husband and wife  
of Richard L. Trump and Carol R. Gorham

Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Wallace Jeffs hereby certify that on the 10th day of March  
one thousand nine hundred and 67 at Coatesville County of Hendricks  
State of Indiana, Groom Richard L. Trump of Hendricks County, State of Indiana  
and, Bride Carol R. Gorham 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 March, 1967

Signed Wallace Jeffs  
Official Designation Baptist Pastor  
at Hendricks day of March, 1967  
Signed John Samblak Clerk  
Hendricks Circuit Court

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



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

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

HENDRICKS County

No. 58  
File Book 29  
7 March 1967  
Date of Application

MALE  
Medical Examination Report Dated 22 February 1967  
Name of Physician Carl L. Heinlein MD.

FEMALE  
Medical Examination Report Dated 22 February 1967  
Name of Physician Carl L. Heinlein MD.

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

MALE APPLICANT

Name Kenneth Leland Ottinger  
Date of Birth June 29 1948  
Place of Birth New Castle, Indiana  
Residence Address R1 North Salem, 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 Meat cutter: Diville wisabak

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? 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 Dennis Lee Ottinger  
Residence of father (if deceased so state) Deceased  
Occupation of father \_\_\_\_\_ Race of father white  
Birthplace of father (State or foreign country) Boone Co, Ind.

12. Full maiden name of mother June Irene McGinn  
Residence of mother (if deceased so state) N. Salem, Ind.  
Occupation of mother Housekeeper: H.M. Race of mother white  
Birthplace of mother (State or foreign country) Rush Co, Ind.

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

New Address 202 E. Clinton, Apt 4, Diville, Ind.  
Subscribed and sworn to before me this 7th day of March, 1967  
Clerk John Samdell HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of 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, HENDRICKS } ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father  
Signed June Ottinger Mother  
Subscribed and sworn to before me this 7th day of March, 1967  
Clerk John Samdell

FEMALE APPLICANT

Name Sue Ann Hatcher  
Date of Birth May 24 1948  
Place of Birth Nome, Alaska  
Residence Address R1 Bx 49 Coatsville, Hend, 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: 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   
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 Houston Hatcher  
Residence of father (if deceased so state) Evilville, Ind.  
Occupation of father Mech. A.H. Slanky Race of father white  
Birthplace of father (State or foreign country) London, Ky.

8. Full maiden name of mother Eliner Frances Dowd  
Residence of mother (if deceased so state) Evilville, Ind.  
Occupation of mother H/W. Race of mother white  
Birthplace of mother (State or foreign country) Nome, Alaska

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

New Address Same  
Subscribed and sworn to before me this 7th day of March, 1967  
Clerk John Samdell HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent 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 March, 1967, 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 M. McLaughlin, hereby certify that on the 11th day of March, one thousand nine hundred and 67

State of Indiana, Groom Kenneth L. Ottinger at Diville, County of Hendricks,  
and, Bride Sue Ann Hatcher of Hendricks County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.  
Dated this 11th day of March, 1967.

Signed Edward M. McLaughlin  
Official Designation Catholic Priest - Pastor  
Filed and recorded in accordance with the laws of the State of Indiana this 15th day of March, 1967.

Signed John Samdell 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. 19  
File Book 29  
8 March 1967  
Date of Application

MALE  
Medical Examination Report Dated 8 March 1967  
Name of Physician Joseph G. Gormanky M.D.

FEMALE  
Medical Examination Report Dated 8 March 1967  
Name of Physician Joseph G. Gormanky 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 Sandlin  
Date of Birth August 15 1947  
Place of Birth Perry Co., Ky.  
Residence Address Buckhorn, Ky. Perry, 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 E-2: US Army  
Date of birth verified by:  Birth Cert.  Judicial Decree  
 Other (Specify) Army 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?  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 Estil Sandlin  
Residence of father (if deceased so state) Buckhorn, Ky.  
Occupation of father Retired Race of father white  
Birthplace of father (State or foreign country) Perry Co., Ky.

12. Full maiden name of mother Minta Gady  
Residence of mother (if deceased so state) Buckhorn, Ky.  
Occupation of mother Cook: H.S. Race of mother white  
Birthplace of mother (State or foreign country) Owsley Co., Ky.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
Signed Bill Sandlin  
New Address 6A/b Ind, 18 Armys, Ft Ham  
Subscribed and sworn to before me this 8th day of March, 1967  
John Sandlin Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents of 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 unavailable -- court grants waiver of his consent.

State of Indiana, HENDRICKS } ss:  
Signed Minta Sandlin Mother  
Signed John Sandlin Father  
Subscribed and sworn to before me this 8th day of March, 1967  
John Sandlin Clerk

FEMALE APPLICANT

Name Glenda Sue Maggard  
Date of Birth April 26 1949  
Place of Birth Roxanna Ky.  
Residence Address R2 Bx 54FD 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 Student: HS. Sophomore  
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 under the influence of intoxicating liquor?  No  Yes
- 4. Are you now under the influence of a narcotic drug?  No  Yes
- 7. Full name of father Edward Maggard  
Residence of father (if deceased so state) Whitesburg, Ky.  
Occupation of father unk. Race of father white  
Birthplace of father (State or foreign country) unk.
- 8. Full maiden name of mother Flora Gadsby  
Residence of mother (if deceased so state) deceased  
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 Glenda Sue Maggard  
New Address R2 Bx 54FD Brownsburg, Ind.  
Subscribed and sworn to before me this 8th day of March, 1967  
John Sandlin Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  
Glenda's court appointed guardian is Franklin Richard Schneider appointed Perry Co., Hazard Co., Ky 11-13-67

State of Indiana, HENDRICKS } ss:  
Signed Steward Powell GUARDIAN  
Signed John Sandlin Mother  
Subscribed and sworn to before me this 8th day of March, 1967  
John Sandlin 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 8 March 1967 and filed in Clarks Office authorizes and directs the issuance of a marriage license to the above named parties. 3da & Brown's father consent 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 March, 1967, authorizing the joining together as husband and wife of Bill Sandlin and Glenda Sue Maggard.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Robert D. Baum hereby certify that on the 8th day of March one thousand nine hundred and 67 at Brownsburg, County of Hendricks, State of Kentucky, Groom Bill Sandlin of Perry County, State of Indiana, and, Bride Glenda Sue Maggard of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 11th day of March, 1967. Signed Robert D. Baum Presbyterian Minister  
Official Designation Presbyterian Minister  
22 day of March, 1967

Filed and recorded in accordance with the laws of the State of Indiana this 22 day of March, 1967.  
Signed John Sandlin, 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. 50  
File Book 29  
11 March 1967  
Date of Application

HENDRICKS County

MALE  
Medical Examination Report Dated 6 March 1967  
Name of Physician Donald D. Cheesman M.D.

FEMALE  
Medical Examination Report Dated 6 March 1967  
Name of Physician Donald D. Cheesman 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 Clyde A. Myers  
Date of Birth November 29 1923  
Place of Birth Indianapolis, Ind.  
Residence Address 563 Hard St, Indpls, Marion, Ind.  
Previous Marital Status: Never Married  Divorce  Annulment  Number of Previous Marriages 1  
Last Marriage Ended By: Death  Divorce  Annulment  59 Marion  
Color or Race White  Negro  Other  (specify)

Usual Occupation Checker: Ellis Trucking  
Date of birth verified by:  Birth Cert.  Judicial Decree  
 Other (Specify) Drivers 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

(a) List their full names, ages and addresses  
Name Age Address  
Bill Richard 14 703 Cottage Indpls.  
Mary Amelia 12 " " " "

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

11. Full name of father Thomas Albert Myers  
Residence of father (if deceased so state) Deceased  
Occupation of father --- Race of father white  
Birthplace of father (State or foreign country) Indpls, Ind.  
12. Full maiden name of mother Estella Myrtle Brewer  
Residence of mother (if deceased so state) Indpls, Ind.  
Occupation of mother A/W Race of mother white  
Birthplace of mother (State or foreign country) Rushville, Ind.

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

Signed Clyde A. Myers  
New Address Indpls, Ind.  
Subscribed and sworn to before me this 11th day of March, 1967  
Clerk John Sanford HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of this applicant hereby give consent 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 Rena A. Feltner  
Date of Birth October 18 1932  
Place of Birth Indianapolis, Ind.  
Residence Address 151 Bx 219 North Salem, Marion, Ind.  
Maiden Name if Different Rena Wagner  
Previous Marital Status: Never Married  Divorce  Annulment  Number of Previous Marriages 1  
Last Marriage Ended By: Death  Divorce  Annulment  67 Ind.  
Color or Race White  Negro  Other  (specify)

Usual Occupation Meat Proc: Danville Wiske Meats  
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 Otho Stymen Wagner  
Residence of father (if deceased so state) Deceased  
Occupation of father --- Race of father white  
Birthplace of father (State or foreign country) Ebenezer, Ohio

8. Full maiden name of mother Martha Elizabeth Keller  
Residence of mother (if deceased so state) Coatesville, Ind.  
Occupation of mother A/W Race of mother white  
Birthplace of mother (State or foreign country) Converse, Ind.

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

Signed Rena A. Feltner  
New Address Same  
Subscribed and sworn to before me this 11th day of March, 1967  
Clerk John Sanford HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of this applicant hereby give consent 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 15th day of March, 1967, authorizing the joining together as husband and wife Clyde A. Myers and Rena A. Feltner.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, John F. Deal hereby certify that on the 18th day of March one thousand nine hundred and 67 at Coatesville, County of Hendricks State of Indiana, Groom Clyde A. Myers of Marion County, State of Indiana and, Bride Rena A. Feltner 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 March, 1967.

Signed John F. Deal  
Official Designation Methodist Clergyman  
Filed and recorded in accordance with the laws of the State of Indiana this 21 day of March, 1967.  
Signed John Sanford, 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. 51  
File Book 29  
Date of Application 11 March 1967

HENDRICKS County

MALE  
Medical Examination Report Dated 23 February 1967  
Name of Physician Dr. Scudder M.D.

FEMALE  
Medical Examination Report Dated 23 February 1967  
Name of Physician Dr. 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 Bill R. Anderson  
Date of Birth June 26 1948  
Place of Birth Bowling Green Ky  
Residence Address 530 Maple Hwy Brownsburg, Ind.  
Previous Marital Status:  Never Married  
Last Marriage Ended By:  Death  Divorce  Annulment  
Color or Race  White  
Usual Occupation Salesman Univ. Sports

- 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?  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 Elzie Bryant Anderson  
Residence of father B'burg, Ind.  
Occupation of father Super: Rkt Center  
Birthplace of father Smiths Grove, Ky

12. Full maiden name of mother Marjorie Aline Jordan  
Residence of mother B'burg, Ind.  
Occupation of mother H/W  
Birthplace of mother Detroit, Mich.

State of Indiana, HENDRICKS County of HENDRICKS  
Signed Bill R. Anderson  
New Address 128 Lincoln Ave, B'burg  
Subscribed and sworn to before me this 11th day of March, 1967  
Clerk John Sambold

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

State of Indiana, HENDRICKS County of HENDRICKS  
Signed Elzie B. Anderson Father  
Signed Marjorie Anderson Mother  
Subscribed and sworn to before me this 11th day of March, 1967  
Clerk John Sambold

FEMALE APPLICANT

Name Perry L. Horden  
Date of Birth December 19 1946  
Place of Birth Indianapolis, Ind.  
Residence Address 153, BX603B Brownsburg, Ind.  
Maiden Name if Different  
Previous Marital Status:  Never Married  
Last Marriage Ended By:  Death  Divorce  Annulment  
Color or Race  White  
Usual Occupation Stk K, Indiana Bell

- 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 Bruce Orville Horden  
Residence of father Indpls, Ind.  
Occupation of father Machinist: Lin Bell  
Birthplace of father Lafayette, Ind.
- 8. Full maiden name of mother Velma Catherine Johnson Jackson  
Residence of mother B'burg, Ind.  
Occupation of mother Underwriter: Gen. Accident. H/W.  
Birthplace of mother Brownsburg, Ind.

State of Indiana, HENDRICKS County of HENDRICKS  
Signed Garry L. Horden  
New Address Same

Subscribed and sworn to before me this 11th day of March, 1967  
Clerk John Sambold

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

State of Indiana, HENDRICKS 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 \_\_\_\_\_ 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 15th day of March, 1967, authorizing the joining together as husband and wife of Bill R. Anderson and Perry L. Horden.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, W. Paul Galyan, hereby certify that on the 18th day of March, one thousand nine hundred and 67, at Brownsburg, County of Hendricks, State of Indiana, Groom Bill R. Anderson of Hendricks County, State of Indiana and, Bride Perry L. Horden 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 March, 1967.  
Signed W. Paul Galyan  
Official Designation Minister  
23 day of March, 1967.  
Signed John Sambold, 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. 52  
File Book 29  
13 March 1967  
Date of Application

MALE  
Medical Examination Report Dated 22 February 1967  
Name of Physician J. Cort Davidson, M.D.

FEMALE  
Medical Examination Report Dated 27 February 1967  
Name of Physician J. Cort Davidson 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 Douglas Martin  
Date of Birth March 10 1947  
Place of Birth Indianapolis, Ind.  
Residence Address 218, Ex 147 Indpls, Hendricks Ind.  
Previous Marital Status: Never Married  Number of Previous Marriages \_\_\_\_\_  
Last Marriage Ended By: Death  Divorce  Annulment

FEMALE APPLICANT  
Name Vicki Jo Benson  
Date of Birth July 29 1946  
Place of Birth Indianapolis, Ind.  
Residence Address 2626 W. 21st Indpls, 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  
Occupation Student Ind. State U.  
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 now or have you been within five (5) years an inmate of a county 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

Color or Race White  
Usual Occupation Student  
Date of birth verified by:  Birth Cert.  Judicial Decree  
 Other (Specify) Drivers 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 Eugene William Benson  
Residence of father (if deceased so state) Indpls, Ind.  
Occupation of father Eng. 340 Race of father white  
Birthplace of father (State or foreign country) Indpls, Ind.  
8. Full maiden name of mother Elsie Marie Isaacs  
Residence of mother (if deceased so state) Indpls, Ind.  
Occupation of mother Social wkr. Gen. Hosp. Race of mother white  
Birthplace of mother (State or foreign country) Indpls, 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 James Le Roy Martin  
Residence of father (if deceased so state) 218 Indpls, Ind.  
Occupation of father Freeman, hndr Race of father white  
Birthplace of father (State or foreign country) Washington, Ind.  
Full maiden name of mother Agnes Juqueta Carter  
Residence of mother (if deceased so state) Indpls, Ind.  
Occupation of mother Sales: Pennyl Race of mother white  
Birthplace of mother (State or foreign country) Kottoville, Ky.

State of Indiana, } ss: I depose and state the information given  
County of HENDRICKS } in this application is true and correct.  
Signed Vicki Jo Benson  
New Address Same  
Subscribed and sworn to before me this 13th day of March, 1967  
John Gambold, Jr. Clerk HENDRICKS Circuit Court

State of Indiana, } ss: I depose and state the information given  
County of HENDRICKS } in this application is true and correct.  
Signed Ronald Douglas Martin  
New Address 436 Farrington Apts Terrace  
Subscribed and sworn to before me this 13th day of March, 1967  
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, } ss:  
County of HENDRICKS }  
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  
Parents notarized consent dated 13 March 1967 attached.  
State of Indiana, } ss:  
County of HENDRICKS }  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this 13th day of March, 1967  
John Gambold, Jr. 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, } 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 March, 1967, authorizing the joining together as husband and wife Ronald Douglas Martin and Vicki Jo Benson  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Chauncey A. Lattimer hereby certify that on the 18th day of March one thousand nine hundred and 67 at Speedway, County of Marion State of Indiana, Groom Ronald Douglas Martin of Hendricks County, State of Indiana and, Bride Vicki Jo Benson 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 18th day of March, 1967.  
Signed Chauncey A. Lattimer  
Official Designation Christian Minister  
Filed and recorded in accordance with the laws of the State of Indiana this 22 day of March, 1967.  
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. 52  
File Book 29  
13 March 1967  
Date of Application

HENDRICKS County

MALE  
Medical Examination Report Dated 22 February 1967  
Name of Physician D. Cort Davidson, M.D.

FEMALE  
Medical Examination Report Dated 27 February 1967  
Name of Physician D. Cort Davidson, 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 Douglas Martin  
Date of Birth March 10 1947  
Place of Birth Indianapolis, Ind.  
Residence Address R18, Ex 147 Indpls, Hend Ind.  
Previous Marital Status: Never Married  Number of Previous Marriages.....  
Last Marriage Ended By: Death  Divorce  Annulment

FEMALE APPLICANT  
Name Vicki So. Benson  
Date of Birth July 21 1946  
Place of Birth Indianapolis, Ind.  
Residence Address 2626 W. 21st Indpls, Marion, Ind.  
Maiden Name if Different  
Previous Marital Status: Never Married  Number of Previous Marriages.....  
Annulment

PARENTAL PERMISSION  
CERTIFICATE

CITY OF DANVILLE, HENDRICKS COUNTY, STATE OF INDIANA, March 13, 1967  
TO THE CLERK OF HENDRICKS COUNTY:

THIS IS TO CERTIFY THAT WE Juanita Martin and James L. Martin have given permission for our son Ronald D. Martin to be married.

Juanita Martin  
James L. Martin

Subscribed and sworn to me, Ramona D. Lee, a Notary Public in the State of Indiana, County of Marion, on this 13th day of March, 1967.

Ramona D. Lee  
Notary Public

My commission expires  
9-13-67.

FILED

MAR 13 1967

John Gambold Jr.  
CLERK HENDRICKS COUNTY SUPERIOR

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 March, 1967.

Signed Chauncey A. Lattimer  
Official Designation Christian Minister  
Signed John Gambold, Jr. Clerk  
Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 22 day of March, 1967.

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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

No. 53  
File Book K 29  
13 March 1967  
Date of Application

MALE  
Medical Examination Report Dated 13 March 1967  
Name of Physician Irving Cohen MD

FEMALE  
Medical Examination Report Dated 13 March 1967  
Name of Physician Irving Cohen 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 Dorney  
Date of Birth October 23 1930  
Place of Birth Bridgport, Ill  
Residence Address RR 2 Bx 42R Mooreville, Hen, Ind.  
Previous Marital Status: Never Married  Divorce  Annulment   
Last Marriage Ended By: 65 Edgar Co, Ill  
Color or Race: White  Negro  Other   
Usual Occupation RR Telegrapher B+O  
Date of birth verified by:  Birth Cert.  Judicial Decree

FEMALE APPLICANT  
Name Carolyn M. Tresner  
Date of Birth January 12 1942  
Place of Birth Paris, Ill  
Residence Address RR 2 Bx 61 Clayton, Hen, Ind.  
Maiden Name if Different Carolyn Miller  
Previous Marital Status: Never Married  Divorce  Annulment   
Last Marriage Ended By: 67 Hen  
Color or Race: White  Negro  Other   
Usual Occupation Cashier: Welfare Finance  
Date of birth verified by:  Birth Cert.  Judicial Decree  
 Other (Specify) Drivers Lic.

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

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

(a) List their full names, ages and addresses  
Name Age Address  
John Glen Dorney  
Residence of father (if deceased so state) Deceased  
Occupation of father — Race of father white  
Birthplace of father (State or foreign country) Wabash Co, Ill  
Hazel Case  
Residence of mother (if deceased so state) Arlington, Hb, Ill  
Occupation of mother Prac nurse Race of mother white  
Birthplace of mother (State or foreign country) Wabash Co, Ill

7. Full name of father: Rayburnt Elihue Miller  
Residence of father (if deceased so state) Redmon, Ill  
Occupation of father Farmer Race of father white  
Birthplace of father (State or foreign country) Woodbury, Tenn.  
8. Full maiden name of mother: Eleanor James  
Residence of mother (if deceased so state) Redmon, Ill  
Occupation of mother H/W Race of mother white  
Birthplace of mother (State or foreign country) Toledo, Ill

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of HENDRICKS  
Signed John T. Dorney  
New Address RR 2 Bx 42R Mooreville  
Subscribed and sworn to before me this 13th day of March, 1967  
John Sambold Clerk HENDRICKS Circuit Court

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of HENDRICKS  
Signed Carolyn M. Tresner  
New Address Same  
Subscribed and sworn to before me this 13th day of March, 1967  
John Sambold Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of this applicant hereby give consent 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

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of this applicant hereby give consent 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 March, 1967, authorizing the joining together as husband and wife of John T. Dorney and Carolyn M. Tresner  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Warren A. Robbins hereby certify that on the 17th day of March,  
one thousand nine hundred and sixty-seven at Plainfield, County of Hendricks,  
State of Indiana, Groom John T. Dorney of Hendricks County, State of Indiana  
and, Bride Carolyn M. Tresner 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 March, 1967. Signed Warren A. Robbins  
Official Designation Christian minister  
Filed and recorded in accordance with the laws of the State of Indiana this 30 day of March, 1967.  
Signed John Sambold, 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. 54  
File Book 29  
16 March 1967  
Date of Application

MALE  
Medical Examination Report Dated 17 March 1967  
Name of Physician Walter MS Mannis MD

FEMALE  
Medical Examination Report Dated 14 March 1967  
Name of Physician Walter MS Mannis 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 R. Wethington  
Date of Birth July 2 1942  
Place of Birth Lebanon, Indiana  
Residence Address 195 E Main, Danville, Hen, 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: h & m Rub. Rem  
Date of birth verified by:  Birth Cert.  Judicial Decree  
 Other (Specify) Driver 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

(a) List their full names, ages and addresses  
Name Age Address  
Henry Dennis Wethington  
Deceased  
white  
Casey Co., Ky.  
Residence of father (if deceased so state)  
Occupation of father  
Race of father  
Birthplace of father (State or foreign country)

(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 Dennis Wethington  
Residence of father (if deceased so state) Deceased  
Occupation of father  
Race of father white  
Birthplace of father (State or foreign country) Casey Co., Ky.  
12. Full maiden name of mother Carrie Noel  
Residence of mother (if deceased so state) Danville, Ind.  
Occupation of mother H/W.  
Race of mother white  
Birthplace of mother (State or foreign country) Casey Co., Ky.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of  
Signed James R. Wethington  
New Address 291 1/2 E Main, Danville, Ind  
Subscribed and sworn to before me this 16th day of March, 1967  
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  
Signed..... Father  
Signed..... Mother  
Subscribed and sworn to before me this..... day of....., 19.....  
Clerk

FEMALE APPLICANT  
Name Thelma D. McClure  
Date of Birth March 19 1948  
Place of Birth Evansville, Ind.  
Residence Address 291 1/2 E Main, Danville, Hen, Ind.  
Maiden Name if Different Thelma D. Phelps  
Previous Marital Status: Never Married  Number of Previous Marriages.....  
Last Marriage Ended By: Death  Divorce  Annulment   
Color or Race White  Negro  Other  (specify).....  
Usual Occupation House wife.  
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 Estill Neal Phelps  
Residence of father (if deceased so state) Evansville, Ind.  
Occupation of father Disabled  
Race of father white  
Birthplace of father (State or foreign country) Morgantown, Ky.
- 8. Full maiden name of mother Catherine Johnson  
Residence of mother (if deceased so state) Evansville, Ind.  
Occupation of mother H/W  
Race of mother white  
Birthplace of mother (State or foreign country) Morgantown, Ky.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of  
Signed Thelma D. McClure  
New Address Same  
Subscribed and sworn to before me this 16th day of March, 1967  
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  
Signed..... Father  
Signed..... Mother  
Subscribed and sworn to before me this..... day of....., 19.....  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Hendricks County Superior Court by written order issued 16th March 1967 and filed in Clerks office authorizes and directs the issuance of a marriage license to the above named parties. 3da Waver

RETURN 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 March, 1967, authorizing the joining together as husband and wife James R. Wethington and Thelma D. McClure.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I,..... hereby certify that on the..... day of..... one thousand nine hundred and..... at....., County of..... State of Indiana, Groom..... of..... County, State of..... and, Bride..... of..... County, State of..... were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of..... County.  
Dated this..... day of....., 19.....  
Signed.....  
Official Designation.....  
Filed and recorded in accordance with the laws of the State of Indiana this..... day of....., 19.....  
Signed..... Clerk  
Circuit Court

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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 55  
File Book 29  
16 March 1967  
Date of Application

MALE  
Medical Examination Report Dated 15 March 1967  
Name of Physician Fred P. Workinton MD

FEMALE  
Medical Examination Report Dated 3 March 1967  
Name of Physician Fred P. Workinton 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 Dale Martin Slingerland  
Date of Birth March 27 1948  
Place of Birth Gary, Indiana  
Residence Address 402 Iris Dr, Charlotte, Mecklenburg NC  
Previous Marital Status: Never Married  
Last Marriage Ended By: Death Divorce Annulment  
Color or Race White  
Usual Occupation E3-US Army  
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 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? No Yes

(a) List their full names, ages and addresses  
Name Age Address  
Bruce Martin Slingerland  
Charlotte, NC  
Phyllis Marie Christman  
Charlotte, NC  
Mills, 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 Bruce Martin Slingerland  
Residence of father (if deceased so state) Charlotte, NC  
Occupation of father Water proof edge Race of father white  
Birthplace of father (State or foreign country) Peoria, Ill.  
12. Full maiden name of mother Phyllis Marie Christman  
Residence of mother (if deceased so state) Charlotte, NC  
Occupation of mother H/W Race of mother white  
Birthplace of mother (State or foreign country) Mills, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of HENDRICKS  
Signed Dale Martin Slingerland  
New Address PO Box 175 Waldert, MD.  
Subscribed and sworn to before me this 16th day of March, 1967.  
John G. 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.  
Parents notarized consent dated 7 March 1967 attached  
State of Indiana, HENDRICKS } ss:  
County of HENDRICKS  
Signed Father  
Signed Mother  
Subscribed and sworn to before me this 16th day of March, 1967.  
John G. Sandell Clerk

FEMALE APPLICANT

Name Betty Lou Chance  
Date of Birth May 1 1947  
Place of Birth May, Clinton, NC  
Residence Address 2607 N. Vine, Plainfield, Ind.  
Maiden Name if Different  
Previous Marital Status: Never Married  
Last Marriage Ended By: Death Divorce Annulment  
Color or Race White  
Usual Occupation Unemployed  
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 Freddie A. Chance  
Residence of father (if deceased so state) Deceased  
Occupation of father Race of father Indian  
Birthplace of father (State or foreign country) Dunn, N.C.  
8. Full maiden name of mother Blanche Lee Goodman  
Residence of mother (if deceased so state) Godwin, N.C.  
Occupation of mother H/W Race of mother Indian  
Birthplace of mother (State or foreign country) Clinton, N.C.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of HENDRICKS  
Signed Betty Lou Chance  
New Address 2607 N. Vine, Plainfield, Ind.  
Subscribed and sworn to before me this 16th day of March, 1967.  
John G. 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  
Subscribed and sworn to before me this day of 1967.  
Clerk

COMPLETE MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Hendricks County Superior Court by written order issued 16 March 1967 and filed in Clerk's office authorizes and directs the issuance of a marriage license to the above named parties. 3d 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 16th day of March, 1967, authorizing the joining together as husband and wife of Dale Martin Slingerland and Betty Lou Chance.  
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 March, one thousand nine hundred and 67, at Plainfield, Mecklenburg County, State of North Carolina, Groom Dale Martin Slingerland of Mecklenburg County, State of North Carolina, and, Bride Betty Lou Chance of Simpson County, State of North Carolina, 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 March, 1967.  
Signed Warren A. Robbins  
Official Designation Christian Minister  
20th day of March, 1967.  
Signed John G. 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. 55  
File Book 29  
16 March 1967  
Date of Application

MALE  
Medical Examination Report Dated 15 March 1967  
Name of Physician Fred P. Workinton MD

FEMALE  
Medical Examination Report Dated 3 March 1967  
Name of Physician Fred P. Workinton 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 Dale First Martin Middle Slingerland Last  
Date of Birth March Month 27 Day 1948 Year  
Place of Birth Gary, Indiana (State or foreign country)  
Residence Address 1402 Iris Dr., Charlotte, Mecklenburg Co., N.C. 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 E3 - US Army  
Date of birth verified by:  Birth Cert.  Judicial Decree

FEMALE APPLICANT  
Name Betty First Lou Middle Chance Last  
Date of Birth May Month 1 Day 1947 Year  
Place of Birth Clinton, N.C. (State or foreign country)  
Residence Address 2609 Vine, Plainfield, Ind. Street or R. R. City County State  
Maiden Name if Different \_\_\_\_\_  
Previous Marital Status: Never Married  Number of Previous Marriages \_\_\_\_\_  
Last Marriage Ended By: Death  Divorce  Annulment   
Color or Race White  Negro  Other  (specify) Indian, Cherokee  
Usual Occupation Unemployed  
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?  
or of a narcotic drug? No  Yes

- 1. Are you now or have you been adjudged, diagnosed or considered as:  
An 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?  
or of a narcotic drug? No  Yes

TO WHOM IT MAY CONCERN:  
THIS IS TO CERTIFY THAT OUR SON DALE MARTIN SLINGERLAND  
HAS OUR PERMISSION TO MARRY BETTY LOU CHANCE. WE ARE AWARE  
OF, AND CONSENT TO THE MARRIAGE.

MARCH 7, 1967

FILED  
MAR 16 1967  
John Gambold Jr.  
CLERK HENDRICKS COUNTY SUPERIOR  
NORTH CAROLINA  
MECKLENBURG COUNTY

Bruce M. Slingerland  
Bruce M. Slingerland  
Phyllis M. Slingerland  
SIGNED Phyllis M. Slingerland

I, C.F. Burchett, a Notary Public for said County and State, do hereby  
certify that Bruce M. Slingerland and wife, Phyllis M. Slingerland  
personally appeared before me this day and acknowledged the due execution  
of the foregoing instrument.

Witness my hand and official seal this the 7th day of March, 1967.

C.F. Burchett  
Notary Public

My commission expires My Commission Expires February 9, 1968

State of Indiana, }  
County of HENDRICKS } ss:  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this 16th day of March, 1967  
John Gambold Jr. Clerk

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

COMPLETE MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the  
County of Hendricks Superior Court by written order issued 16 March 1967 and filed  
in Clerks office authorizes and directs the issuance of a marriage license to the above named parties. 3da 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 16th day of March, 1967, authorizing the joining together as husband and wife  
of Dale Martin Slingerland and Betty Lou Chance  
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 March  
at Plainfield County of Hendricks,  
one thousand nine hundred and 67 at Mecklenburg County, State of North Carolina  
State of Indiana, Groom Dale Martin Slingerland of Simpson County, State of North Carolina  
and, Bride Betty Lou Chance 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 18th day of March, 1967. Signed Warren A. Robbins  
Official Designation Christian Minister  
20th day of March, 1967  
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\_\_\_\_  
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. 56  
File Book 29  
18 March 1967  
Date of Application

MALE  
Medical Examination Report Dated 15 March 1967  
Name of Physician G. L. George MD.

FEMALE  
Medical Examination Report Dated 15 March 1967  
Name of Physician G. L. George 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 Jerry M. Patton  
Date of Birth Suby 6 1938  
Place of Birth Princeton (Cowell) Ky  
Residence Address RIO Bx 496R, Indpls, Marion, Ind.  
Previous Marital Status: Never Married  Number of Previous Marriages 1  
Last Marriage Ended By: Death  Divorce  Annulment  Marion Mar 67  
Color or Race White  Negro  Other  (specify) \_\_\_\_\_  
Usual Occupation Gr. Customer Empl. IBM  
Date of birth verified by:  Birth Cert.  Judicial Decree  Other (Specify) Dr. George M.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

(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 Shelley Allen Patton  
Residence of father (if deceased so state) Evansville, Ind.  
Occupation of father Retired Race of father white  
Birthplace of father (State or foreign country) Ky.  
12. Full maiden name of mother Charlene Grubbs  
Residence of mother (if deceased so state) Deceased  
Occupation of mother \_\_\_\_\_ Race of mother white  
Birthplace of mother (State or foreign country) Lyon Co, Ky.

State of Indiana, } ss: I depose and state the information given  
County of HENDRICKS } in this application is true and correct.  
Signed Jerry M. Patton  
New Address RIO Bx 496R Indpls, Ind.  
Subscribed and sworn to before me this 18th day of March, 1967.  
Clerk John Sambold HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of this applicant hereby 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 Donna June Wyatt  
Date of Birth May 6 1938  
Place of Birth Orange Co, Indiana  
Residence Address 9640 Harmony Dr, New Plankfield, Ind.  
Maiden Name if Different Donna June Riley  
Previous Marital Status: Never Married  Number of Previous Marriages 1  
Last Marriage Ended By: Death  Divorce  Annulment  66 Marion  
Color or Race White  Negro  Other  (specify) \_\_\_\_\_  
Usual Occupation Clerk & Receptionist: Ind Cent.  
Date of birth verified by:  Birth Cert.  Judicial Decree  Other (Specify) Dr. George M.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 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 Johnie Riley  
Residence of father (if deceased so state) Deceased  
Occupation of father \_\_\_\_\_ Race of father white  
Birthplace of father (State or foreign country) Orange Co, Ind.

8. Full maiden name of mother Mary Jane Apple  
Residence of mother (if deceased so state) Newton Stewart Ind.  
Occupation of mother Store Keeper Race of mother white  
Birthplace of mother (State or foreign country) Orange Co, Ind.  
State of Indiana, } ss: I depose and state the information given  
County of HENDRICKS } in this application is true and correct.  
Signed Donna June Wyatt  
New Address Same  
Subscribed and sworn to before me this 18th day of March, 1967.  
Clerk John Sambold HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of this applicant hereby 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 March, 1967, authorizing the joining together as husband and wife Jerry M. Patton and Donna June Wyatt.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Clyde Williams hereby certify that on the 24th day of March, one thousand nine hundred and 67 at Shrewwood, County of Johnson, State of Indiana, Groom Jerry M. Patton of Marion County, State of Indiana and, Bride Donna June Wyatt 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 March, 1967.

Signed Clyde Williams  
Official Designation Justice of Peace  
Filed and recorded in accordance with the laws of the State of Indiana this 10th day of April, 1967.  
Signed John Sambold Jr Clerk  
Hendricks Circuit Court

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Form Prescribed By  
Indiana State Board of  
Health under Authority  
Chap. 126, Ind. Acts 1965

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 57  
File Book 29  
Date of Application 18 March 1967

MALE  
Medical Examination Report Dated 18 March 1966  
Name of Physician M.D. Payne M.D.

FEMALE  
Medical Examination Report Dated 18 March 1966  
Name of Physician M.B. Payne M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1965 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name Frederick A. Badgley  
Date of Birth November 2, 1932  
Place of Birth Shelbyville, Indiana  
Residence Address R2 Box 50 Plainfield, Ind.  
Previous Marital Status:  Never Married  Number of Previous Marriages 1

Last Marriage Ended By:  Death  Divorce  Annulment  
Union 65  
Color or Race:  White  Negro  Other (specify)

Usual Occupation Police: NYC.  
Date of birth verified by:  Birth Cert.  Judicial Decree

- Other (Specify) Military 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 do continue?  Yes  No
  - 10. Do you have minor children from one or more former marriages?  No  Yes  
(If yes, answer questions a, b, c)  
(a) List their full names, ages and addresses

Name	Age	Address

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

11. Full name of father James Elmer Badgley  
Residence of father (if deceased so state) Westport, Ind.  
Occupation of father Trucker: self Race of father white  
Birthplace of father (State or foreign country) Johnson Co., Ind.  
12. Full maiden name of mother Hazel Alice Smith  
Residence of mother (if deceased so state) Deceased  
Occupation of mother H/W 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 Frederick A. Badgley  
New Address 5110 S. Meridian Indpls.  
Subscribed and sworn to before me this 18th day of March, 1967  
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 Joyce E. Lott  
Date of Birth March 22, 1939  
Place of Birth Zeach Grove, Indiana  
Residence Address 5110 S. Meridian, Indpls, Mar, 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: Indpls Powerplant.  
Date of birth verified by:  Birth Cert.  Judicial Decree

- Other (Specify) Drivers 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 Henry Hilbert Lott  
Residence of father (if deceased so state) 3413 Mankar, Indpls Ind.  
Occupation of father Retired Race of father white  
Birthplace of father (State or foreign country) Napoleon, Ind.  
8. Full maiden name of mother Emily Alberta Wilson  
Residence of mother (if deceased so state) Same Indpls.  
Occupation of mother H/W Race of mother white  
Birthplace of mother (State or foreign country) New Paris, Ohio

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of HENDRICKS  
Signed Joyce E. Lott  
New Address Same  
Subscribed and sworn to before me this 18th day of March, 1967  
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

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 22 day of March, 1967, authorizing the joining together as husband and wife of Frederick A. Badgley and Joyce E. Lott.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit: \_\_\_\_\_  
I, \_\_\_\_\_ hereby certify that on the \_\_\_\_\_ day of \_\_\_\_\_, County of \_\_\_\_\_, State of Indiana, Groom \_\_\_\_\_ and, Bride \_\_\_\_\_ were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_ County. Dated this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_ Signed \_\_\_\_\_ Official Designation \_\_\_\_\_ Clerk Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_ Signed \_\_\_\_\_ Circuit Court



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 58  
File Bk 29  
March 18, 1967  
Date of Application

MALE  
Medical Examination Report Dated 10 March 1967  
Name of Physician E.A. Coats MD.

FEMALE  
Medical Examination Report Dated 10 March 1967  
Name of Physician E.A. Coats 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 D. Rumpke  
Date of Birth November 15 1948  
Place of Birth Indianapolis, Indiana  
Residence Address R2 Bx 778 Plainfield, New, Ind.  
Usual Occupation Student: Purdue  
Date of birth verified by:  Birth Cert.  Judicial Decree  
 Other (Specify) Draft Card.

FEMALE APPLICANT  
Name Opal Lee Brown  
Date of Birth July 26 1939  
Place of Birth Indianapolis, Ind.  
Residence Address R1 Bx 80 Danville, New, Ind.  
Usual Occupation Student: Avon HS  
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

1. Are you now or have you been adjudged, diagnosed or considered as:  
An 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 Hugh Donald Brown  
Residence of father (if deceased so state) Denville, Ind.  
Occupation of father Mechanic: Ellis Race of father white  
Birthplace of father (State or foreign country) Danville, Ind.  
8. Full maiden name of mother Barbara Jean Stayley  
Residence of mother (if deceased so state) Denville, Ind.  
Occupation of mother Assembly, Aircraft Spl. Race of mother white  
Birthplace of mother (State or foreign country) 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   
name of father Harold Chester Rumpke  
Residence of father (if deceased so state) Plainfield, Ind.  
Occupation of father Sales: Hoffman Spl. Race of father white  
Birthplace of father (State or foreign country) Bloomington, Ind.  
Maiden name of mother Charlotte Martin Pa. Rock  
Residence of mother (if deceased so state) Plainfield, Ind.  
Occupation of mother Assembly: Avon Spl. Race of mother white  
Birthplace of mother (State or foreign country) DeKalb, N.Y.  
I, Harold D. Rumpke of HENDRICKS County, State of Indiana, do hereby depose and state the information given in this application is true and correct.  
Signed Harold D. Rumpke  
New Address R8 Indpls (Avon)  
Subscribed and sworn to before me this 18th day of March, 1967  
John Hamblin, Jr. Clerk HENDRICKS Circuit Court

I, Opal Lee Brown of HENDRICKS County, State of Indiana, do hereby depose and state the information given in this application is true and correct.  
Signed Opal Lee Brown  
New Address Same  
Subscribed and sworn to before me this 18th day of March, 1967  
John Hamblin, 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 consent of father Hugh D Brown  
State of Indiana, HENDRICKS County, } ss:  
Signed Harold D. Rumpke Father  
Signed Charlotte M. Rumpke Mother  
Subscribed and sworn to before me this 18th day of March, 1967  
John Hamblin, 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 consent of mother Barbara Jean Brown  
State of Indiana, HENDRICKS County, } ss:  
Signed Barbara Jean Brown Mother  
Subscribed and sworn to before me this 22 day of March, 1967  
John Hamblin, Jr. 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 22 day of March, 1967, authorizing the joining together as husband and wife Harold D. Rumpke and Opal Lee Brown  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Seal O'Neil Younce, hereby certify that on the 25th day of March, one thousand nine hundred and sixty-seven at Avon Christian Church, County of Hendricks, State of Indiana, Groom Harold D. Rumpke of Hendricks County, State of Indiana and, Bride Opal Lee 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 25 day of March, 1967.  
Signed Seal O. Younce  
Official Designation Minister  
Filed and recorded in accordance with the laws of the State of Indiana this 31 day of March, 1967.  
Signed John 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. 58  
File Bk 29  
March 18, 1967  
Date of Application

MALE  
Medical Examination Report Dated 10 March 1967  
Name of Physician E.A. Coats MD.

FEMALE  
Medical Examination Report Dated 10 March 1967  
Name of Physician E.A. Coats 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 D. Rumpke  
Date of Birth: November 15, 1948  
Place of Birth: Indianapolis, Indiana  
Residence Address: R2 Bx 778 Plainfield, New, Ind.  
Previous Marital Status:  Never Married  
Last Marriage Ended By:  Death  Divorce  Annulment  
Color or Race:  White  
Usual Occupation: Student: Purdue  
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? 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
- 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? Yes  No

**FEMALE APPLICANT**

Name: Opal Lee Brown  
Date of Birth: July 26, 1949  
Place of Birth: Indianapolis, Ind.  
Residence Address: R1 Bx 80 Danville, New, Ind.  
Maiden Name if Different:    
Previous Marital Status:  Never Married  
Last Marriage Ended By:  Death  Divorce  Annulment  
Color or Race:  White  
Usual Occupation: Student: Ave HS  
Date of birth verified by:  Birth Cert.  Judicial Decree  
 Other (Specify)  

- Are you now or have you been adjudged, diagnosed or considered as an Imbecile? Of Unsound Mind? No  Yes
- Are you under guardianship as a person of unsound mind? No  Yes
- Are you afflicted with a transmissible disease? No  Yes
- Are you related to the groom closer than second cousin? No  Yes
- Are you now under the influence of intoxicating liquor? No  Yes
- Are you now under the influence of a narcotic drug? No  Yes
- Full name of father: Hugh Donald Brown  
Residence of father (if deceased so state): D'ville, Ind.  
Occupation of father: Mechanic: Ellis Race of father: white  
Birthplace of father (State or foreign country): Danville, Ind.
- Full maiden name of mother: Barbara Jean Staley  
Residence of mother (if deceased so state): D'ville, Ind.  
Race of mother: white

I, Hugh D. Brown, hereby give my consent for  
my daughter, Opal Lee Brown  
to marry Harold D. Rumpke.

Hugh D. Brown  
Notary Public

Subscribed and sworn to before me this 20 day of March 1967

John Gambold, Jr.  
Clerk HENDRICKS COUNTY SUPERIOR COURT

**FILED**  
MAR 22 1967  
John Gambold, Jr.  
CLERK HENDRICKS COUNTY SUPERIOR COURT

State of Indiana, }  
County of HENDRICKS } ss:

Signed Harold D. Rumpke Father  
Signed Charlotte M. Rumpke Mother  
Subscribed and sworn to before me this 18th day of March, 1967  
John Gambold, Jr. Clerk

Signed Barbara Jean Brown Mother  
Subscribed and sworn to before me this 22 day of March, 1967  
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 Hendricks 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 March, 1967, authorizing the joining together as husband and wife  
of Harold D. Rumpke and Opal Lee Brown  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Jeal O'Neil Younce hereby certify that on the 25th day of March  
one thousand nine hundred and sixty-seven at Avon Christian Church, County of Hendricks  
State of Indiana, Groom Harold D. Rumpke of Hendricks County, State of Indiana  
and, Bride Opal Lee 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 25 day of March, 1967.  
Signed Jeal O. Younce  
Official Designation Minister  
Filed and recorded in accordance with the laws of the State of Indiana this 31 day of March, 1967.  
Signed John Gambold, Jr. Clerk  
Hendricks Circuit Court



